

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <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>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<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 checked="" 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 checked="" 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>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>MOSAIC COMBINED U.S. DEFINED BENEFIT PENSION PLAN</u>                                                                                                                                                                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>008</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>02/01/1988</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>008</u>                                                       | <b>1c</b> Effective date of plan<br><u>02/01/1988</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                      | <u>008</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>02/01/1988</u>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>THE MOSAIC COMPANY</u><br><br><u>101 EAST KENNEDY BLVD</u><br><u>SUITE 2500</u><br><u>TAMPA, FL 33602</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>20-1026454</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>813-775-4200</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>325300</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>20-1026454</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>813-775-4200</u> | <b>2d</b> Business code (see instructions)<br><u>325300</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>20-1026454</u>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>813-775-4200</u>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><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. | 04/21/2023 | DOUG WILSON                                                  |
|                  | 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, see the Instructions for Form 5500.

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                           |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name <b>THE MOSAIC COMPANY</b><br><b>c</b> Plan Name <b>MOSAIC PENSION PLAN FOR UNION HOURLY EMPLOYEES</b>                                                                             |  | <b>4b</b> EIN <b>20-1026454</b><br><b>4d</b> PN <b>008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                            |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>2944</b> |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                             |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>650</b>  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                  |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>699</b>  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3164</b> |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                                 |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>616</b>  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                        |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>4479</b> |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                         |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>908</b>  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>5387</b> |
| <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 who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                         |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>0</b>    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1B 1I 3H</b>                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                          |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |             |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |             |

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><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 | <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>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>MOSAIC COMBINED U.S. DEFINED BENEFIT PENSION PLAN</u>                                                         | <b>B</b> Three-digit plan number (PN) ▶ <u>008</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THE MOSAIC COMPANY</u>                                     | <b>D</b> Employer Identification Number (EIN)<br><u>20-1026454</u>                                                                                      |
| <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</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                              |                                                                                                                             |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                                             |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>226478811</u>                                                                                                  |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>206788653</u>                                                                                                  |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                             |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>1873</u> (2) Vested Funding Target <u>106576670</u> (3) Total Funding Target <u>106576670</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>437</u> <u>13969183</u> <u>13969183</u>                                                                                  |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>650</u> <u>40159061</u> <u>40511695</u>                                                                                  |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>2960</u> <u>160704914</u> <u>161057548</u>                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                                             |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                                   |
| <b>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>                                                                                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.52</u> %                                                                                                      |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                                             |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> <u>0</u>                                                                                                          |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> <u>1695016</u>                                                                                                    |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>1695016</u>                                                                                                    |

**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 HERE</b>                                                                              |  | <u>06/30/2022</u>                      |
| Signature of actuary                                                                          |  | Date                                   |
| <u>RONALD J. KALVODA</u>                                                                      |  | <u>20-06611</u>                        |
| Type or print name of actuary                                                                 |  | Most recent enrollment number          |
| <u>AON CONSULTING, INC.</u>                                                                   |  | <u>952-886-8000</u>                    |
| Firm name                                                                                     |  | Telephone number (including area code) |
| <u>5600 WEST 83RD STREET</u><br><u>8200 TOWER, SUITE 1100</u><br><u>MINNEAPOLIS, MN 55437</u> |  |                                        |
| 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 ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2021**  
**v. 201209**

**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) .....                                                             | 16929011              | 32087263               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 1170418               | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 15758593              | 32087263               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>14.19</u> % .....                                                                                | 2236144               | 4553183                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <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 .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 17994737              | 36640446               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 94.47 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 128.39 % |
| <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> | 101.04 % |
| <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****18** 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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** 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> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 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>4.75 % | 2nd segment:<br>5.36 % | 3rd segment:<br>6.11 %                              |
|                                                                                                                                                                                              |                        |                        | <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> 64                                        |
| <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 checked="" type="checkbox"/> Yes <input 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 subject to 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 6c) .....                                                                                                                                          |                     | <b>31a</b>         | 1695016       |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 8904078             | 116308             |               |
| <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>          | 1811324       |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 1885210             | 0                  | 1885210       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                     | <b>36</b>          | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                     | <b>37</b>          | 0             |
| <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>         |               |
| <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 an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <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>SCHEDULE C<br/>(Form 5500)</b><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 | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                             |     |
| <b>A</b> Name of plan<br>MOSAIC COMBINED U.S. DEFINED BENEFIT PENSION PLAN                 | <b>B</b> Three-digit plan number (PN) ▶                     | 008 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>THE MOSAIC COMPANY        | <b>D</b> Employer Identification Number (EIN)<br>20-1026454 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AON CONSULTING, INC.

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 50               | NONE                                                                                              | 917828                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

RUSSELL INVESTMENTS TRUST COMPANY

91-1116938

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 25 50 99               | NONE                                                                                              | 824823                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

JP MORGAN CHASE BANK

13-4994650

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 28 50<br>51 52      | NONE                                                                                              | 10612                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</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> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                   |                                                                    |  |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>MOSAIC COMBINED U.S. DEFINED BENEFIT PENSION PLAN</u>                 | <b>B</b> Three-digit plan number (PN) <u>008</u>                   |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>THE MOSAIC COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-1026454</u> |  |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                            |                               |                                                                                                                      |
|--------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>THE MOSAIC CO. DEF. BEN. PN MT</u>       |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE MOSAIC COMPANY</u>                |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>90-0858159-002</u>                                                      | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>         |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>15-20 YR STRIPS FIXED IN FD</u>          |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>26-6609096-011</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18194722</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>10-15 YR STRIPS FIXED IN FD</u>          |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>26-6609096-010</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40189202</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>14 YEAR LDI FIXED INCOME FD</u>          |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>26-6609096-008</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36684264</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>8 YEAR LDI FIXED INCOME FD</u>           |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>26-6609096-005</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>271556576</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                             |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                          |                               |                                                                                                                      |
| <b>c</b> EIN-PN                                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                             |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                          |                               |                                                                                                                      |
| <b>c</b> EIN-PN                                                                            | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |

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

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**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>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>MOSAIC COMBINED U.S. DEFINED BENEFIT PENSION PLAN</b>                        | <b>B</b> Three-digit plan number (PN) ►                            | <b>008</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE MOSAIC COMPANY</b>               | <b>D</b> Employer Identification Number (EIN)<br><b>20-1026454</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 0                     | 1696154         |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 100683          |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 0                     | 366624764       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   | 226478811             | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> 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>    | 226478811             | 368421601       |

**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> | 226478811 | 368421601 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (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>    |            | 0         |
| <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> |            |           |
| <b>(G)</b> 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> |            |           |
| <b>(D)</b> 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         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 2088829   |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | -24652    |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | -1881447  |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income.....                                                                            | 2c     |            | 37        |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 182767    |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 14272528   |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 14272528  |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 824823     |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 917828     |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 10612      |           |
| (4) Other.....                                                                                 | 2i(4)  | 477386     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 2230649   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 16503177  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -16320410 |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            | 158263200 |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                 | No                 | Amount   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------|
| <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.) .....                                                                                                    |                     |                    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | 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.) .....                                                                                                                                                                                                                                |                     |                    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | 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.) .....                                                                                                                                                                                                                     |                     |                    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | 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>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | 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? .....                                                                                                                                                                                                                                          |                     |                    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | 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? .....                                                                                                                                                                                                                                |                     |                    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | 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>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                           | 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>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                           | 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>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                        |                     |                    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |          |
| <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. ....                                                                                                                                                                                                                            |                     |                    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |          |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year <u>0</u> .                                                                                                                            |                     |                    |          |
| <b>5b</b> 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.)                                                                                                                                                                                                        |                     |                    |          |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                        | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>429015</u> . |                     |                    |          |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <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 sections 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>2021</div> <div>This Form is Open to Public Inspection.</div> |
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                     |                                                             |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>MOSAIC COMBINED U.S. DEFINED BENEFIT PENSION PLAN          | <b>B</b> Three-digit plan number (PN) ▶<br>008              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>THE MOSAIC COMPANY | <b>D</b> Employer Identification Number (EIN)<br>20-1026454 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0  |
| <b>2</b> 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.                                                                                                                                                                                            |          |    |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> | 13 |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                                        |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                                        |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                                        |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                                        |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                                        |                              |
| <b>7</b> 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 |
| <b>8</b> 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 checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                              |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> 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 |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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 |
| <b>12</b> 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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021  
v. 201209

**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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year .....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year .....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Stock: 0.0 % Investment-Grade Debt: 99.1 % High-Yield Debt: 0.9 % Real Estate: 0.0 % Other: 0.0 %

**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 line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

**MOSAIC COMBINED U.S.  
DEFINED BENEFIT PENSION PLAN**

Formerly Known as Mosaic Pension Plan for Union Hourly Employees

EIN 20-0891589  
Plan No. 008

Financial Statements and Supplemental Schedules

December 31, 2021 and 2020

(With Independent Auditors' Report Thereon)

**MOSAIC COMBINED U.S.  
DEFINED BENEFIT PENSION PLAN**

EIN 20-0891589  
Plan No. 008

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

## **Independent Auditors' Report**

To the Plan Participants and Plan Administrator  
Mosaic Combined U.S. Defined Benefit Pension Plan:

### *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements*

We have performed an audit of the financial statements of the Mosaic Combined U.S. Defined Benefit Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Opinion on the 2021 Financial Statements*

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### *Basis for Opinion on the 2021 Financial Statements*

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical



requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

#### *Responsibilities of Management for the 2021 Financial Statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

#### *Auditors' Responsibilities for the Audit of the 2021 Financial Statements*

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statement section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.



Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. generally accepted accounting principles.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### *Other Matters*

##### *2021 Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

#### *In our opinion*

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



*Auditors' Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 6, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*KPMG LLP*

Minneapolis, Minnesota  
July 14, 2022

**MOSAIC COMBINED U.S.  
DEFINED BENEFIT PENSION PLAN**

EIN 20-0891589

Plan No. 008

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

|                                                                     | <u>2021</u>           | <u>2020</u>           |
|---------------------------------------------------------------------|-----------------------|-----------------------|
| Assets:                                                             |                       |                       |
| Assets held by trustee, at fair value:                              |                       |                       |
| Investments at fair value                                           | \$ 366,725,447        | \$ —                  |
| Receivable for investments sold                                     | 1,696,154             |                       |
| Interest in The Mosaic Company Defined Benefit<br>Plan Master Trust | <u>—</u>              | <u>226,478,811</u>    |
| Net assets available for benefits                                   | <u>\$ 368,421,601</u> | <u>\$ 226,478,811</u> |

See accompanying notes to financial statements.

**MOSAIC COMBINED U.S.  
DEFINED BENEFIT PENSION PLAN**

EIN 20-0891589

Plan No. 008

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2021 and 2020

|                                                                                       | <u>2021</u>                  | <u>2020</u>                  |
|---------------------------------------------------------------------------------------|------------------------------|------------------------------|
| Net investment income:                                                                |                              |                              |
| Investment income from assets held by trustee                                         | \$ 2,064,177                 | \$ —                         |
| Investment (loss) income from The Mosaic Company<br>Defined Benefit Plan Master Trust | <u>(1,881,447)</u>           | <u>28,901,589</u>            |
| Total net investment income                                                           | 182,730                      | 28,901,589                   |
| Other additions:                                                                      | <u>37</u>                    | <u>72</u>                    |
| Total additions                                                                       | <u>182,767</u>               | <u>28,901,661</u>            |
| Deductions:                                                                           |                              |                              |
| Benefit payments                                                                      | 14,272,528                   | 10,532,921                   |
| Administrative and investment expenses                                                | <u>2,230,649</u>             | <u>1,401,616</u>             |
| Total deductions                                                                      | 16,503,177                   | 11,934,537                   |
| Assets transferred into the Plan                                                      | <u>158,263,200</u>           | <u>—</u>                     |
| Net increase                                                                          | 141,942,790                  | 16,967,124                   |
| Net assets available for benefits:                                                    |                              |                              |
| Beginning of year                                                                     | <u>226,478,811</u>           | <u>209,511,687</u>           |
| End of year                                                                           | \$ <u><u>368,421,601</u></u> | \$ <u><u>226,478,811</u></u> |

See accompanying notes to financial statements.

**MOSAIC COMBINED U.S.  
DEFINED BENEFIT PENSION PLAN**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2021 and December 31, 2020

**(1) Description of the Plan**

The following description of the Mosaic Combined U.S. Defined Benefit Pension Plan (formerly known as the Mosaic Pension Plan for Union Hourly Employees) (the Plan) provides only general information. Participants should refer to the plan document for a more detailed description of the Plan's provisions.

**(a) General**

The Plan is a noncontributory, defined-benefit pension plan covering certain represented employees of Mosaic Fertilizer LLC and Mosaic Potash Carlsbad Inc. and substantially all salaried and nonunion hourly employees of Mosaic Global Holdings Inc. and Mosaic Fertilizer LLC who were hired prior to January 1, 1998 (collectively, the Company). The Plan was established pursuant to collective bargaining agreements with the unions to provide retirement income for the benefit of hourly employees of the Company represented by the unions and of salaried and nonunion hourly employees of the Company.

Effective January 1, 1998, the Plan was amended to allow salaried and nonunion hourly 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 further amended to provide that no salaried and nonunion hourly participant will accrue any further benefits under the Plan after March 31, 2003. All salaried and nonunion hourly 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 salaried and nonunion hourly 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.

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

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

**MOSAIC COMBINED U.S.  
DEFINED BENEFIT PENSION PLAN**

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Notes to Financial Statements

December 31, 2021 and December 31, 2020

MUSP effective January 1, 2008. Their benefit at retirement is based on credited service through December 31, 2008 and the applicable union multiplier in effect as of December 31, 2008.

Pursuant to certain collective bargaining agreements, the Plan was amended effective January 1, 2008 to allow certain participants to freeze their benefit accruals under the Plan and begin participating in the DCRP feature of the MUSP effective January 1, 2008. For participants who chose this option, their benefit at retirement is based on credited service through December 31, 2008 and the applicable union multiplier in effect as of December 31, 2008. Participants who did not choose this option, began participating in the DCRP feature of the MUSP effective July 1, 2019, and their benefit accruals under the Plan were frozen as of June 30, 2020. Their benefit at retirement is based on credited service through June 30, 2020 and the union multiplier which was frozen at the December 31, 2008 rate. There are no participants accruing further benefits under the Plan after June 30, 2020.

Effective September 1, 2014, the Plan was amended to add a temporary early retirement program for the Carlsbad, New Mexico facility. The program included enhanced benefits and additional forms of payment for eligible participants.

Effective August 8, 2016, the Plan was amended to add a lump sum window program for terminated vested participants. A one-time option was offered to eligible participants which would allow them to take their pension benefit in a lump sum. The payments from this program were made to participants in December 2016.

The Plan had a divided beneficial interest in The Mosaic Company Defined Benefit Plan Master Trust (Master Trust) until September 30, 2021. Effective September 30, 2021, the Mosaic Pension Plan for Salaried and Non-Union Hourly Employees (Salaried Plan) was merged into the Plan. On this date, the Plan was renamed the Mosaic Combined U.S. Defined Benefit Pension Plan. The two plans' assets were the only assets held by the Master Trust. Upon the merger, the Master Trust was renamed the Mosaic Combined U.S. Defined Benefit Trust and is a single trust instead of a master trust. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**(b) Funding Policy**

Contributions to the Plan by the Company for the funding of current and past service cost of benefits are determined by the Plan's actuary and are within the funding standards of ERISA. The Company has met the minimum funding requirements in 2021 and 2020.

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

**MOSAIC COMBINED U.S.  
DEFINED BENEFIT PENSION PLAN**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2021 and December 31, 2020

**(2) Summary of Significant Accounting Policies**

**(a) *Basis of Accounting***

The financial statements of the Plan are prepared under the accrual basis of accounting and have been prepared in accordance with U.S. Generally Accepted Accounting Principles (GAAP).

**(b) *Use of Estimates***

The preparation of financial statements in conformity with 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.

**(c) *Investment Valuation and Income Recognition***

Net appreciation (depreciation) in the fair value of investments includes realized gains and losses on investments bought and sold and the change in appreciation (depreciation) from one period to the next. 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.

For assets held in the Master Trust, net investment 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.

**(d) *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.

**(e) *Benefits***

Benefit payments are recorded when paid.

**(f) *Administrative Expenses***

Certain administrative expenses of the Plan are paid by the Company and are excluded from these financial statements.

**(3) Interest in Master Trust and Trustees Certifications**

Until September 30, 2021, the Plan's investments were held in the Master Trust. The Plan maintained a divided beneficial interest in each of the investment accounts of the Master Trust. Effective September 30, 2021, the Plan's investments are held in the Mosaic Combined U.S. Defined Benefit Pension Plan Trust.

The plan administrator has obtained certifications from Russell Trust Company, the trustee of the Plan, as of and for nine-month period ended September 30, 2021 and as of December 31, 2020 and for the year then ended, that the information provided below to the plan administrator by the trustee is complete and accurate.

**MOSAIC COMBINED U.S.  
DEFINED BENEFIT PENSION PLAN**

EIN 20-0891589

Plan No. 008

Notes to Financial Statements

December 31, 2021 and December 31, 2020

In addition, the plan administrator obtained certifications from the trustee as to the completeness and accuracy of the Plan's investment assets of \$366,725,447, the Plan's receivable for investments sold of \$1,696,154, and the Plan's investment income of \$2,064,177 as of and for the three-month period ended December 31, 2021.

Prior to September 30, 2021, the Plan's investments in the Master Trust were stated at the Plan's equity in the net assets of the Master Trust. The Plan held a 56.9% interest in the Master Trust at December 31, 2020. Administrative and investment expenses relating to the Master Trust were allocated to the individual plans based upon the previous month end's ratio of that plan's asset fair value to the Master Trust's asset fair value. Net assets, net investment income, realized and unrealized gains/losses were allocated pro-rata, based on each plan's previous month end asset fair value. As of a month end, new ratios were calculated for each plan that captured all of that month's activity.

The net assets of the Master Trust for the year ended December 31, 2020 is as follows:

|                                                     | <b>December 31, 2020</b> |                                                    |
|-----------------------------------------------------|--------------------------|----------------------------------------------------|
|                                                     | <b>Master Trust</b>      | <b>Plan's interest<br/>in the<br/>Master Trust</b> |
| Investments, at fair value:                         |                          |                                                    |
| Common collective trust funds                       | \$ 396,195,855           | \$ 225,406,510                                     |
| Partnership and limited liability company interests | <u>205,306</u>           | <u>205,306</u>                                     |
| Total investments                                   | <u>396,401,161</u>       | <u>225,611,816</u>                                 |
| Receivables:                                        |                          |                                                    |
| Receivables for securities sold                     | <u>1,699,784</u>         | <u>866,995</u>                                     |
| Total receivables                                   | <u>1,699,784</u>         | <u>866,995</u>                                     |
| Total assets                                        | <u>398,100,945</u>       | <u>226,478,811</u>                                 |
| Net assets                                          | <u>\$ 398,100,945</u>    | <u>\$ 226,478,811</u>                              |

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Net investment income of the Master Trust for the nine-months ended September 30, 2021 and the year ended December 31, 2020 are summarized as follows:

|                                                                                            | <u>September 30,<br/>2021</u> | <u>December 31,<br/>2020</u> |
|--------------------------------------------------------------------------------------------|-------------------------------|------------------------------|
| Interest and dividend income                                                               | \$ 20,278                     | \$ 34,166                    |
| Total net realized and unrealized (depreciation) appreciation in fair value of investments | <u>(3,326,454)</u>            | <u>49,248,325</u>            |
| Investment (loss) income                                                                   | <u>\$ (3,306,176)</u>         | <u>\$ 49,282,491</u>         |
| Plan's interest in the Master Trust investment (loss) income                               | <u>\$ (1,881,447)</u>         | <u>\$ 28,901,589</u>         |

The Master Trust had \$162,022 in unfunded capital commitments outstanding at December 31, 2020.

**(4) Fair Value Measurements**

Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, 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 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 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.

The investments are stated at fair value. The assets are accounted for utilizing the following accounting policies.

The common/collective trust funds (CCTs) are valued utilizing the respective net asset values as reported by such trusts, which represents readily determinable fair value, and are reported at fair value. There are currently

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no redemption restrictions on these investments and the redemption frequency and notice period are daily. Funding commitments are not applicable for these investments.

Partnership and limited liability company interests are stated primarily at the independently audited net asset value (NAV) of the underlying fund. The NAV is used as a practical expedient to estimate fair value. These partnerships and limited liability company interests have liquidity restrictions based on the nature of the underlying investments.

***Investments Measured at Fair Value on a Recurring Basis***

The Plan's investments measured at fair value on a recurring basis consisted of the following as of December 31, 2021 (Levels 1, 2, and 3 inputs are defined above):

|                                                                       | Fair value measurements as of<br>December 31, 2021 |                |         |                |
|-----------------------------------------------------------------------|----------------------------------------------------|----------------|---------|----------------|
|                                                                       | Level 1                                            | Level 2        | Level 3 | Total          |
| Common/collective trust funds                                         | \$ —                                               | \$ 366,624,764 | \$ —    | \$ 366,624,764 |
| Investments in fair value hierarchy                                   | —                                                  | 366,624,764    | —       | 366,624,764    |
| Partnership and limited liability<br>company interests <sup>(a)</sup> | —                                                  | —              | —       | 100,683        |
| Total investments at fair value                                       | \$ —                                               | \$ 366,624,764 | \$ —    | \$ 366,725,447 |

<sup>(a)</sup> In accordance with ASC 820-10, certain investments that are measured at fair value using NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the fair value of the investments at the end of each respective year.

The investment in the Master Trust is stated at fair value based upon the underlying net assets of the Master Trust. Master Trust investments measured at fair value on a recurring basis consisted of the following as of December 31, 2020 (Levels 1, 2, and 3 inputs are defined above):

|                                                                       | Fair value measurements as of<br>December 31, 2020 |                |         |                |
|-----------------------------------------------------------------------|----------------------------------------------------|----------------|---------|----------------|
|                                                                       | Level 1                                            | Level 2        | Level 3 | Total          |
| Common/collective trust funds                                         | \$ —                                               | \$ 396,195,855 | \$ —    | \$ 396,195,855 |
| Investments in fair value hierarchy                                   | —                                                  | 396,195,855    | —       | 396,195,855    |
| Partnership and limited liability<br>company interests <sup>(a)</sup> | —                                                  | —              | —       | 205,306        |
| Total investments at fair value                                       | \$ —                                               | \$ 396,195,855 | \$ —    | \$ 396,401,161 |

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<sup>(a)</sup> In accordance with ASC 820-10, certain investments that are measured at fair value using NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the fair value of the investments at the end of each respective year.

For the years ended December 31, 2021 and 2020, the Plan and Master Trust held no assets in which significant unobservable inputs (Level 3) were used in determining fair value and there were no transfers between levels.

**(5) Accumulated Plan Benefits**

The Plan's independent enrolled actuary determines the actuarial present value of 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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021 and 2020. Had the valuations been performed as of December 31, 2020 and 2019, there would be no material differences.

At December 31, 2020, the actuarial present value of accumulated plan benefits was as follows:

Vested benefits:

|                                           |                   |
|-------------------------------------------|-------------------|
| Participants currently receiving payments | \$ 109,052,192    |
| Other participants                        | <u>63,334,294</u> |
| Total vested benefits                     | 172,386,486       |

Nonvested benefits

|                                                            |                              |
|------------------------------------------------------------|------------------------------|
|                                                            | <u>394,478</u>               |
| Total actuarial present value of accumulated plan benefits | \$ <u><u>172,780,964</u></u> |

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The changes in the actuarial present value of accumulated plan benefits for year ended December 31, 2020 were as follows:

|                                                                           |                       |
|---------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 159,537,981        |
| Increase due to passage of time                                           | 7,716,788             |
| Benefits paid                                                             | (10,532,921)          |
| Assumption changes*                                                       | 16,720,122            |
| Other changes**                                                           | <u>(661,006)</u>      |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 172,780,964</u> |

\* The assumption changes were 1) a change in the interest rate from 5.00% to 4.00%, 2) a change in the mortality improvement scale from MP-2020 to MP-2021, 3) a change in the retirement rates for active participants to better reflect anticipated future experience as a result of an assumption study, 4) a change in the withdrawal rates to better reflect anticipated future experience as a result of an assumption study, and 5) a change in the optional payment form election percentages and assumed spousal age difference to better reflect anticipated future experience as a result of an assumption study.

\*\* The other changes component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

The more significant assumptions underlying the actuarial computations for the Plan are as follows:

|                        |                                                                                                                        |
|------------------------|------------------------------------------------------------------------------------------------------------------------|
| Interest rate          | 4.00%                                                                                                                  |
| Assumed retirement age | Probability scale extending from age 55 (5% probability of retirement) through age 70 (100% probability of retirement) |
| Mortality              | Base Table: Pri-2012 Blue Collar and 15% load<br>Projection: Scale MP-2021                                             |

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.

Had the valuations been performed as of December 31, 2021, it would include the pension obligation transferred into the Plan from the Salaried Plan of \$125,442,460 at September 30, 2021.

**(6) Income Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (IRS), dated December 11, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and

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therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

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, 2021 and 2020, 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 2017.

**(7) Party-in-Interest Transactions**

Transactions resulting in Plan assets being transferred to or used by parties-in-interest are prohibited under ERISA unless a specific exemption applied. The trustee is a party-in-interest as a result of providing trustee services to the Plan. Additionally, the Company is a party-in-interest as it invests the assets of the Plan in the Trust. These transactions are exempt from the prohibited transactions provision of ERISA and the IRC. The Plan had no prohibited transactions with parties-in-interest in 2021 or 2020.

**(8) Risks and Uncertainties**

The Plan invests in various investment securities and formerly 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, decrements, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

**(9) Plan Merger and Termination**

On September 30, 2021, Mosaic's Global Benefits Committee amended the Plan to merge the Mosaic Pension Plan for Salaried and Non-Union Hourly Employees into the Mosaic Pension Plan for Union Hourly Employees. The merger was effective September 30, 2021 and the combined plan was renamed the Mosaic Combined U.S. Defined Benefit Pension Plan (Combined Plan). On August 19, 2021, Mosaic's Board of Directors approved terminating the Combined Plan effective December 31, 2021. The Combined Plan termination will be subject to the provisions of ERISA. The Company has not yet received approval from the IRS and Pension Benefit Guaranty Corporation to terminate the Combined Plan. If the termination is approved, all benefits become fully vested and nonforfeitable.

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Notes to Financial Statements

December 31, 2021 and December 31, 2020

**(10) Subsequent Events**

The Plan has evaluated subsequent events from the statements of net assets available for benefits date through July 14, 2022, the date at which the financial statements were available to be issued, and determined there are no other items to disclose.

## **SUPPLEMENTAL SCHEDULES**

## Schedule

**MOSAIC COMBINED U.S.  
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

| <b>Identity of issuer</b> | <b>Description</b>                                          | <b>Number of<br/>shares</b> | <b>Cost</b>           | <b>Current<br/>value</b> |
|---------------------------|-------------------------------------------------------------|-----------------------------|-----------------------|--------------------------|
| JP Morgan                 | PEG U.S. Pooled Corp Finance Institutional Investors II LLC | 4,038                       | \$ 1,023,124          | \$ 81,571                |
|                           | PEG EUR Pooled Corp Finance Institutional Investors II LLC  | 1,846                       | 372,852               | 19,112                   |
| Russell Investments*      | RITC 15 to 20 Year Strips Fixed Income Fund                 | 1,219,485                   | 18,016,761            | 18,194,722               |
|                           | RITC 10 to 15 Year Strips Fixed Income Fund                 | 2,948,584                   | 36,179,538            | 40,189,202               |
|                           | RITC 14 Year LDI Fixed Income Fund                          | 2,197,979                   | 32,107,039            | 36,684,264               |
|                           | RITC 8 Year LDI Fixed Income Fund                           | 18,448,137                  | 245,742,914           | 271,556,576              |
|                           |                                                             |                             | <u>\$ 333,442,228</u> | <u>\$ 366,725,447</u>    |

\* Indicates party-in-interest to the Plan

The information shown on this supplemental schedule has been summarized from information provided by the Trustee, which the Trustee has certified as complete and accurate.

See accompanying independent auditors' report.

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Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2021

| <b>Identity of party involved/<br/>Description of Asset</b> | <b>Purchase<br/>Price</b> | <b>Selling<br/>Price</b> | <b>Cost of<br/>the Asset</b> | <b>Current Value<br/>of the Asset on<br/>Transaction<br/>Date</b> | <b>Net Gain (Loss)</b> |
|-------------------------------------------------------------|---------------------------|--------------------------|------------------------------|-------------------------------------------------------------------|------------------------|
| <b>Single Transactions:</b>                                 |                           |                          |                              |                                                                   |                        |
| RITC - 14 Yr LDI Fixed Income Fd                            | \$ -                      | \$ 54,279,941            | \$ 47,677,881                | \$ 54,279,941                                                     | \$ 6,602,060           |
| RITC - 8 Yr LDI Fixed Income                                | 78,144,202                | -                        | -                            | 78,144,202                                                        | -                      |
| <b>Series of Transactions:</b>                              |                           |                          |                              |                                                                   |                        |
| RITC - 15 to 20 Yr Strips Fixed Inc Fd                      | \$ 18,916,871             | \$ 913,373               | \$ 900,110                   | \$ 19,830,244                                                     | \$ 13,263              |
| RITC - 14 Yr LDI Fixed Income Fd                            | \$ 174,181                | \$ 56,231,433            | \$ 49,397,835                | \$ 56,405,614                                                     | \$ 6,833,598           |
| RITC - 8 Yr LDI Fixed Income                                | 80,763,701                | 4,609,509                | 4,155,999                    | 85,373,210                                                        | 453,510                |

The information shown on this supplemental schedule has been summarized from information provided by the Trustee, which the Trustee has certified as complete and accurate.

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

| Attained Age | Number of Participants    |     |     |       |       |       |       |       |       |     |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|
|              | 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        | 2                         |     |     |       |       |       |       |       |       |     |
| 35-39        | 2                         | 1   |     | 5     |       |       |       |       |       |     |
| 40-44        | 2                         | 6   | 10  | 3     | 2     |       |       |       |       |     |
| 45-49        | 2                         | 9   | 13  | 23    | 2     | 1     |       |       |       |     |
| 50-54        | 2                         | 11  | 19  | 25    | 16    | 4     | 3     | 1     |       |     |
| 55-59        | 1                         | 6   | 15  | 37    | 51    | 11    | 9     | 8     | 4     |     |
| 60-64        | 1                         | 11  | 27  | 28    | 70    | 21    | 61    | 9     | 1     | 9   |
| 65-69        |                           | 2   | 4   | 14    | 34    | 4     | 13    | 15    | 2     | 3   |
| 70+          |                           |     | 2   |       | 6     | 1     | 1     | 4     |       | 1   |

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Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

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

|                                                   |                                                                                                                                                                                 |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes       | Based on segment rates with no lookback (as of January 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA        |
| 1st Segment Rate                                  | 4.75%.                                                                                                                                                                          |
| 2nd Segment Rate                                  | 5.36%.                                                                                                                                                                          |
| 3rd Segment Rate                                  | 6.11%.                                                                                                                                                                          |
| Interest Rates for Maximum Tax Purposes           | Based on segment rates with no lookback (as of January 2021), without regard to interest rate stabilization                                                                     |
| 1st Segment Rate                                  | 1.75%.                                                                                                                                                                          |
| 2nd Segment Rate                                  | 3.04%.                                                                                                                                                                          |
| 3rd Segment Rate                                  | 3.65%.                                                                                                                                                                          |
| Optional Payment Form Election Percentage         | 50% life annuity.<br>10% 10-year certain and life annuity.<br>20% joint and 50% survivor annuity.<br>5% joint and 75% survivor annuity.<br>15% joint and 100% survivor annuity. |
| Optional Payment Form<br>Conversion Interest Rate | 6.00%.                                                                                                                                                                          |
| Optional Payment Form<br>Conversion Mortality     | 1976 Projected Experience Table with mortality rates setback seven years for beneficiaries.                                                                                     |
| Retirement Age                                    |                                                                                                                                                                                 |
| Active Participants                               | See Table 1.                                                                                                                                                                    |
| Terminated Vested Participants                    | Age 63.                                                                                                                                                                         |
| Mortality Rates                                   |                                                                                                                                                                                 |
| Healthy and Disabled                              | 2021 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2019-67.                                                           |
| Withdrawal Rates                                  | See Table 2.                                                                                                                                                                    |
| Disability Rates                                  | None.                                                                                                                                                                           |
| Decrement Timing                                  | Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).                         |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surviving Spouse Benefit                      | It is assumed that 90% of males and 90% of females have an eligible spouse, and that males are two years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2019 Plan Year                                | 5.50%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2020 Plan Year                                | 5.00%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2021 Plan Year                                | 4.00%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Trust Expenses Included in Target Normal Cost | Prior year's administrative and investment expenses (\$1,401,616 for 2021, before reflecting merger).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Actuarial Method                              | Standard unit credit cost method.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Valuation Date                                | January 1, 2021.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
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Table 1

**Retirement Rates**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 55         | 5.00%       |
| 56         | 3.00%       |
| 57         | 3.00%       |
| 58         | 3.00%       |
| 59         | 3.00%       |
| 60         | 3.00%       |
| 61         | 10.00%      |
| 62         | 20.00%      |
| 63         | 10.00%      |
| 64         | 25.00%      |
| 65         | 35.00%      |
| 66         | 35.00%      |
| 67         | 35.00%      |
| 68         | 35.00%      |
| 69         | 35.00%      |
| 70+        | 100.00%     |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Table 2

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 22.45%      | 45         | 3.40%       |
| 16         | 22.45%      | 46         | 3.35%       |
| 17         | 22.45%      | 47         | 3.30%       |
| 18         | 22.45%      | 48         | 3.25%       |
| 19         | 22.45%      | 49         | 3.20%       |
| 20         | 22.45%      | 50         | 3.15%       |
| 21         | 20.95%      | 51         | 3.10%       |
| 22         | 19.44%      | 52         | 3.05%       |
| 23         | 17.94%      | 53         | 3.00%       |
| 24         | 16.44%      | 54         | 3.00%       |
| 25         | 14.94%      | 55+        | 0.00%       |
| 26         | 14.03%      |            |             |
| 27         | 13.13%      |            |             |
| 28         | 12.22%      |            |             |
| 29         | 11.32%      |            |             |
| 30         | 10.42%      |            |             |
| 31         | 9.81%       |            |             |
| 32         | 9.20%       |            |             |
| 33         | 8.60%       |            |             |
| 34         | 7.99%       |            |             |
| 35         | 6.38%       |            |             |
| 36         | 5.77%       |            |             |
| 37         | 5.17%       |            |             |
| 38         | 4.55%       |            |             |
| 39         | 3.95%       |            |             |
| 40         | 3.85%       |            |             |
| 41         | 3.75%       |            |             |
| 42         | 3.65%       |            |             |
| 43         | 3.55%       |            |             |
| 44         | 3.45%       |            |             |

**MOSAIC COMBINED U.S.  
DEFINED BENEFIT PENSION PLAN**

Plan No. 008

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2021

| <b>Identity of party involved/<br/>Description of Asset</b> | <b>Purchase<br/>Price</b> | <b>Selling<br/>Price</b> | <b>Cost of<br/>the Asset</b> | <b>Current Value<br/>of the Asset on<br/>Transaction<br/>Date</b> | <b>Net Gain (Loss)</b> |
|-------------------------------------------------------------|---------------------------|--------------------------|------------------------------|-------------------------------------------------------------------|------------------------|
| <b>Single Transactions:</b>                                 |                           |                          |                              |                                                                   |                        |
| RITC - 14 Yr LDI Fixed Income Fd                            | \$ -                      | \$ 54,279,941            | \$ 47,677,881                | \$ 54,279,941                                                     | \$ 6,602,060           |
| RITC - 8 Yr LDI Fixed Income                                | 78,144,202                | -                        | -                            | 78,144,202                                                        | -                      |
| <b>Series of Transactions:</b>                              |                           |                          |                              |                                                                   |                        |
| RITC - 15 to 20 Yr Strips Fixed Inc Fd                      | \$ 18,916,871             | \$ 913,373               | \$ 900,110                   | \$ 19,830,244                                                     | \$ 13,263              |
| RITC - 14 Yr LDI Fixed Income Fd                            | \$ 174,181                | \$ 56,231,433            | \$ 49,397,835                | \$ 56,405,614                                                     | \$ 6,833,598           |
| RITC - 8 Yr LDI Fixed Income                                | 80,763,701                | 4,609,509                | 4,155,999                    | 85,373,210                                                        | 453,510                |

The information shown on this supplemental schedule has been summarized from information provided by the Trustee, which the Trustee has certified as complete and accurate.

See accompanying independent auditors' report.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <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>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **Round off amounts to nearest dollar.**  
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                                                                                                                                                                   |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>MOSAIC COMBINED U.S. DEFINED BENEFIT PENSION PLAN                                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ►                     | 008 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>THE MOSAIC COMPANY                                                                                                                                                                                                    | <b>D</b> Employer Identification Number (EIN)<br>20-1026454 |     |
| <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 |                                                             |     |

| Part I Basic Information |                                                                                                                                                                                                          |                            |                           |                          |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b>                 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                                 |                            |                           |                          |
| <b>2</b>                 | Assets:                                                                                                                                                                                                  |                            |                           |                          |
|                          | a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 226,478,811               |                          |
|                          | b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 206,788,653               |                          |
| <b>3</b>                 | Funding target/participant count breakdown                                                                                                                                                               | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|                          | a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 1,873                      | 106,576,670               | 106,576,670              |
|                          | b For terminated vested participants .....                                                                                                                                                               | 437                        | 13,969,183                | 13,969,183               |
|                          | c For active participants .....                                                                                                                                                                          | 650                        | 40,159,061                | 40,511,695               |
|                          | d Total .....                                                                                                                                                                                            | 2,960                      | 160,704,914               | 161,057,548              |
| <b>4</b>                 | 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>                  |                           |                          |
| <b>5</b>                 | Effective interest rate .....                                                                                                                                                                            | <b>5</b>                   | 5.52%                     |                          |
| <b>6</b>                 | Target normal cost .....                                                                                                                                                                                 |                            |                           |                          |
|                          | a Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b>                  | 0                         |                          |
|                          | b Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b>                  | 1,695,016                 |                          |
|                          | c Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b>                  | 1,695,016                 |                          |

**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 HERE</b> | RONALD J. KALVODA <i>RJK</i><br>Signature of actuary                                           | <u>06/30/2022</u><br>Date                                     |
|                  | RONALD J. KALVODA<br>Type or print name of actuary                                             | <u>2006611</u><br>Most recent enrollment number               |
|                  | AON CONSULTING, INC.<br>Firm name                                                              | <u>952-886-8000</u><br>Telephone number (including area code) |
|                  | 5600 WEST 83RD STREET<br>8200 TOWER, SUITE 1100<br>MINNEAPOLIS MN 55437<br>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 ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.** **Schedule SB (Form 5500) 2021 v. 201209**



**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>4.75 %                                                                                                                       | 2nd segment:<br>5.36 % | 3rd segment:<br>6.11 % | <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> 64                                        |
| <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 checked="" type="checkbox"/> Yes <input 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 subject to 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 6c).....                                                                                                                                           | <b>31a</b>          | 1,695,016          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 8,904,078           |                    | 116,308       |
| <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>           | 1,811,324          |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 1,885,210           | 0                  | 1,885,210     |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <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>          |                    |               |
| <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 an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <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 |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

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

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

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 5.00%       | 1.0000        | 2.78                              |
| 56.5             | 3.00%       | 0.9500        | 1.61                              |
| 57.5             | 3.00%       | 0.9215        | 1.59                              |
| 58.5             | 3.00%       | 0.8939        | 1.57                              |
| 59.5             | 3.00%       | 0.8670        | 1.55                              |
| 60.5             | 3.00%       | 0.8410        | 1.53                              |
| 61.5             | 10.00%      | 0.8158        | 5.02                              |
| 62.5             | 20.00%      | 0.7342        | 9.18                              |
| 63.5             | 10.00%      | 0.5874        | 3.73                              |
| 64.5             | 25.00%      | 0.5286        | 8.52                              |
| 65.5             | 35.00%      | 0.3965        | 9.09                              |
| 66.5             | 35.00%      | 0.2577        | 6.00                              |
| 67.5             | 35.00%      | 0.1675        | 3.96                              |
| 68.5             | 35.00%      | 0.1089        | 2.61                              |
| 69.5             | 35.00%      | 0.0708        | 1.72                              |
| 70               | 100.00%     | 0.0460        | 3.22                              |
| Weighted Average |             |               | 63.68                             |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

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

|                                                   |                                                                                                                                                                                 |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes       | Based on segment rates with no lookback (as of January 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA        |
| 1st Segment Rate                                  | 4.75%.                                                                                                                                                                          |
| 2nd Segment Rate                                  | 5.36%.                                                                                                                                                                          |
| 3rd Segment Rate                                  | 6.11%.                                                                                                                                                                          |
| Interest Rates for Maximum Tax Purposes           | Based on segment rates with no lookback (as of January 2021), without regard to interest rate stabilization                                                                     |
| 1st Segment Rate                                  | 1.75%.                                                                                                                                                                          |
| 2nd Segment Rate                                  | 3.04%.                                                                                                                                                                          |
| 3rd Segment Rate                                  | 3.65%.                                                                                                                                                                          |
| Optional Payment Form Election Percentage         | 50% life annuity.<br>10% 10-year certain and life annuity.<br>20% joint and 50% survivor annuity.<br>5% joint and 75% survivor annuity.<br>15% joint and 100% survivor annuity. |
| Optional Payment Form<br>Conversion Interest Rate | 6.00%.                                                                                                                                                                          |
| Optional Payment Form<br>Conversion Mortality     | 1976 Projected Experience Table with mortality rates setback seven years for beneficiaries.                                                                                     |
| Retirement Age                                    |                                                                                                                                                                                 |
| Active Participants                               | See Table 1.                                                                                                                                                                    |
| Terminated Vested Participants                    | Age 63.                                                                                                                                                                         |
| Mortality Rates                                   |                                                                                                                                                                                 |
| Healthy and Disabled                              | 2021 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2019-67.                                                           |
| Withdrawal Rates                                  | See Table 2.                                                                                                                                                                    |
| Disability Rates                                  | None.                                                                                                                                                                           |
| Decrement Timing                                  | Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).                         |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
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|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surviving Spouse Benefit                      | It is assumed that 90% of males and 90% of females have an eligible spouse, and that males are two years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2019 Plan Year                                | 5.50%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2020 Plan Year                                | 5.00%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2021 Plan Year                                | 4.00%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Trust Expenses Included in Target Normal Cost | Prior year's administrative and investment expenses (\$1,401,616 for 2021, before reflecting merger).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Actuarial Method                              | Standard unit credit cost method.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Valuation Date                                | January 1, 2021.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
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Table 1

**Retirement Rates**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 55         | 5.00%       |
| 56         | 3.00%       |
| 57         | 3.00%       |
| 58         | 3.00%       |
| 59         | 3.00%       |
| 60         | 3.00%       |
| 61         | 10.00%      |
| 62         | 20.00%      |
| 63         | 10.00%      |
| 64         | 25.00%      |
| 65         | 35.00%      |
| 66         | 35.00%      |
| 67         | 35.00%      |
| 68         | 35.00%      |
| 69         | 35.00%      |
| 70+        | 100.00%     |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
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Table 2

**Withdrawal Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 22.45%      | 45         | 3.40%       |
| 16         | 22.45%      | 46         | 3.35%       |
| 17         | 22.45%      | 47         | 3.30%       |
| 18         | 22.45%      | 48         | 3.25%       |
| 19         | 22.45%      | 49         | 3.20%       |
| 20         | 22.45%      | 50         | 3.15%       |
| 21         | 20.95%      | 51         | 3.10%       |
| 22         | 19.44%      | 52         | 3.05%       |
| 23         | 17.94%      | 53         | 3.00%       |
| 24         | 16.44%      | 54         | 3.00%       |
| 25         | 14.94%      | 55+        | 0.00%       |
| 26         | 14.03%      |            |             |
| 27         | 13.13%      |            |             |
| 28         | 12.22%      |            |             |
| 29         | 11.32%      |            |             |
| 30         | 10.42%      |            |             |
| 31         | 9.81%       |            |             |
| 32         | 9.20%       |            |             |
| 33         | 8.60%       |            |             |
| 34         | 7.99%       |            |             |
| 35         | 6.38%       |            |             |
| 36         | 5.77%       |            |             |
| 37         | 5.17%       |            |             |
| 38         | 4.55%       |            |             |
| 39         | 3.95%       |            |             |
| 40         | 3.85%       |            |             |
| 41         | 3.75%       |            |             |
| 42         | 3.65%       |            |             |
| 43         | 3.55%       |            |             |
| 44         | 3.45%       |            |             |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Schedule SB, Part V—Summary of Plan Provisions

Minerals Provisions

Normal Retirement

Eligibility

Age 65.

Benefit

The greater of (1) or (2):

1. The accrued benefit calculated using IMC Phosphates service only; or
2. The accrued benefit based on total credited service (i.e., credited service recognized by the prior employer plus credited service under IMC Phosphates) reduced by the accrued benefit under the prior plan.

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

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

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

Early Retirement

Eligibility

Age 55 with 10 years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is reduced 6% per year for commencement before age 65.

There is no reduction for participants who are age 62 with 30 years of credited service.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
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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.

If the participant's estate is the beneficiary, the benefit is one-half of the present value of the benefit described above if death occurs after termination but prior to pension start date.

Forms of Payment

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

Definitions

Accrued Benefit

\$34.00 per month per year of credited service.

Actuarial Equivalence

1976 PET mortality table and 6% interest.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
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Concentrates Provisions

Normal Retirement

Eligibility

Age 65.

Benefit

The greater of (1) or (2):

1. The accrued benefit calculated using IMC Phosphates service only; or
2. The accrued benefit based on total credited service (i.e., credited service recognized by the prior employer plus credited service under IMC Phosphates) reduced by the accrued benefit under the prior plan.

Effective December 31, 2007, there are no new entrants.

Effective June 30, 2019, there are no future accruals for participants at this location.

Early Retirement

Eligibility

Age 55 with 10 years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is reduced 6% per year for commencement before age 65.

There is no reduction for participants who are age 62 with 30 years of credited service.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Death Benefits

Eligibility

Surviving spouse of vested employees whether active or terminated vested.

Benefit

Active employees—50% of accrued benefit payable at the later of participant's 55th birthday or date of participant's death.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
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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.

If the participant’s estate is the beneficiary, the benefit is one-half of the present value of the benefit described above if death occurs after termination but prior to pension start date.

Forms of Payment

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

Definitions

Accrued Benefit

\$36.00 per month per year of credited service.

Actuarial Equivalence

1976 PET mortality table and 6% interest.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Port Sutton Provisions

Normal Retirement

Eligibility

Age 65.

Benefit

The greater of (1) or (2):

1. The accrued benefit calculated using IMC Phosphates service only; or
2. The accrued benefit based on total credited service (i.e., credited service recognized by the prior employer plus credited service under IMC Phosphates) reduced by the accrued benefit under the prior plan.

Effective July 1, 1993, the plan was frozen. No additional accruals will be credited after June 30, 1993.

Early Retirement

Eligibility

Age 55 with five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is reduced 6% per year for commencement before age 65.

There is no reduction for participants who are age 62 with 30 years of credited service.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
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Death Benefits

Eligibility

Surviving spouse of vested employees whether active or terminated vested.

Benefit

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

If the participant's estate is the beneficiary, the benefit is one-half of the present value of the benefit described above if death occurs after termination but prior to pension start date.

Forms of Payment

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

Definitions

Accrued Benefit

\$31.00 per month per year of credited service.

Actuarial Equivalence

1976 PET mortality table and 6% interest.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Carlsbad Provisions

Normal Retirement

Eligibility

Age 65.

Benefit

\$31.50 per month per year of credited service.

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

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

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

Early Retirement

Eligibility

Age 55 with five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is actuarially reduced from age 65.

There is no reduction for participants who are age 62 and have 10 years of credited service.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Disability Benefit

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. In addition, until the participant qualifies for disability benefits under the Federal Social Security Act, a monthly payment of \$300 is paid to age 62; and a monthly payment of \$150 is paid from age 62 to age 65.

Death Benefits

Eligibility

Surviving spouse of vested employees whether active or terminated vested.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

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.

If the participant's estate is the beneficiary, the benefit is one-half of the present value of the benefit described above if death occurs after termination but prior to pension start date.

Forms of Payment

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

Actuarial Equivalence

1976 PET mortality table and 6% interest.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Carey Salt Provisions

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

Normal Retirement

|             |                                                                                                                                                   |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Age 65.                                                                                                                                           |
| Benefit     | \$2.25 per month per year of service before October 1, 1969 plus \$13.50 per month per year of service after September 30, 1969, less any offset. |

Early Retirement

|             |                                                                                                                                    |
|-------------|------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Age 55 with 15 years of service.                                                                                                   |
| Benefit     | Benefit determined in same manner as the normal retirement benefit. The benefit is actuarially reduced from normal retirement age. |

Deferred Vested Retirement

|             |                                                                     |
|-------------|---------------------------------------------------------------------|
| Eligibility | Five years of service.                                              |
| Benefit     | Benefit determined in same manner as the normal retirement benefit. |

Disability Benefit

|             |                                                                     |
|-------------|---------------------------------------------------------------------|
| Eligibility | Five years of service.                                              |
| Benefit     | Benefit determined in same manner as the normal retirement benefit. |

Forms of Payment

Single life annuity, 50%, 75%, or 100% joint and survivor annuity, 5-, 10-, or 15-year certain and life annuity, 5-, 10- or 15-year certain only annuity, lump sum.

Actuarial Equivalence

1984 UP mortality table and 5% interest. IRC section 417(e) basis for lump sums.

Western-AG Provisions

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

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The Mosaic Pension Plan for Salaried and Non-Union Hourly Employees (EIN: 20-1026454; PN: 002) merged into the Mosaic Pension Plan for Union Hourly Employees (EIN: 20-1026454; PN: 008) effective September 30, 2021 to form the Mosaic Combined U.S Defined Benefit Pension Plan.
- The plan terminated as of December 31, 2021.

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.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB reflects stabilized 2021 minimum funding interest rates that are adjusted for ARPA.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Schedule SB, line 24—Change in Actuarial Assumptions

- A change in the unlimited expected rate of return on assets from 5.00% to 4.00%.
- A change in the retirement rates for active participants to better reflect anticipated future experience as a result of an assumption study.
- A change in the withdrawal rates to better reflect anticipated future experience as a result of an assumption study.
- A change in the optional payment form election percentages and assumed spousal age difference to better reflect anticipated future experience as a result of an assumption study.

These changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

| Attained<br>Age | Number of Participants<br>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           | 2                                                   |     |     |       |       |       |       |       |       |     |
| 35-39           | 2                                                   | 1   |     | 5     |       |       |       |       |       |     |
| 40-44           | 2                                                   | 6   | 10  | 3     | 2     |       |       |       |       |     |
| 45-49           | 2                                                   | 9   | 13  | 23    | 2     | 1     |       |       |       |     |
| 50-54           | 2                                                   | 11  | 19  | 25    | 16    | 4     | 3     | 1     |       |     |
| 55-59           | 1                                                   | 6   | 15  | 37    | 51    | 11    | 9     | 8     | 4     |     |
| 60-64           | 1                                                   | 11  | 27  | 28    | 70    | 21    | 61    | 9     | 1     | 9   |
| 65-69           |                                                     | 2   | 4   | 14    | 34    | 4     | 13    | 15    | 2     | 3   |
| 70+             |                                                     |     | 2   |       | 6     | 1     | 1     | 4     |       | 1   |

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Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Schedule SB, line 32—Schedule of Amortization Bases

Prior to the merger of the Mosaic Pension Plan for Salaried and Non-Union Hourly Employees effective September 30, 2021, the plan was exempt from the shortfall amortization charge. The amount reported on the 2021 Schedule SB is fully attributable to the Mosaic Pension Plan for Salaried and Non-Union Hourly Employees.

Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief would have applied starting with the 2022 plan year. This Schedule SB reflects the ARPA shortfall relief effective with the 2021 plan year.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

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

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

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 5.00%       | 1.0000        | 2.78                              |
| 56.5             | 3.00%       | 0.9500        | 1.61                              |
| 57.5             | 3.00%       | 0.9215        | 1.59                              |
| 58.5             | 3.00%       | 0.8939        | 1.57                              |
| 59.5             | 3.00%       | 0.8670        | 1.55                              |
| 60.5             | 3.00%       | 0.8410        | 1.53                              |
| 61.5             | 10.00%      | 0.8158        | 5.02                              |
| 62.5             | 20.00%      | 0.7342        | 9.18                              |
| 63.5             | 10.00%      | 0.5874        | 3.73                              |
| 64.5             | 25.00%      | 0.5286        | 8.52                              |
| 65.5             | 35.00%      | 0.3965        | 9.09                              |
| 66.5             | 35.00%      | 0.2577        | 6.00                              |
| 67.5             | 35.00%      | 0.1675        | 3.96                              |
| 68.5             | 35.00%      | 0.1089        | 2.61                              |
| 69.5             | 35.00%      | 0.0708        | 1.72                              |
| 70               | 100.00%     | 0.0460        | 3.22                              |
| Weighted Average |             |               | 63.68                             |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Schedule SB, Part V—Summary of Plan Provisions

Minerals Provisions

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> |

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

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

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

Early Retirement

|             |                                                                                                                                                                                                                                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Age 55 with 10 years of service.                                                                                                                                                                                                              |
| Benefit     | <p>Benefit determined in same manner as the normal retirement benefit. The benefit is reduced 6% per year for commencement before age 65.</p> <p>There is no reduction for participants who are age 62 with 30 years of credited service.</p> |

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. |

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

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.

If the participant's estate is the beneficiary, the benefit is one-half of the present value of the benefit described above if death occurs after termination but prior to pension start date.

Forms of Payment

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

Definitions

Accrued Benefit

\$34.00 per month per year of credited service.

Actuarial Equivalence

1976 PET mortality table and 6% interest.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Concentrates Provisions

Normal Retirement

Eligibility

Age 65.

Benefit

The greater of (1) or (2):

1. The accrued benefit calculated using IMC Phosphates service only; or
2. The accrued benefit based on total credited service (i.e., credited service recognized by the prior employer plus credited service under IMC Phosphates) reduced by the accrued benefit under the prior plan.

Effective December 31, 2007, there are no new entrants.

Effective June 30, 2019, there are no future accruals for participants at this location.

Early Retirement

Eligibility

Age 55 with 10 years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is reduced 6% per year for commencement before age 65.

There is no reduction for participants who are age 62 with 30 years of credited service.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Death Benefits

Eligibility

Surviving spouse of vested employees whether active or terminated vested.

Benefit

Active employees—50% of accrued benefit payable at the later of participant's 55th birthday or date of participant's death.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

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.

If the participant’s estate is the beneficiary, the benefit is one-half of the present value of the benefit described above if death occurs after termination but prior to pension start date.

Forms of Payment

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

Definitions

Accrued Benefit

\$36.00 per month per year of credited service.

Actuarial Equivalence

1976 PET mortality table and 6% interest.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Port Sutton Provisions

Normal Retirement

Eligibility

Age 65.

Benefit

The greater of (1) or (2):

1. The accrued benefit calculated using IMC Phosphates service only; or
2. The accrued benefit based on total credited service (i.e., credited service recognized by the prior employer plus credited service under IMC Phosphates) reduced by the accrued benefit under the prior plan.

Effective July 1, 1993, the plan was frozen. No additional accruals will be credited after June 30, 1993.

Early Retirement

Eligibility

Age 55 with five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is reduced 6% per year for commencement before age 65.

There is no reduction for participants who are age 62 with 30 years of credited service.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Death Benefits

Eligibility

Surviving spouse of vested employees whether active or terminated vested.

Benefit

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

If the participant's estate is the beneficiary, the benefit is one-half of the present value of the benefit described above if death occurs after termination but prior to pension start date.

Forms of Payment

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

Definitions

Accrued Benefit

\$31.00 per month per year of credited service.

Actuarial Equivalence

1976 PET mortality table and 6% interest.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Carlsbad Provisions

Normal Retirement

Eligibility

Age 65.

Benefit

\$31.50 per month per year of credited service.

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

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

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

Early Retirement

Eligibility

Age 55 with five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is actuarially reduced from age 65.

There is no reduction for participants who are age 62 and have 10 years of credited service.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. The benefit is actuarially reduced for commencement before age 65.

Disability Benefit

Eligibility

Five years of service.

Benefit

Benefit determined in same manner as the normal retirement benefit. In addition, until the participant qualifies for disability benefits under the Federal Social Security Act, a monthly payment of \$300 is paid to age 62; and a monthly payment of \$150 is paid from age 62 to age 65.

Death Benefits

Eligibility

Surviving spouse of vested employees whether active or terminated vested.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

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.

If the participant's estate is the beneficiary, the benefit is one-half of the present value of the benefit described above if death occurs after termination but prior to pension start date.

Forms of Payment

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

Actuarial Equivalence

1976 PET mortality table and 6% interest.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Carey Salt Provisions

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

Normal Retirement

|             |                                                                                                                                                   |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Age 65.                                                                                                                                           |
| Benefit     | \$2.25 per month per year of service before October 1, 1969 plus \$13.50 per month per year of service after September 30, 1969, less any offset. |

Early Retirement

|             |                                                                                                                                    |
|-------------|------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Age 55 with 15 years of service.                                                                                                   |
| Benefit     | Benefit determined in same manner as the normal retirement benefit. The benefit is actuarially reduced from normal retirement age. |

Deferred Vested Retirement

|             |                                                                     |
|-------------|---------------------------------------------------------------------|
| Eligibility | Five years of service.                                              |
| Benefit     | Benefit determined in same manner as the normal retirement benefit. |

Disability Benefit

|             |                                                                     |
|-------------|---------------------------------------------------------------------|
| Eligibility | Five years of service.                                              |
| Benefit     | Benefit determined in same manner as the normal retirement benefit. |

Forms of Payment

Single life annuity, 50%, 75%, or 100% joint and survivor annuity, 5-, 10-, or 15-year certain and life annuity, 5-, 10- or 15-year certain only annuity, lump sum.

Actuarial Equivalence

1984 UP mortality table and 5% interest. IRC section 417(e) basis for lump sums.

Western-AG Provisions

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

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The Mosaic Pension Plan for Salaried and Non-Union Hourly Employees (EIN: 20-1026454; PN: 002) merged into the Mosaic Pension Plan for Union Hourly Employees (EIN: 20-1026454; PN: 008) effective September 30, 2021 to form the Mosaic Combined U.S Defined Benefit Pension Plan.
- The plan terminated as of December 31, 2021.

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.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB reflects stabilized 2021 minimum funding interest rates that are adjusted for ARPA.

## Schedule

**MOSAIC COMBINED U.S.  
DEFINED BENEFIT PENSION PLAN**

Plan No. 008

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

| <b>Identity of issuer</b> | <b>Description</b>                                          | <b>Number of<br/>shares</b> | <b>Cost</b>           | <b>Current<br/>value</b> |
|---------------------------|-------------------------------------------------------------|-----------------------------|-----------------------|--------------------------|
| JP Morgan                 | PEG U.S. Pooled Corp Finance Institutional Investors II LLC | 4,038                       | \$ 1,023,124          | \$ 81,571                |
|                           | PEG EUR Pooled Corp Finance Institutional Investors II LLC  | 1,846                       | 372,852               | 19,112                   |
| Russell Investments*      | RITC 15 to 20 Year Strips Fixed Income Fund                 | 1,219,485                   | 18,016,761            | 18,194,722               |
|                           | RITC 10 to 15 Year Strips Fixed Income Fund                 | 2,948,584                   | 36,179,538            | 40,189,202               |
|                           | RITC 14 Year LDI Fixed Income Fund                          | 2,197,979                   | 32,107,039            | 36,684,264               |
|                           | RITC 8 Year LDI Fixed Income Fund                           | 18,448,137                  | 245,742,914           | 271,556,576              |
|                           |                                                             |                             | <u>\$ 333,442,228</u> | <u>\$ 366,725,447</u>    |

\* Indicates party-in-interest to the Plan

The information shown on this supplemental schedule has been summarized from information provided by the Trustee, which the Trustee has certified as complete and accurate.

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Schedule SB, line 32—Schedule of Amortization Bases

Prior to the merger of the Mosaic Pension Plan for Salaried and Non-Union Hourly Employees effective September 30, 2021, the plan was exempt from the shortfall amortization charge. The amount reported on the 2021 Schedule SB is fully attributable to the Mosaic Pension Plan for Salaried and Non-Union Hourly Employees.

Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief would have applied starting with the 2022 plan year. This Schedule SB reflects the ARPA shortfall relief effective with the 2021 plan year.

Schedule SB Attachment (Form 5500)—2021 Plan Year  
Mosaic Combined U.S. Defined Benefit Pension Plan  
EIN: 20-1026454 PN: 008

Schedule SB, line 24—Change in Actuarial Assumptions

- A change in the unlimited expected rate of return on assets from 5.00% to 4.00%.
- A change in the retirement rates for active participants to better reflect anticipated future experience as a result of an assumption study.
- A change in the withdrawal rates to better reflect anticipated future experience as a result of an assumption study.
- A change in the optional payment form election percentages and assumed spousal age difference to better reflect anticipated future experience as a result of an assumption study.

These changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall; as such, approval of the Commissioner is not required.