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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2011</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                       |                                                |                   |                                      |                     |                                            |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|--------------------------------------|---------------------|--------------------------------------------|---------------|
| <b>Part II</b>                                                                                                                                                                                                              | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                        |                                                |                   |                                      |                     |                                            |               |
| <b>1a</b> Name of plan<br>MOSAIC PENSION PLAN FOR SALARIED AND NON-UNION HOURLY EMPLOYEES                                                                                                                                   | <table border="1"> <tr> <td><b>1b</b> Three-digit plan number (PN) ►</td> <td><u>002</u></td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td><u>02/01/1988</u></td> </tr> </table>                                                                                                          | <b>1b</b> Three-digit plan number (PN) ►       | <u>002</u>        | <b>1c</b> Effective date of plan     | <u>02/01/1988</u>   |                                            |               |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                                                    | <u>002</u>                                                                                                                                                                                                                                                                                            |                                                |                   |                                      |                     |                                            |               |
| <b>1c</b> Effective date of plan                                                                                                                                                                                            | <u>02/01/1988</u>                                                                                                                                                                                                                                                                                     |                                                |                   |                                      |                     |                                            |               |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br>MOS HOLDINGS, INC.<br><br>ATRIA CORPORATE CENTER<br>3033 CAMPUS DRIVE - E490<br>PLYMOUTH, MN 55441 | <table border="1"> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td><u>20-0891589</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number</td> <td><u>763-577-2700</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td><u>325300</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN) | <u>20-0891589</u> | <b>2c</b> Sponsor's telephone number | <u>763-577-2700</u> | <b>2d</b> Business code (see instructions) | <u>325300</u> |
| <b>2b</b> Employer Identification Number (EIN)                                                                                                                                                                              | <u>20-0891589</u>                                                                                                                                                                                                                                                                                     |                                                |                   |                                      |                     |                                            |               |
| <b>2c</b> Sponsor's telephone number                                                                                                                                                                                        | <u>763-577-2700</u>                                                                                                                                                                                                                                                                                   |                                                |                   |                                      |                     |                                            |               |
| <b>2d</b> Business code (see instructions)                                                                                                                                                                                  | <u>325300</u>                                                                                                                                                                                                                                                                                         |                                                |                   |                                      |                     |                                            |               |

**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.

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)  
v.012611

|                                                                                                                                                                                               |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>MOS HOLDINGS, INC.<br><br>ATRIA CORPORATE CENTER<br>3033 CAMPUS DRIVE - E490<br>PLYMOUTH, MN 55441 | <b>3b</b> Administrator's EIN<br>20-0891589<br><br><b>3c</b> Administrator's telephone number<br>763-577-2700 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 4036 |
|-------------------------------------------------------------------------|----------|------|

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 545  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 1714 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 1497 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 3756 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 240  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 3996 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |      |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0    |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I 3H

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

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                  | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> 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)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                                                                                                                                                        | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection</div> |
| For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| <div>Round off amounts to nearest dollar.</div> <div>Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.</div>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| A Name of plan<br>MOSAIC PENSION PLAN FOR SALARIED AND NON-UNION HOURLY EMPLOYEES                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) 002                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MOS HOLDINGS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>20-0891589                                           |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| Part I Basic Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| 1 Enter the valuation date: Month 01 Day 01 Year 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| 2 Assets:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| a Market value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 | 2a 199194308                                                                                   |
| b Actuarial value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 | 2b 185963510                                                                                   |
| 3 Funding target/participant count breakdown:                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| (1) Number of participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                 | (2) Funding Target                                                                             |
| a For retired participants and beneficiaries receiving payment                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3a 1850                                                                                                                                                                                                                                                                                                                         | 97086124                                                                                       |
| b For terminated vested participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3b 1603                                                                                                                                                                                                                                                                                                                         | 40208278                                                                                       |
| c For active participants:                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| (1) Non-vested benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3c(1)                                                                                                                                                                                                                                                                                                                           | 2573255                                                                                        |
| (2) Vested benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3c(2)                                                                                                                                                                                                                                                                                                                           | 61899671                                                                                       |
| (3) Total active                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3c(3) 583                                                                                                                                                                                                                                                                                                                       | 64472926                                                                                       |
| d Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3d 4036                                                                                                                                                                                                                                                                                                                         | 201767328                                                                                      |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| 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 5.83 %                                                                                       |
| 6 Target normal cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                 | 6 1013040                                                                                      |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| Signature of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                 | Date                                                                                           |
| RONALD J. KALVODA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 | 10/08/2012                                                                                     |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                 | Most recent enrollment number                                                                  |
| HEWITT ASSOCIATES LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                 | 11-06611                                                                                       |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                 | Telephone number (including area code)                                                         |
| 5600 WEST 83RD STREET<br>8200 TOWER, SUITE 1100<br>MINNEAPOLIS, MN 55437                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                 | 952-886-8000                                                                                   |
| 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 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2011 v.012611                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |

| <b>Part II</b> |                                                                                                                          | <b>Beginning of year carryover and prefunding balances</b> |                        |
|----------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                          | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 14850870                                                   | 29125962               |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 199935                                                     | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                             | 14650935                                                   | 29125962               |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>15.27</u> % .....                                              | 2237198                                                    | 4447534                |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                     |                                                            |                        |
| <b>a</b>       | Present value of excess contributions (line 38 from prior year) .....                                                    |                                                            | 109                    |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>6.55</u> % except as otherwise provided (see instructions) ..... |                                                            | 17                     |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....                                     |                                                            | 126                    |
| <b>d</b>       | Portion of (c) to be added to prefunding balance .....                                                                   |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                  | 16888133                                                   | 9323849                |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                       | 0                                                          | 24249647               |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding percentages</b> |         |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 80.14 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 80.14 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 89.20 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |        |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |        |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               |        |
| 04/14/2011                                                                               | 233513                            |                                               |        |
| 07/13/2011                                                                               | 233513                            |                                               |        |
| 10/13/2011                                                                               | 233513                            |                                               |        |
| 01/12/2012                                                                               | 233513                            |                                               |        |
|                                                                                          |                                   |                                               |        |
|                                                                                          |                                   |                                               |        |
| <b>Totals ▶</b>                                                                          |                                   | <b>18(b)</b>                                  | 934052 |
|                                                                                          |                                   | <b>18(c)</b>                                  | 0      |

|                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> 0                                                        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> 0                                                        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 900109                                                   |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> 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**

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>2.94% | 2nd segment:<br>5.82% | 3rd segment:<br>6.46 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                          |                    |               |  |                     |             |                                                       |          |         |                                                |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|--|---------------------|-------------|-------------------------------------------------------|----------|---------|------------------------------------------------|---|---|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                                                                                                                                                                                                                                                                                                          |                    |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>                                                                                                                                                                                                                                                                                               | 1013040            |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>                                                                                                                                                                                                                                                                                               | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <tr> <td></td> <td>Outstanding Balance</td> <td>Installment</td> </tr> <tr> <td><b>a</b> Net shortfall amortization installment .....</td> <td>40053465</td> <td>6472493</td> </tr> <tr> <td><b>b</b> Waiver amortization installment .....</td> <td>0</td> <td>0</td> </tr> </table> |                    |               |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment ..... | 40053465 | 6472493 | <b>b</b> Waiver amortization installment ..... | 0 | 0 |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                      | Installment        |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 40053465                                                                                                                                                                                                                                                                                                 | 6472493            |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                        | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>33</b> 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 ..... | <b>33</b>                                                                                                                                                                                                                                                                                                |                    |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>                                                                                                                                                                                                                                                                                                | 7485533            |               |  |                     |             |                                                       |          |         |                                                |   |   |
|                                                                                                                                                                                      | Carryover balance                                                                                                                                                                                                                                                                                        | Prefunding balance | Total balance |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                                                                                                                                                                                                                                                                                                        | 6585424            | 6585424       |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>                                                                                                                                                                                                                                                                                                | 900109             |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>                                                                                                                                                                                                                                                                                                | 900109             |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                                                                                                                                                                                                                                                                                                          |                    |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>                                                                                                                                                                                                                                                                                               | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>                                                                                                                                                                                                                                                                                               | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>                                                                                                                                                                                                                                                                                                | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>                                                                                                                                                                                                                                                                                                | 0                  |               |  |                     |             |                                                       |          |         |                                                |   |   |

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

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                       |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>        |  |
| For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| A Name of plan<br>MOSAIC PENSION PLAN FOR SALARIED AND NON-UNION HOURLY EMPLOYEES                                                                                                     |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 002                                                                   |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>MOS HOLDINGS, INC.                                                                                                   |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>20-0891589                                                   |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(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 MT                                                                                                                |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a): THE MOSAIC COMPANY                                                                                                                         |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN 36-6859475-002                                                                                                                                                               |  | d Entity code M                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213950835 |  |
| 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)           |  |
| 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)           |  |
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| 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)           |  |
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| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
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| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
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| 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)           |  |
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| 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)           |  |
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| 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                                                                             |  |

**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  
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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**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**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>MOSAIC PENSION PLAN FOR SALARIED AND NON-UNION HOURLY EMPLOYEES</u>                                                                                                                                                                          | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MOS HOLDINGS, INC.</u>                                                                                                                                                                               | <b>D</b> Employer Identification Number (EIN)<br><br><u>20-0891589</u>                                                                                                                                                                                                       |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                           | <b>1b(1)</b>    | 113741                | 233513          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 199080824             | 213950835       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 199194565             | 214184348       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 199194565 | 214184348 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 934052     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 1777       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 935829    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | 28473815  |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 29409644  |

**Expenses**

|                                                                                            |              |          |          |
|--------------------------------------------------------------------------------------------|--------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 14419861 |          |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |          |          |
| (3) Other .....                                                                            | <b>2e(3)</b> |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |          | 14419861 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |          |          |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |          |          |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |          |          |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |          |          |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |          |          |
| (4) Other .....                                                                            | <b>2i(4)</b> |          |          |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |          | 0        |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |          | 14419861 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 14989783 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: KPMG LLP

(2) EIN: 13-5565207

**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   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>a</b> 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.).....                 |     | X  |          |
| <b>b</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.)..... |     | X  |          |
| <b>c</b> 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.) .....                                                                                                                            |     | X  |          |
| <b>d</b> 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.).....                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 15000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |          |
| <b>g</b> 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? .....                                                                                                                                      |     | X  |          |
| <b>h</b> 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? .....                                                                                                                            |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   |     | X  |          |
| <b>j</b> 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.).....                                                                                    |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |          |
| <b>n</b> 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. ....                                                                                                                        |     | 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                      | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>MOSAIC PENSION PLAN FOR SALARIED AND NON-UNION HOURLY EMPLOYEES                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MOS HOLDINGS, INC.                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>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):<br><br>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 42                                                                                            |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2011 v.012611                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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):



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EIN 20-0891589

Plan No. 002

Financial Statements

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

**MOSAIC PENSION PLAN FOR  
SALARIED AND NON-UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 002

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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 Salaried and  
Non-Union Hourly Employees:

We were engaged to audit the accompanying statements of net assets available for benefits of the Mosaic Pension Plan for Salaried and Non-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

**MOSAIC PENSION PLAN FOR  
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Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

|                                                     | <u>2011</u>           | <u>2010</u>        |
|-----------------------------------------------------|-----------------------|--------------------|
| Assets:                                             |                       |                    |
| Investments:                                        |                       |                    |
| Interest in The Mosaic Company Defined Benefit Plan |                       |                    |
| Master Trust                                        | \$ 213,950,835        | 199,080,824        |
| Company contribution receivable                     | <u>233,513</u>        | <u>113,741</u>     |
| Net assets available for benefits                   | <u>\$ 214,184,348</u> | <u>199,194,565</u> |

See accompanying notes to financial statements.

**MOSAIC PENSION PLAN FOR  
SALARIED AND NON-UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 002

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2011 and 2010

|                                                                                | <u>2011</u>           | <u>2010</u>        |
|--------------------------------------------------------------------------------|-----------------------|--------------------|
| Additions:                                                                     |                       |                    |
| Company contributions                                                          | \$ 934,052            | 9,257,851          |
| Other                                                                          | 1,777                 | 27,792             |
| Total additions                                                                | <u>935,829</u>        | <u>9,285,643</u>   |
| Deductions:                                                                    |                       |                    |
| Benefit payments                                                               | 14,419,861            | 13,574,848         |
| Administrative and investment expenses                                         | 1,052,549             | 1,013,040          |
| Total deductions                                                               | <u>15,472,410</u>     | <u>14,587,888</u>  |
| Investment income from The Mosaic Company<br>Defined Benefit Plan Master Trust | <u>29,526,364</u>     | <u>26,483,216</u>  |
| Net increase                                                                   | 14,989,783            | 21,180,971         |
| Net assets available for benefits:                                             |                       |                    |
| Beginning of year                                                              | <u>199,194,565</u>    | <u>178,013,594</u> |
| End of year                                                                    | <u>\$ 214,184,348</u> | <u>199,194,565</u> |

See accompanying notes to financial statements.

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**(1) Description of the Plan**

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

Effective January 1, 1998, the Plan was amended to allow participants to freeze their service accruals under the Plan and begin participating in the Mosaic Investment Plan. For participants who chose this option, their benefit at retirement is based on credited service through December 31, 1997, and the participant's age and final average pay at retirement. Employees hired on or after January 1, 1998 are not eligible to participate in the Plan.

Effective March 31, 2003, the Plan was amended to provide that no participant will accrue any further benefits under the Plan after March 31, 2003. All participants who elected or were deemed to have elected prior to January 1, 1998 to remain in the Plan had their credited service and pay frozen as of March 31, 2003. All participants who elected prior to January 1, 1998 to participate in the Mosaic Investment Plan had their pay frozen as of March 31, 2003 (their credited service was frozen as of December 31, 1997). Vesting service for purposes of eligibility for the terminated vested benefit and early retirement benefit will continue to accrue until the participant's termination or retirement, as required by law. The age of each participant as of the date he or she elects to commence his or her pension benefit will continue to be used to determine the applicable early commencement factors for both terminated vested and early retirement benefits and lump-sum factors, also required by law.

**(a) General**

The Plan is a noncontributory, defined benefit pension plan covering substantially all salaried and nonunion hourly employees of Mosaic Global Holdings Inc. and Mosaic Fertilizer LLC (collectively, the Company) who were hired prior to January 1, 1998. The Plan was established to provide retirement income for the benefit of salaried and nonunion hourly employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective January 1, 2006, the Plan was renamed the Mosaic Pension Plan for Salaried and Non-Union Hourly Employees.

**(b) Pension Benefits**

Eligible employees became participants in the Plan on the date of hire. A participant's pension rights become vested when the participant completes 5 years of service or reaches age 65. Normal retirement age under the Plan is age 65. Participants become eligible for early retirement at or after age 55 with 10 or more years of service. Early retirement benefits for salaried employees are reduced 4% per year for commencement of pension benefits before age 62.

The retirement benefits for employees are calculated using a formula based upon the participant's final average salary (average salary during the highest paid 5 consecutive calendar years out of the participant's last 10 years of service), years of credited service, and the final average salary in excess

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of “covered compensation” (the 35-year average of the Social Security wage base). The normal form of pension is a life annuity for an unmarried participant and a 50% joint and survivor annuity for a married participant. Other forms of pension available include a 10-year term certain annuity, a 75% joint and survivor annuity, and a 100% joint and survivor annuity. Employees may elect to receive their benefits in a lump-sum distribution.

Former participants of the FMI Employee Retirement Plan (merged into the Plan on January 1, 1999); the Retirement Plan for Non-Union Hourly Employees of IMC Global Operations, Inc. (merged into the Plan on January 1, 1999); and the Retirement Plan for Hourly Employees of IMC Fertilizer, Inc. represented by Local No. 4-786 Oil, Chemical, and Atomic Workers International Union (merged into the Plan on April 16, 1992) are eligible for benefits as detailed in the applicable plan documents in effect prior to the respective mergers.

**(c) 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. 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.

**(d) 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 a 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.

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**(b) Recent Accounting Pronouncements**

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements*. This standard requires further disaggregation of assets and disclosure of valuation techniques for Level 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 these 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 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, respectively, that the information provided below to the plan administrator by the trustee is complete and accurate.

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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 53.6% and 54.6% 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:

|                                                     | <b>December 31</b>    |                    |
|-----------------------------------------------------|-----------------------|--------------------|
|                                                     | <b>2011</b>           | <b>2010</b>        |
| 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                                   | <u>397,892,608</u>    | <u>363,509,281</u> |
| Receivables:                                        |                       |                    |
| Pending investment transactions for securities sold | <u>1,402,379</u>      | <u>1,326,939</u>   |
| Total receivables                                   | <u>1,402,379</u>      | <u>1,326,939</u>   |
| Total assets                                        | <u>399,294,987</u>    | <u>364,836,220</u> |
| Net assets                                          | <u>\$ 399,294,987</u> | <u>364,836,220</u> |
| Plan's interest in the Master Trust net assets      | \$ 213,950,835        | 199,080,824        |

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

|                                                                        | <b>2011</b>          | <b>2010</b>        |
|------------------------------------------------------------------------|----------------------|--------------------|
| 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                    | <u>367,759</u>       | <u>400,810</u>     |
| Total net appreciation                                                 | 55,176,269           | 46,999,004         |
| Administrative and investment expenses                                 | <u>(2,061,646)</u>   | <u>(1,963,892)</u> |
| Net investment income                                                  | <u>\$ 53,870,065</u> | <u>45,865,674</u>  |

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

|                                          | <u>2011</u>   | <u>2010</u> |
|------------------------------------------|---------------|-------------|
| 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

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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):

| <b>Fair value measurements at<br/>December 31, 2011 using input type</b> |                |                    |                   |                    |
|--------------------------------------------------------------------------|----------------|--------------------|-------------------|--------------------|
|                                                                          | <b>Level 1</b> | <b>Level 2</b>     | <b>Level 3</b>    | <b>Total</b>       |
| 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<br>company interests                   | —              | —                  | 8,285,615         | 8,285,615          |
|                                                                          | <u>—</u>       | <u>—</u>           | <u>8,285,615</u>  | <u>8,285,615</u>   |
| Total investments<br>measured at fair value                              | \$ —           | 374,373,059        | 23,519,549        | 397,892,608        |
|                                                                          | <u>—</u>       | <u>374,373,059</u> | <u>23,519,549</u> | <u>397,892,608</u> |
| <b>Fair value measurements at<br/>December 31, 2010 using input type</b> |                |                    |                   |                    |
|                                                                          | <b>Level 1</b> | <b>Level 2</b>     | <b>Level 3</b>    | <b>Total</b>       |
| 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<br>company interests                   | —              | —                  | 8,378,210         | 8,378,210          |
|                                                                          | <u>—</u>       | <u>—</u>           | <u>8,378,210</u>  | <u>8,378,210</u>   |
| Total investments<br>measured at fair value                              | \$ —           | 341,938,265        | 21,571,016        | 363,509,281        |
|                                                                          | <u>—</u>       | <u>341,938,265</u> | <u>21,571,016</u> | <u>363,509,281</u> |

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

**MOSAIC PENSION PLAN FOR  
SALARIED AND NON-UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 002

Notes to Financial Statements

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.

|                                                      | <b>Common<br/>collective<br/>trust funds –<br/>real estate</b> | <b>Partnership<br/>and limited<br/>liability<br/>company<br/>interests</b> |
|------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------|
| 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<br>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                  | \$ 89,669,824  |
| Other participants                                         | 93,813,102     |
| Total vested benefits                                      | 183,482,926    |
| Nonvested benefits                                         | 2,153,436      |
| Total actuarial present value of accumulated plan benefits | \$ 185,636,362 |

**MOSAIC PENSION PLAN FOR  
SALARIED AND NON-UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 002

Notes to Financial Statements

December 31, 2011 and 2010

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 the beginning of the period | \$ 189,237,802        |
| Benefits paid                                                                          | (13,574,848)          |
| Increase due to passage of time                                                        | 12,140,214            |
| Other changes                                                                          | <u>(2,166,806)</u>    |
| Actuarial present value of accumulated plan benefits as of the end of the period       | <u>\$ 185,636,362</u> |

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 (7% probability of retirement) through age 65 (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 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.

**MOSAIC PENSION PLAN FOR  
SALARIED AND NON-UNION HOURLY EMPLOYEES**

EIN 20-0891589

Plan No. 002

Notes to Financial Statements

December 31, 2011 and 2010

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:

|                                                          | <u><b>2011</b></u>       |
|----------------------------------------------------------|--------------------------|
| Total Company contributions per the financial statements | \$ 934,052               |
| Less 2010 Company contribution receivable                | <u>(113,741)</u>         |
| Total contributions per the Form 5500                    | <u><u>\$ 820,311</u></u> |

**(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 their 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.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                         |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>                                                                                                                                                                                          |                                                                                                                                                                                                               |                                         |     |
| ▶ <b>Round off amounts to nearest dollar.</b>                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |                                         |     |
| ▶ <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.                                                                                                                                                                    |                                                                                                                                                                                                               |                                         |     |
| <b>A</b> Name of plan<br><br>Mosaic Pen Pn for Sal and Non-Union Hrly EEs                                                                                                                                                                                                                         | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">002</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ▶ | 002 |
| <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                           | 002                                                                                                                                                                                                           |                                         |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>MOS HOLDINGS, INC.                                                                                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br><br>20-0891589                                                                                                                                               |                                         |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                                                                                                                                                               |                                         |     |

|                                                                                                                                                                                                         |              |                            |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                         |              |                            |                    |
| 1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>                                                                                                                                |              |                            |                    |
| 2 Assets:                                                                                                                                                                                               |              |                            |                    |
| a Market value .....                                                                                                                                                                                    | <b>2a</b>    |                            | 199,194,308        |
| b Actuarial value .....                                                                                                                                                                                 | <b>2b</b>    |                            | 185,963,510        |
| 3 Funding target/participant count breakdown:                                                                                                                                                           |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b>    | 1,850                      | 97,086,124         |
| b For terminated vested participants .....                                                                                                                                                              | <b>3b</b>    | 1,603                      | 40,208,278         |
| c For active participants:                                                                                                                                                                              |              |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                            | <b>3c(1)</b> |                            | 2,573,255          |
| (2) Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> |                            | 61,899,671         |
| (3) Total active.....                                                                                                                                                                                   | <b>3c(3)</b> | 583                        | 64,472,926         |
| d Total.....                                                                                                                                                                                            | <b>3d</b>    | 4,036                      | 201,767,328        |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>    |                            |                    |
| 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..... | <b>4b</b>    |                            |                    |
| 5 Effective interest rate .....                                                                                                                                                                         | <b>5</b>     |                            | 5.83 %             |
| 6 Target normal cost .....                                                                                                                                                                              | <b>6</b>     |                            | 1,013,040          |

**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.

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b> | <div style="text-align: center;"> <br/>           Signature of actuary         </div> <div style="text-align: center;">           Ronald J. Kalvoda<br/>           Type or print name of actuary<br/>           Hewitt Associates LLC<br/>           Firm name<br/>           5600 West 83rd Street<br/>           8200 Tower, Suite 1100<br/>           Minneapolis MN 55437<br/>           Address of the firm         </div> | <div style="text-align: center;">           10/08/2012<br/>           Date<br/>           11-06611<br/>           Most recent enrollment number<br/>           (952) 886-8000<br/>           Telephone number (including area code)         </div> |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                                                  | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                          | 14,850,870            | 29,125,962             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                      | 199,935               | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                             | 14,650,935            | 29,125,962             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>15.27</u> %.....                                             | 2,237,198             | 4,447,534              |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                   |                       | 109                    |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.55</u> % except as otherwise provided (see instructions)..... |                       | 17                     |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                     |                       | 126                    |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                   |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                 | 16,888,133            | 9,323,849              |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                      | 0                     | 24,249,647             |

**Part III Funding percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 80.14 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 80.14 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 89.20 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %       |

**Part IV Contributions and liquidity shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/14/2011                                                                               | 233,513                           |                                 |                          |                                   |                                 |
| 07/13/2011                                                                               | 233,513                           |                                 |                          |                                   |                                 |
| 10/13/2011                                                                               | 233,513                           |                                 |                          |                                   |                                 |
| 01/12/2012                                                                               | 233,513                           |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals •</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 934,052                           | <b>18(c)</b> 0                  |

|                                                                                                                                      |                    |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                    |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                                    | <b>19b</b> 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | <b>19c</b> 900,109 |

|                                                                                                                    |                                                                     |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                        |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> 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**

|                                                                                                                                                                                              |                        |                        |                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                                            |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>2.94 % | 2nd segment:<br>5.82 % | 3rd segment:<br>6.46 % <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 0                                                               |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 62                                                               |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                                            |

**Part VI Miscellaneous items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                  | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                     |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                          | <b>31a</b>          | 1,013,040          |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                               | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                | 40,053,465          | 6,472,493          |               |
| <b>b</b> Waiver amortization installment.....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                           | <b>34</b>           | 7,485,533          |               |
|                                                                                                                                                                                     | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                              | 0                   | 6,585,424          | 6,585,424     |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                  | <b>36</b>           | 900,109            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                  | <b>37</b>           | 900,109            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                 |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                      | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                     | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                                                                                                          |           |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:                                                                                          |           |  |  |  |
| <b>a</b> Schedule elected ..... <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                                                                                |           |  |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |           |  |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                                                                                                                        | <b>42</b> |  |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                                                                                                           | <b>43</b> |  |  |  |

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Mosaic Pension Plan for Salaried and Non-Union Hourly Employees  
EIN: 20-0891589 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

IMC Global Salaried Provisions

Normal Retirement

Eligibility

Age 65.

Benefit

The annual normal retirement pension is the sum of (1), (2), and (3):

1. 1.35% of the highest five year average earnings for each of the first 25 years of service;
2. 1% of such average earnings for each of the next ten years of service;
3. 0.43% of highest five year average earnings in excess of the covered compensation amount for each of the first 35 years of service.

For participants that elected to be covered under the profit sharing plan, credited service is frozen as of December 31, 1997.

Effective April 1, 2003, the plan was frozen. No additional accruals will be credited after March 31, 2003.

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 4% per year for commencement before age 62.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the Normal Retirement benefit, but based on final average pay and service at termination. The benefit is actuarially reduced for commencement before age 65.

Death Benefits:

Before Retirement

Eligibility

Surviving spouse of vested employees whether active or terminated vested.

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Mosaic Pension Plan for Salaried and Non-Union Hourly Employees  
EIN: 20-0891589 PN: 002

|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                                                       | <p>Active employees—50% of accrued benefit payable at the later of participant's 55th birthday or date of participant's death. The benefit is actuarially reduced for payment before the deceased participant's 55th birthday.</p> <p>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.</p> |
| After Retirement Eligibility                                  | Beneficiaries of retired employees currently receiving monthly payments.                                                                                                                                                                                                                                                                                                                                                           |
| Benefit                                                       | Lump sum payment equal to one year pension under the life annuity form. This is in addition to optional forms of payment that provide continuing monthly benefits to designated beneficiaries.                                                                                                                                                                                                                                     |
| Forms of Payment                                              | Single life annuity, 50%, 75%, or 100% joint and survivor annuity, 10 year certain and life annuity, lump sum.                                                                                                                                                                                                                                                                                                                     |
| Actuarial Equivalence                                         | 1976 PET mortality table and 6% interest. IRC section 417(e) basis for lump sums.                                                                                                                                                                                                                                                                                                                                                  |
| <b>IMC Phosphates Salaried and Nonunion Hourly Provisions</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Normal Retirement Eligibility                                 | Age 65.                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Benefit                                                       | <p>The greater of (1) or (2):</p> <ol style="list-style-type: none"> <li>1. The Accrued Benefit calculated using IMC Phosphates service only; or</li> <li>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.</li> </ol>                                              |
| 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 4% per year for commencement before age 62.                                                                                                                                                                                                                                                                                             |

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Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the Normal Retirement benefit, but based on final average pay and service at termination. The benefit is actuarially reduced for commencement before age 65.

Death Benefits

Before Retirement

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. The benefit is actuarially reduced for payment before the deceased participant's 55th birthday.

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.

After Retirement

Eligibility

Beneficiaries of retired employees currently receiving monthly payments.

Benefit

Lump sum payment equal to one years pension under the life annuity form. This is in addition to optional forms of payment that provide continuing monthly benefits to designated beneficiaries.

Forms of Payment

Single Life Annuity, 50%, 75%, or 100% joint and survivor annuity, 10 year certain and life annuity, lump sum.

Definitions

Accrued Benefit

Sum of (1), (2), and (3):

1. 1.35% of the highest five year average earnings for each of the first 25 years of service,
2. 1% of such average earnings for each of the next ten years of service,
3. 0.43% of highest five year average earnings in excess of the covered compensation amount for each of the first 35 years of service.

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For participants that elected to be covered under the profit sharing plan, credited service is frozen as of December 31, 1997.

Effective April 1, 2003, the plan was frozen. No additional accruals will be credited after March 31, 2003.

Actuarial Equivalence

1976 PET mortality table and 6% interest. IRC section 417(e) basis for lump sums.

IMC Global Nonunion Hourly Provisions

Normal Retirement

Eligibility

Age 65.

Benefit

\$17.00 per month per year of credited service through December 31, 1997. No more benefits are accruing under this plan as all participants were moved to the profit sharing plan as of December 31, 1997.

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.

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.

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|                  |                                                                                                                |
|------------------|----------------------------------------------------------------------------------------------------------------|
| Forms of Payment | Single Life Annuity, 50%, 75%, or 100% joint and survivor annuity, 10 year certain and life annuity, lump sum. |
|------------------|----------------------------------------------------------------------------------------------------------------|

|                       |                                                                                   |
|-----------------------|-----------------------------------------------------------------------------------|
| Actuarial Equivalence | 1976 PET mortality table and 6% interest. IRC section 417(e) basis for lump sums. |
|-----------------------|-----------------------------------------------------------------------------------|

### FMI Provisions

As of January 1, 1998 there are no longer any active participants in the plan. On July 1, 1996 FMI changed the design of the pension plan from a final average pay plan to a cash balance plan. Those participants that terminated prior to July 1, 1996 are valued using the plan provisions of the prior final average pay plan and those participants that terminated after July 1, 1996 are valued using the new cash balance plan provisions.

### Final Average Pay Plan

#### Normal Retirement

|             |         |
|-------------|---------|
| Eligibility | Age 65. |
|-------------|---------|

|         |                                                                           |
|---------|---------------------------------------------------------------------------|
| Benefit | The accrued benefit at date of termination as provided by IMC Global Inc. |
|---------|---------------------------------------------------------------------------|

#### 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 5% per year for commencement before age 60. |
|---------|----------------------------------------------------------------------------------------------------------------------------------------|

If a participant retires between age 60 and 62, a Social Security Supplement will be paid until age 62.

A participant transferred to IMC Phosphates will receive the subsidized early retirement benefit only if they retire from the joint venture at the same time they retire from the FMI plan.

#### 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. |
|---------|----------------------------------------------------------------------------------------------------------------------------------------|

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Death Benefits

Surviving Spouse of Disabled Employees  
With Ten Years of Service and At Least  
60 Age/Service Points

Benefit equal to 50% of the normal retirement benefit without reduction for early payment or adjustment for the joint and survivor form of payment payable immediately following the participant's death.

Surviving Spouse of Terminated  
Vested Employees

The benefit that would have been payable if the participant had retired immediately prior to death with the "Joint and 50% Survivor" option in effect, beginning no earlier than the date the participant would have attained age 55.

Surviving Spouse of Retired

The survivor portion of a joint and survivor annuity if elected.

Forms of Payment

Single life annuity, 50% or 75% joint and survivor.

**Cash Balance Plan**

Normal Retirement

Eligibility

Age 60.

Benefit

The Cash Balance Account.

Early Retirement

Eligibility

Age 60 or Age 55 with five years of service.

Benefit

The Cash Balance Account.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

The Cash Balance Account including interest credits from the date of termination until the first payment date. Benefits may commence at the earlier of age 60 or age 55 with five years of service.

Death Benefits

Eligibility

Surviving spouse of vested employees.

Benefit

The Cash Balance Account payable immediately.

Forms of Payment

Single life annuity, 50% or 75% joint and survivor, lump sum.

Interest Credits

The rate of interest is equal to the yield on ten-year Treasuries as of the last day of the preceding year.

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Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

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.

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

| <b>Date</b>        | <b>Amount</b> | <b>Interest<br/>Rate</b> | <b>Interest Adjusted<br/>Contribution</b> |
|--------------------|---------------|--------------------------|-------------------------------------------|
| April 14, 2011     | \$ 233,513    | 5.83%                    | \$ 229,809                                |
| July 13, 2011      | 233,513       | 5.83%                    | 226,620                                   |
| October 13, 2011   | 233,513       | 5.83%                    | 223,407                                   |
| January 12, 2012   | 233,513       | 5.83%                    | 220,273                                   |
| Total Contribution | \$ 934,052    |                          | \$ 900,109                                |

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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)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 7.00%       | 1.0000        | 3.89                              |
| 56.5             | 5.00%       | 0.9300        | 2.63                              |
| 57.5             | 5.00%       | 0.8835        | 2.54                              |
| 58.5             | 5.00%       | 0.8393        | 2.46                              |
| 59.5             | 6.00%       | 0.7974        | 2.85                              |
| 60.5             | 8.00%       | 0.7495        | 3.63                              |
| 61.5             | 11.00%      | 0.6896        | 4.66                              |
| 62.5             | 20.00%      | 0.6137        | 7.67                              |
| 63.5             | 15.00%      | 0.4910        | 4.68                              |
| 64.5             | 60.00%      | 0.4173        | 16.15                             |
| 65               | 100.00%     | 0.1669        | 10.85                             |
| Weighted Average |             |               | 62.01                             |

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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          |                           |     |     |       |       |       |       |       |       |     |
| 25-29        |                           |     |     |       |       |       |       |       |       |     |
| 30-34        |                           |     |     |       |       |       |       |       |       |     |
| 35-39        |                           |     |     | 4     | 3     |       |       |       |       |     |
| 40-44        |                           |     |     | 5     | 15    | 5     | 1     |       |       |     |
| 45-49        |                           |     |     | 5     | 21    | 14    | 17    | 3     |       |     |
| 50-54        |                           |     |     | 7     | 19    | 26    | 18    | 77    | 12    |     |
| 55-59        |                           |     |     | 4     | 12    | 18    | 19    | 74    | 83    | 2   |
| 60-64        |                           |     |     | 4     | 10    | 9     | 9     | 20    | 46    | 10  |
| 65-69        |                           |     |     |       |       | 1     |       | 2     | 6     | 2   |
| 70+          |                           |     |     |       |       |       |       |       |       |     |

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Schedule SB, line 32—Schedule of Amortization Bases

| <b>Type Of Base</b> | <b>Present Value of<br/>Installments</b> | <b>Valuation Date<br/>Established</b> | <b>Remaining Years<br/>in Amortization<br/>Period</b> | <b>Amortization<br/>Amount</b> |
|---------------------|------------------------------------------|---------------------------------------|-------------------------------------------------------|--------------------------------|
| Shortfall           | \$ 40,053,465                            | January 1, 2011                       | 7                                                     | \$ 6,472,493                   |

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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%                                                                                                                                |
| Cash balance interest crediting rate           | 6.00%                                                                                                                                |
| Cash balance annuity conversion rate           | Not applicable                                                                                                                       |
| Optional payment form election percentage      | 80% elect a lump sum<br>20% elect a Life Annuity                                                                                     |
|                                                | Terminated vested participants who do not elect a lump sum immediately upon termination are assumed to elect a life annuity.         |
| Optional payment form conversion interest rate | Same as funding interest rates above for lump sums                                                                                   |
| Optional payment form conversion mortality     | Current 417(e) table for lump sums                                                                                                   |
| 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. |

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|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit limits                                | Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of plan assets                      | <p>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.</p> <p>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).</p> |
| 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 (\$1,013,040 for 2011)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Actuarial method                              | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Valuation date                                | January 1, 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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Table 1

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 7.00%              |
| 56                | 5.00%              |
| 57                | 5.00%              |
| 58                | 5.00%              |
| 59                | 6.00%              |
| 60                | 8.00%              |
| 61                | 11.00%             |
| 62                | 20.00%             |
| 63                | 15.00%             |
| 64                | 60.00%             |
| 65+               | 100.00%            |

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**Withdrawal Rates**

| <b>Age</b> | <b>Years of Service</b> |          |          |           |
|------------|-------------------------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3+</b> |
| 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**

| <b>Age</b> | <b>Years of Service</b> |          |          |           |
|------------|-------------------------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3+</b> |
| 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%     |