Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 008

1c Effective date of plan 02/01/1988

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

MOS HOLDINGS, INC.

ATRIA CORPORATE CENTER
3033 CAMPUS DRIVE - E490
PLYMOUTH, MN 55441

2b Employer Identification Number (EIN)
20-0891589

2c Sponsor's telephone number
763-577-2700

2d Business code (see instructions)
325300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	PAULA HOLDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MOS HOLDINGS, INC.

ATRIA CORPORATE CENTER
3033 CAMPUS DRIVE - E490
PLYMOUTH, MN 55441

3b Administrator's EIN
20-0891589

3c Administrator's telephone number
763-577-2700

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	3990
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1386
b	Retired or separated participants receiving benefits	**6b**	1248
c	Other retired or separated participants entitled to future benefits	**6c**	1093
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3727
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	232
f	Total. Add lines **6d** and **6e**	**6f**	3959
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)		**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MOS HOLDINGS, INC.

D Employer Identification Number (EIN)
20-0891589

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2 Assets:

a	Market value	**2a**	166128654
b	Actuarial value	**2b**	157602285

3 Funding target/participant count breakdown:

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	1346	71199383
b	For terminated vested participants	**3b**	1166	25781869
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		2358692
	(2) Vested benefits	**3c(2)**		69235779
	(3) Total active	**3c(3)**	1478	71594471
d	Total	**3d**	3990	168575723

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	5.95 %
6	Target normal cost	**6**	1453814

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	10/08/2012
Signature of actuary	Date
RONALD J. KALVODA	11-06611
Type or print name of actuary	Most recent enrollment number
HEWITT ASSOCIATES LLC	952-886-8000
Firm name	Telephone number (including area code)
5600 WEST 83RD STREET 8200 TOWER, SUITE 1100 MINNEAPOLIS, MN 55437	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	28862514	3859667
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	303132	0
9	Amount remaining (line 7 minus line 8)	28559382	3859667
10	Interest on line 9 using prior year's actual return of 14.72%	4203941	568143
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		133
b	Interest on (a) using prior year's effective rate of 6.60 % except as otherwise provided (see instructions)		20
c	Total available at beginning of current plan year to add to prefunding balance		153
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	14449427	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	18313896	4427810

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2011	354172				
07/13/2011	354172				
10/13/2011	354172				
01/12/2012	354172				
			Totals ► 18(b)	1416688	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1364198

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.94%	5.82%	6.46 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)..... **31a** 1453814

b Excess assets, if applicable, but not greater than 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	33715144	5448244
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)... **34** 6902058

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	5537860	0	5537860

36 Additional cash requirement (line 34 minus line 35)..... **36** 1364198

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1364198

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment **42**

43 Excess installment acceleration amount to be carried over to future plan years **43**

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 008

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MOS HOLDINGS, INC.

D Employer Identification Number (EIN)
20-0891589

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: THE MOSAIC CO. DEF BEN PN MAST TRST

b Name of sponsor of entity listed in (a): THE MOSAIC COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
36-6859475-002	M	185344152

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
MOS HOLDINGS, INC.

D Employer Identification Number (EIN)
20-0891589

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	374109	354172
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	165755396	185344152
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	166129505	185698324
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	166129505	185698324

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1416688	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	1581	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1418269
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		25396249
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		26814518
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7245699	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7245699
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7245699
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		19568819
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KPMG LLP (2) EIN: 36-5565207

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
MOS HOLDINGS, INC.

D Employer Identification Number (EIN)
20-0891589

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-1561860

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 21% Investment-Grade Debt: 70% High-Yield Debt: 2% Real Estate: 4% Other: 3%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES

EIN 20-0891589
Plan No. 008

Financial Statements

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES

EIN 20-0891589
Plan No. 008

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KPMG LLP
4200 Wells Fargo Center
90 South Seventh Street
Minneapolis, MN 55402

Independent Auditors' Report

The Plan Administrator
Mosaic Pension Plan for
Union Hourly Employees:

We were engaged to audit the accompanying statements of net assets available for benefits of the Mosaic Pension Plan for Union Hourly Employees (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 3 to the financial statements, which was certified by Russell Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2011 and 2010 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

/s/ KPMG LLP

Minneapolis, Minnesota
October 11, 2012

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES

EIN 20-0891589
Plan No. 008

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

		2011	2010
Assets:			
Investments:			
Interest in The Mosaic Company Defined Benefit Plan Master Trust	$	185,344,152	165,755,396
Company contribution receivable		354,172	374,109
Net assets available for benefits	$	185,698,324	166,129,505

See accompanying notes to financial statements.

MOSAIC PENSION PLAN FOR
UNION HOURLY EMPLOYEES

EIN 20-0891589
Plan No. 008

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2011 and 2010

		2011	2010
Additions:			
Company contributions	$	1,416,688	4,657,739
Other		1,581	24,164
Total additions		1,418,269	4,681,903
Deductions:			
Benefit payments		7,245,699	6,546,819
Administrative and investment expenses		1,009,098	950,852
Total deductions		8,254,797	7,497,671
Investment income from The Mosaic Company Defined Benefit Plan Master Trust		26,405,347	21,346,350
Net increase		19,568,819	18,530,582
Net assets available for benefits:			
Beginning of year		166,129,505	147,598,923
End of year	$	185,698,324	166,129,505

See accompanying notes to financial statements.

(1) Description of the Plan

The following description of the Mosaic Pension Plan for Union Hourly Employees (the Plan) provides only general information. Participants should refer to the plan document for a more detailed description of the Plan's provisions.

(a) General

The Plan is a noncontributory, defined benefit pension plan covering certain represented employees of Mosaic Global Holdings Inc. and Mosaic Fertilizer LLC (collectively, the Company). The Plan was established pursuant to collective bargaining agreements with the unions to provide retirement income for the benefit of hourly employees of the Company represented by the unions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective June 1, 2003, pursuant to certain collective bargaining agreements, the Plan was amended to provide that represented employees with certain unions hired, reemployed, or employees who transfer from salaried status to union status on or after June 1, 2003 are not eligible to participate in the Plan.

Pursuant to certain collective bargaining agreements, the Plan was amended effective June 1, 2003 to allow certain participants to freeze their benefit accruals under the Plan and begin participating in the Defined Contribution Retirement Plan (DCRP) feature of the Plan effective January 1, 2004. For participants who chose this option, their benefit at retirement is based on credited service through December 31, 2003 and the applicable union multiplier in effect as of December 31, 2003. For the participants who did not chose this option, their benefit accruals under the Plan were frozen as of December 31, 2007, and they began participating in the DCRP feature of the Plan effective January 1, 2008. Their benefit at retirement is based on credited service through December 31, 2008 and the applicable union multiplier in effect as of December 31, 2008.

Pursuant to certain collective bargaining agreements, the Plan was amended effective January 1, 2008 to allow certain participants to freeze their benefit accruals under the Plan and begin participating in the DCRP feature of the Plan effective January 1, 2008. For participants who chose this option, their benefit at retirement is based on credited service through December 31, 2008 and the applicable union multiplier in effect as of December 31, 2008. For the participants who did not chose this option, their benefit accruals under the Plan continue to accrue; however, the union multiplier was frozen at the December 31, 2008 rate.

(b) Funding Policy

Contributions to the Plan by the Company for the funding of current and past service cost of benefits are determined by the Plan's actuary and are within the funding standards of ERISA. The Company has met the minimum funding requirements in 2011 and 2010.

While the Company has not expressed any intent to discontinue its contributions, it is free to do so at any time, subject to the provisions of ERISA and the collective bargaining agreements. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

(c) Administrative Expenses

The Company pays certain administrative expenses of the Plan.

(2) Summary of Significant Accounting Policies

(a) Investment Valuation and Income Recognition

The Plan's beneficial interest in The Mosaic Company Defined Benefit Plan Master Trust (Master Trust) is stated at fair value as described in note 4.

Purchases and sales of securities are accounted for on the trade-date basis. Dividend income is recorded on the ex-dividend date. Interest from investments is recorded on the accrual basis.

Net income or loss from the Master Trust is allocated monthly to each participating plan based on the ratio of each plan's equity to the total equity of all participating plans prior to the allocations.

(b) Recent Accounting Pronouncements

In January 2010, the *Financial Accounting Standards Board* (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Improving Disclosures about Fair Value Measurements*. This standard requires further disaggregation of assets and disclosure of valuation techniques for Levels 2 and 3 measurements of the fair value hierarchy, disclosure of significant transfers of assets and liabilities between Levels 1 and 2, and transfers into and out of Level 3, and the reasons for the transfers. The Plan adopted the provisions of the standard for the year ended December 31, 2010. The standard also requires disclosure on a gross basis of purchases, sales, issuances, and settlements in the roll forward of activity of Level 3 fair value measurements. The Plan adopted this provision for the year ended December 31, 2011. The adoption of these provisions did not have a material effect on the Plan's financial statements.

In May 2011, the FASB issued ASU No. 2011-04, *Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS*, which is intended to create consistency between U.S. Generally Accepted Accounting Principles (U.S. GAAP) and International Financial Reporting Standards (IFRS). The amendments include clarification on the application of certain existing fair value measurement guidance and expanded disclosures for fair value measurements that are estimated using significant

unobservable (Level 3) inputs. This standard will be effective for the year ended December 31, 2012. Adoption of this standard is not expected to have a material impact on the Plan's financial statements.

(c) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are the estimated future payments that are attributable under the Plan's provisions for service rendered by the participants to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

(d) Benefits

Benefit payments are recorded when paid.

(e) Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

(3) Interest in Master Trust and Trustees Certifications

The plan administrator has obtained certifications from Russell Trust Company, the trustee of the Plan, as of and for the years ended December 31, 2011 and 2010 that the information provided below to the plan administrator by the trustee is complete and accurate.

The Plan's investments are held in the Master Trust. The Plan's investments in the Master Trust are stated at the Plan's equity in the net assets of the Master Trust at December 31, 2011 and 2010. The Plan held a 46.4% and 45.4% interest in the Master Trust at December 31, 2011 and 2010, respectively. Administrative and investment expenses relating to the Master Trust are allocated to the individual plans based upon the ratio invested by each plan at the time the expense is paid.

The net assets of the Master Trust are as follows:

	December 31	
	2011	**2010**
Investments, at fair value:		
Common collective trust funds	$ 389,606,993	355,131,071
Partnership and limited liability company interests	8,285,615	8,378,210
Total investments	397,892,608	363,509,281
Receivables:		
Pending investment transactions for securities sold	1,402,379	1,326,939
Total receivables	1,402,379	1,326,939
Total assets	399,294,987	364,836,220
Net assets	$ 399,294,987	364,836,220
Plan's interest in the Master Trust net assets	$ 185,344,152	165,755,396

Net investment income of the Master Trust for the years ended December 31 is summarized as follows:

	2011	**2010**
Interest and dividend income	$ 755,442	830,562
Net realized and unrealized appreciation in fair value of investments:		
Common collective trust funds	54,808,510	46,598,194
Partnership and limited liability company interests	367,759	400,810
Total net appreciation	55,176,269	46,999,004
Administrative and investment expenses	(2,061,646)	(1,963,892)
Net investment income	$ 53,870,065	45,865,674

(Continued)

Individual investments that represent 5% or more of the net assets of the Master Trust as of December 31 were as follows:

	2011	2010
Common collective trust funds:		
Russell Equity I Fund	$ 20,196,794	19,054,398
Russell International Fund	22,007,541	21,139,596
Russell Large Cap Structured Equity Fund	16,505,656*	19,054,398
Russell Long Duration Fixed Income Fund	141,308,416	167,637,501
Russell Long Credit Fixed Fund	155,545,002	94,895,149

* Less than 5% of net assets available for benefits

The Master Trust has $552,395 and $647,727 in unfunded capital commitments outstanding at December 31, 2011 and 2010, respectively.

(4) Fair Value Measurements

FASB Accounting Standards Codification Topic 820, *Fair Value Measurements*, (ASC Topic 820) defines fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

ASC Topic 820 also establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. ASC Topic 820 established three levels of inputs that may be used to measure fair value:

- Level 1: quoted prices in active markets for identical assets or liabilities;
- Level 2: inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or
- Level 3: unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Investments are stated at fair value. The common/collective trust funds are stated at net asset value (NAV), as determined by the fund managers, and generally have daily liquidity. NAV is based on the fair value of

the underlying investments held by the fund, less liabilities, and divided by the units outstanding. Partnership and limited liability company interests are stated primarily at the independently audited NAV of the underlying fund, which approximates fair value. These interests have liquidity restrictions based on the nature of the underlying investments.

Investments Measured at Fair Value on a Recurring Basis

Master Trust investments measured at fair value on a recurring basis consisted of the following as of December 31, 2011 and 2010 (Levels 1, 2, and 3 inputs are defined above):

	Fair value measurements as of December 31, 2011 using input type			
	Level 1	**Level 2**	**Level 3**	**Total**
Common collective trust funds:				
U.S. equities	$ —	44,015,082	—	44,015,082
International equities	—	25,629,035	—	25,629,035
Fixed income funds	—	304,728,942	—	304,728,942
Real estate funds	—	—	15,233,934	15,233,934
Partnership and limited liability company interests	—	—	8,285,615	8,285,615
Total investments measured at fair value	$ —	374,373,059	23,519,549	397,892,608

	Fair value measurements as of December 31, 2010 using input type			
	Level 1	**Level 2**	**Level 3**	**Total**
Common collective trust funds:				
U.S. equities	$ —	46,593,396	—	46,593,396
International equities	—	25,309,993	—	25,309,993
Fixed income funds	—	270,034,876	—	270,034,876
Real estate funds	—	—	13,192,806	13,192,806
Partnership and limited liability company interests	—	—	8,378,210	8,378,210
Total investments measured at fair value	$ —	341,938,265	21,571,016	363,509,281

There were no transfers between Levels 1 and 2 during the years ended December 31, 2011 and 2010.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the years ended December 31, 2011 and 2010.

	Common collective trust funds – real estate	Partnership and limited liability company interests
Beginning balance at January 1, 2010	$ 11,451,596	8,176,562
Total realized and unrealized gains	1,741,210	400,810
Purchases, sales, issuances, and settlements, net	—	(199,162)
Ending balance at December 31, 2010	13,192,806	8,378,210
Total realized and unrealized gains*	2,041,128	367,759
Purchases	—	95,332
Sales/distributions	—	(555,686)
Ending balance at December 31, 2011	$ 15,233,934	8,285,615

* $2,408,887 approximates the net unrealized gains included in the net increase in net assets available for benefits for assets held as of December 31, 2011

(5) Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is the estimated amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts or interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

At December 31, 2010, the actuarial present value of accumulated plan benefits was as follows:

Vested benefits:	
Participants currently receiving payments	$ 65,752,921
Other participants	87,324,928
Total vested benefits	153,077,849
Nonvested benefits	2,168,624
Total actuarial present value of accumulated plan benefits	$ 155,246,473

(Continued)

The changes in the actuarial present value of accumulated plan benefits for the period January 1, 2010 to December 31, 2010 were as follows:

Actuarial present value of accumulated plan benefits as of beginning of year	$	159,014,327
Benefits paid		(6,546,819)
Increase due to passage of time		10,360,274
Other changes		(7,581,309)
Actuarial present value of accumulated plan benefits as of end of year	$	155,246,473

Other changes within the above table primarily relate to changes in actuarial assumptions from the prior period to the current period presented. The more significant assumptions underlying the actuarial computations for the Plan are as follows:

Interest rate	6.65%
Assumed retirement age	Probability scale extending from age 55 (3% probability of retirement) through age 70 (100% probability of retirement)
Mortality	2011 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e)

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(6) Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated September 8, 2010, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

(Continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

(7) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of Company contributions per the financial statements to the Form 5500:

		2011
Total Company contributions per the financial statements	$	1,416,688
Less 2010 Company contribution receivable		(374,109)
Total contributions per the Form 5500	$	1,042,579

(8) Risks and Uncertainties

The Plan invests in various investment securities through the Master Trust. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

(9) Subsequent Events

The Plan has evaluated subsequent events from the statement of net assets available for benefits date through October 11, 2012, the date at which the financial statements were available to be issued, and determined there are no other items to disclose.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan: Mosaic Pension Plan for Union Hourly Employees

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: MOS HOLDINGS, INC.

D Employer Identification Number (EIN): 20-0891589

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2011

2	Assets:			
	a Market value		**2a**	166,128,654
	b Actuarial value		**2b**	157,602,285
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	1,346	71,199,383
	b For terminated vested participants	**3b**	1,166	25,781,869
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		2,358,692
	(2) Vested benefits	**3c(2)**		69,235,779
	(3) Total active	**3c(3)**	1,478	71,594,471
	d Total	**3d**	3,990	168,575,723
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	5.95 %
6	Target normal cost		**6**	1,453,814

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Ronald J. Kalvoda

Signature of actuary

10/08/2012

Date

Ronald J. Kalvoda

Type or print name of actuary

11-06611

Most recent enrollment number

Hewitt Associates LLC

Firm name

(952) 886-8000

Telephone number (including area code)

5600 West 83rd Street
8200 Tower, Suite 1100
Minneapolis MN 55437

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	28,862,514	3,859,667
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	303,132	0
9	Amount remaining (line 7 minus line 8)	28,559,382	3,859,667
10	Interest on line 9 using prior year's actual return of 14.72 %	4,203,941	568,143
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		133
b	Interest on (a) using prior year's effective rate of 6.60 % except as otherwise provided (see instructions)		20
c	Total available at beginning of current plan year to add to prefunding balance		153
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	14,449,427	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	18,313,896	4,427,810

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2011	354,172				
07/13/2011	354,172				
10/13/2011	354,172				
01/12/2012	354,172				
			Totals • 18(b)	1,416,688	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,364,198

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.94 %	5.82 %	6.46 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	1,453,814
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	33,715,144	5,448,244
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	6,902,058

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	5,537,860	0	5,537,860

36 Additional cash requirement (line 34 minus line 35)	**36**	1,364,198
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,364,198

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Schedule SB Attachment (Form 5500)—2011 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 14, 2011	$ 354,172	5.95%	$ 348,442
July 13, 2011	354,172	5.95%	343,512
October 13, 2011	354,172	5.95%	338,544
January 12, 2012	354,172	5.95%	333,700
Total Contribution	$ 1,416,688		$ 1,364,198

Schedule SB Attachment (Form 5500)—2011 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	5.00%	0.9127	2.67
59.5	5.00%	0.8670	2.58
60.5	10.00%	0.8237	4.98
61.5	10.00%	0.7413	4.56
62.5	15.00%	0.6672	6.25
63.5	20.00%	0.5671	7.20
64.5	20.00%	0.4537	5.85
65.5	25.00%	0.3629	5.94
66.5	25.00%	0.2722	4.53
67.5	25.00%	0.2042	3.45
68.5	25.00%	0.1531	2.62
69.5	25.00%	0.1148	2.00
70	100.00%	0.0861	6.03
		Weighted Average	63.59

Schedule SB Attachment (Form 5500)—2011 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2011

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		1	1							
25-29		2	13							
30-34			14	13	1					
35-39		4	15	18	27					
40-44		2	13	27	47	24	3			
45-49		2	8	19	51	75	31	12		
50-54		1	14	27	53	71	46	140	29	
55-59			12	14	43	56	34	114	81	6
60-64			11	9	28	36	35	55	62	27
65-69			1	4	4	7	8	7	4	8
70+			1	1	2	1	2	1		

N-1478

Note: Current compensation data was not included since current compensation is not taken into account under the plan's benefit formula.

Schedule SB Attachment (Form 5500)—2011 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	$ 33,715,144	January 1, 2011	7	$ 5,448,244

Schedule SB Attachment (Form 5500)—2011 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, Part V—Summary of Plan Provisions
Minerals Provisions

Normal Retirement

Eligibility	Age 65.
Benefit	The greater of (1) or (2): 1. The Accrued Benefit calculated using IMC Phosphates service only; or 2. The Accrued Benefit based on total credited service (i.e., credited service recognized by the prior employer plus credited service under IMC Phosphates) reduced by the accrued benefit under the prior plan. For participants that elected to be covered under the Defined Contribution Retirement Plan, the accrued benefit is frozen as of December 31, 2003. Effective June 1, 2003, there are no new entrants. Effective December 31, 2007, there are no future accruals for participants at this location.

Early Retirement

Eligibility	Age 55 with ten years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit. The benefit is reduced 6% per year for commencement before age 65. There is no reduction for participants who are age 62 with 30 years of credited service.

Deferred Vested Retirement

Eligibility	Five years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Death Benefits	
Eligibility	Surviving spouse of vested employees whether active or terminated vested.
Benefit	Active employees—50% of Accrued Benefit payable at the later of participant's 55th birthday or date of participant's death. Deferred vested employees—The benefit that would have been payable if the participant had retired immediately prior to his/her death with the "Joint and 50% Survivor" option in effect, beginning no earlier than the date the participant would have attained age 55.
Forms of Payment	Single Life Annuity, 50%, 75%, or 100% Joint and Survivor Annuity, 10 year Certain and Life Annuity.
Definitions	
Accrued Benefit	$34.00 (effective September 1, 2003) per month per year of credited service.
Actuarial Equivalence	1976 PET mortality table and 6% interest.

Concentrates Provisions

Normal Retirement	
Eligibility	Age 65.
Benefit	The greater of (1) or (2): 1. The Accrued Benefit calculated using IMC Phosphates service only; or 2. The Accrued Benefit based on total credited service (i.e., credited service recognized by the prior employer plus credited service under IMC Phosphates) reduced by the accrued benefit under the prior plan. Effective December 31, 2007, there are no new entrants.

Early Retirement

Eligibility	Age 55 with ten years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit. The benefit is reduced 6% per year for commencement before age 65. There is no reduction for participants who are age 62 with 30 years of credited service.

Deferred Vested Retirement

Eligibility	Five years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Death Benefits

Eligibility	Surviving spouse of vested employees whether active or terminated vested.
Benefit	Active employees—50% of Accrued Benefit payable at the later of participant's 55th birthday or date of participant's death. Deferred vested employees—The benefit that would have been payable if the participant had retired immediately prior to his/her death with the "Joint and 50% Survivor" option in effect, beginning no earlier than the date the participant would have attained age 55.
Forms of Payment	Single life annuity, 50%, 75%, or 100% joint and survivor annuity, 10 year certain and life annuity.

Definitions

Accrued Benefit

The multiplier from the table below per month per year of credited service:

Effective Date	Scheduled Multiplier
September 24, 2004	$ 35.00
December 31, 2007	$ 36.00

Actuarial Equivalence: 1976 PET mortality table and 6% interest.

Port Sutton Provisions

Normal Retirement

Eligibility	Age 65.
Benefit	The greater of (1) or (2): 1. The Accrued Benefit calculated using IMC Phosphates service only; or 2. The Accrued Benefit based on total credited service (i.e., credited service recognized by the prior employer plus credited service under IMC Phosphates) reduced by the accrued benefit under the prior plan. Effective July 1, 1993, the plan was frozen. No additional accruals will be credited after June 30, 1993.

Early Retirement

Eligibility	Age 55 with five years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit. The benefit is reduced 6% per year for commencement before age 65. There is no reduction for participants who are age 62 with 30 years of credited service.

Deferred Vested Retirement

Eligibility	Five years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Death Benefits

Eligibility	Surviving spouse of vested employees whether active or terminated vested.
Benefit	The benefit that would have been payable if the participant had retired immediately prior to his/her death with the “Joint and 50% Survivor” option in effect, beginning no earlier than the date the participant would have attained age 55.

Forms of Payment	Single life annuity, 50%, 75%, or 100% Joint and Survivor Annuity, 10 year Certain and Life Annuity.

Definitions

Accrued Benefit	$31.00 per month per year of credited service.
Actuarial Equivalence	1976 PET mortality table and 6% interest.

Carlsbad Provisions

Normal Retirement

Eligibility	Age 65.
Benefit	The multiplier from the table below per month per year of credited service:

Effective Scheduled Date	Multiplier
June 1, 2004	$ 31.00
June 1, 2004	$ 31.50

For participants that elected to be covered under the Defined Contribution Retirement Plan, the accrued benefit is frozen as of December 31, 2003.

Effective June 1, 2003, there are no new entrants.

Effective December 31, 2007, there are no future accruals for participants at this location.

Early Retirement

Eligibility	Age 55 with five years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced from age 65. There is no reduction for participants who are age 62 and have ten years of credited service.

Deferred Vested Retirement

Eligibility	Five years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Disability Benefit	
Eligibility	Five years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit. In addition, until the participant qualifies for disability benefits under the Federal Social Security Act, a monthly payment of $300 is paid to age 62; and a monthly payment of $150 is paid from age 62 to age 65.
Death Benefits	
Eligibility	Surviving spouse of vested employees whether active or terminated vested.
Benefit	Active employees—50% of accrued benefit payable at the later of participant's 55th birthday or date of participant's death. Deferred vested employees—The benefit that would have been payable if the participant had retired immediately prior to his/her death with the "Joint and 50% Survivor" option in effect, beginning no earlier than the date the participant would have attained age 55.
Forms of Payment	Single Life Annuity, 50%, 75%, or 100% Joint and Survivor Annuity, 10 year Certain and Life Annuity.
Actuarial Equivalence	1976 PET mortality table and 6% interest.

Carey Salt Provisions

As of January 1, 2006, there are no longer any active participants in the plan.

Normal Retirement	
Eligibility	Age 65.
Benefit	$2.25 per month per year of service before October 1, 1969 plus $13.50 per month per year of service after September 30, 1969, less any offset.
Early Retirement	
Eligibility	Age 55 with 15 years of service
Benefit	Benefit determined in same manner as the Normal Retirement benefit. The benefit is actuarially reduced from normal retirement age.

Deferred Vested Retirement	
Eligibility	Five years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit.
Disability Benefit	
Eligibility	Five years of service.
Benefit	Benefit determined in same manner as the Normal Retirement benefit.
Forms of Payment	Single Life Annuity, 50%, 75%, or 100% Joint and Survivor Annuity, 5, 10, or 15 year Certain and Life Annuity, 5, 10, or 15 year Certain Only Annuity, lump sum.
Actuarial Equivalence	1984 UP mortality table and 5% interest. IRC Section 417(e) basis for lump sums.

Western-AG Provisions

There are no active participants eligible to receive benefits under these provisions. The benefits were determined under the provisions of the plan in effect when each participant terminated, retired, or upon closure of the facility.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2011 Plan Year
Mosaic Pension Plan for Union Hourly Employees
EIN: 20-0891589 PN: 008

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest rates	Based on segment rates with no lookback (as of January 2011)
1st segment rate	2.94%
2nd segment rate	5.82%
3rd segment rate	6.46%
Optional payment form election percentage	59% elect a Life Annuity 36% elect a Joint and 50%, 75%, or 100% Survivor Annuity 5% elect 10-year Certain and Life Annuity
Retirement age	
Active participants	See Table 1
Terminated vested participants	Age 60
Mortality rates	
Healthy and disabled	2011 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal rates	See Table 2
Disability rates	None
Decrement timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving spouse benefit	It is assumed that 90% of males and 90% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $195,000.
Valuation of plan assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

	A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected return on assets	
2009 plan year	6.69%
2010 plan year	6.76%
Trust expenses included in target normal cost	Prior year's administrative and investment expenses ($950,852 for 2011)
Actuarial method	Standard unit credit cost method
Valuation date	January 1, 2011

Table 1

Retirement Rates

Age	Rate
55	3.00%
56	3.00%
57	3.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	15.00%
63	20.00%
64	20.00%
65	25.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 2—Page 1 of 2

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
15	42.45%	32.45%	27.45%	22.45%
16	42.45%	32.45%	27.45%	22.45%
17	42.45%	32.45%	27.45%	22.45%
18	42.45%	32.45%	27.45%	22.45%
19	42.45%	32.45%	27.45%	22.45%
20	42.45%	32.45%	27.45%	22.45%
21	40.95%	30.95%	25.95%	20.95%
22	39.44%	29.44%	24.44%	19.44%
23	37.94%	27.94%	22.94%	17.94%
24	36.44%	26.44%	21.44%	16.44%
25	34.94%	24.94%	19.94%	14.94%
26	34.03%	24.03%	19.03%	14.03%
27	33.13%	23.13%	18.13%	13.13%
28	32.22%	22.22%	17.22%	12.22%
29	31.32%	21.32%	16.32%	11.32%
30	30.42%	20.42%	15.42%	10.42%
31	29.81%	19.81%	14.81%	9.81%
32	29.20%	19.20%	14.20%	9.20%
33	28.60%	18.60%	13.60%	8.60%
34	27.99%	17.99%	12.99%	7.99%
35	27.38%	17.38%	12.38%	7.38%
36	26.77%	16.77%	11.77%	6.77%
37	26.17%	16.17%	11.17%	6.17%
38	25.55%	15.55%	10.55%	5.55%
39	24.94%	14.94%	9.94%	4.94%
40	24.33%	14.33%	9.33%	4.33%
41	24.01%	14.01%	9.01%	4.01%
42	23.69%	13.69%	8.69%	3.69%
43	23.36%	13.36%	8.36%	3.36%
44	23.03%	13.03%	8.03%	3.03%

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Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
45	22.70%	12.70%	7.70%	2.70%
46	22.35%	12.35%	7.35%	2.35%
47	22.01%	12.01%	7.01%	2.01%
48	21.66%	11.66%	6.66%	1.66%
49	21.31%	11.31%	6.31%	1.31%
50	20.95%	10.95%	5.95%	0.95%
51	20.59%	10.59%	5.59%	0.59%
52	20.23%	10.23%	5.23%	0.23%
53+	20.00%	10.00%	5.00%	0.00%