EXHIBIT E
FILED
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U.S. DISTRICT COURT
N.D. OF ALABAMA

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Quicklinks

Back to Company Detail page | New Search
Form 5500 | Schedule B | Schedule C | Schedule D | Schedule H | Schedule R | Other Documents | SHOW ALL

Form **5500**
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).
Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089

2006

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006**, and ending** December 31, 2006

A This return/report is for:
(1) ☐ a multiemployer plan;
(2) ☒ a single-employer plan (other than a multiple-employer plan);
(3) ☐ a multiple-employer plan;
(4) ☐ a DFE (specify)

B This return/report is:
(1) ☐ the first return/report filed for the plan;
(2) ☐ the amended return/report;
(3) ☐ the final return/report filed for the plan;
(4) ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ☐

D If you filed for an extension of time to file, check the box and attach a copy of the extension application ☒

Part II Basic Plan Information -- enter all requested information.

1a Name of plan
MONSANTO COMPANY PENSION PLAN

1b Three-digit plan number (PN) 002

1c Effective date of plan (mo., day, yr.)
December 30, 1940

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MONSANTO COMPANY
800 NORTH LINGBERGH BLVD. G5EE
ST. LOUIS, MO 63167-

2b Employer Identification Number (EIN)
43-1878297

2c Sponsor's telephone number
314-694-1000

2d Business code (see instructions)
325900

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, and to the best of my knowledge and belief, it is true, correct, and complete.

	10/15/2007	WILMA SCHOPP
Signature of plan administrator	Date	Typed or printed name of individual signing as plan administrator
	10/11/2007	KEVIN P. BUCHANAN, VP - TAX
Signature of employer/plan sponsor/DFE	Date	Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 Form **5500** (2006)

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

b EIN

c PN

EXHIBIT E

5 Preparer information (optional) **a** Name (including firm name, if applicable) and address **b** EIN **c** Telephone no.

6 Total number of participants at the beginning of the plan year	**6**	22,785
7 Number of participants as of the end of the plan year (welfare plans complete only lines **7a, 7b, 7c,** and **7d**)		
a Active participants	**a**	10,285
b Retired or separated participants receiving benefits	**b**	6,653
c Other retired or separated participants entitled to future benefits	**c**	6,000
d Subtotal. Add lines **7a, 7b,** and **7c**	**d**	22,938
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**e**	1,695
f Total. Add lines **7d** and **7e**	**f**	24,633
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**h**	2,452
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	**i**	720

8 Benefits provided under the plan (complete 8a through 8c, as applicable)

a [X] Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions)):

1A 1C 1G

b [ ] Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (printed in the instructions)):

9a Plan funding arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Section 412(i) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Section 412(i) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules
- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **T** (Qualified Pension Plan Coverage Information)

If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year

- **(3)** [X] **B** (Actuarial Information)
- **(4)** [ ] **E** (ESOP Annual Information)
- **(5)** [X] **SSA** (Separated Vested participant Information)

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

SCHEDULE B (Form 5500)
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to aas ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

Attach to Form 5500 or 5500-EZ if applicable.
See separate instructions.

Official Use Only
OMB No. 1210 - 0110

2006

This Form is Open to Public Inspection (except when attached to Form 5500-EZ)

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006 **, and ending** December 31, 2006

If an item does not apply, enter "N/A." Round off amounts to nearest dollar.
Caution: A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MONSANTO COMPANY PENSION PLAN

B Three digit plan number 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ
MONSANTO COMPANY

D Employer Identification Number
43-1878297

E Type of Plan: (1) [ ] Multiemployer (2) [X] Single-employer (3) [ ] Multiple-employer

F [ ] 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: January 01, 2006

b Assets

(1) Current value of assets	**b(1)**	$1,346,990,169
(2) Actuarial value of assets for funding standard account	**b(2)**	$1,330,566,206

EXHIBIT E

c	(1) Accrued liability for plans using immediate gain methods	**c(1)**	$1,194,440,921
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	**c(2)(a)**	
	(b) Accrued liability under entry age normal method	**c(2)(b)**	
	(c) Normal cost under entry age normal method	**c(2)(c)**	

Statement by Enrolled Actuary (see instructions before signing):
To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements and attachments, if any, is complete and accurate, and in my opinion each assumption used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

Signature of actuary	Date
JENNIFER L. LEWIS	**G** 0506563
Print or type name of actuary	Most recent enrollment number
TOWERS PERRIN	314-719-5900
Firm Name	Telephone number (including area code)
101 SOUTH HANLEY ROAD ST. LOUIS, MO 63105-3411	
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 ☐

1d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	**d(1)**	
	(2) "RPA '94" information:		
	(a) Current liability	**d(2)(a)**	$1,423,336,543
	(b) Expected increase in current liability due to benefits accruing during the plan year	**d(2)(b)**	$41,559,255
	(c) Current liability computed at highest allowable interest rate (see instructions)	**d(2)(c)**	$1,423,336,543
	(d) Expected release from "RPA '94" current liability for the plan year	**d(2)(d)**	
	(3) "OBRA '87" information:		
	(a) Current liability	**d(3)(a)**	
	(b) Expected increase in current liability due to benefits accruing during the plan year	**d(3)(b)**	
	(c) Expected release from "OBRA '87" current liability for the plan year	**d(3)(c)**	
	(4) Expected plan disbursements for the plan year	**d(4)**	$132,764,580
2	Operational information as of beginning of this plan year:		
a	Current value of the assets (see instructions)	**2a**	$1,346,990,169

b "RPA '94" current liability:	(1) No. of Persons	(2) Vested Benefits	(3) Total benefits
(1) For retired participants and beneficiaries receiving payments	8,104	$780,891,296	$780,891,296
(2) For terminated vested participants	4,054	$172,038,215	$172,038,215
(3) For active participants	8,386	$459,377,414	$470,407,032
(4) Total	20,544	$1,412,306,925	$1,423,336,543

c	If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage	**2c**	%

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

(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
09/10/2007	$60,000,000				
3 Totals (b)	$60,000,000	**(c)**			

4 Quarterly contributions and liquidity shortfall(s):

a	Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	**4a**	97.5%
b	If line 4a is less than 100%, 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

EXHIBIT E

5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit)
d ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium
g ☐ Individual aggregate **h** ☐ Other (specify)

i Has a change been made in funding method for this plan year? ☐ Yes ☒ No
j If line i is "Yes," was the chage made pursuant to Revenue Procedure 95-51 as modified by Revenue Procedure 98-10? ☐ Yes ☐ No
k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method

6 Checklist of certain actuarial assumptions:

a Interest rates for:

(1) "RPA '94" current liablility	**a(1)**	5.77%	☐ N/A
(2) "ORBA '87" current liablility	**a(2)**	%	☐ N/A
b Weighted average retirement age	**6b**	61	☐ N/A

		Pre-Retirement	Post-Retirement	
c Rates specified in insurance or annuity contracts ☐ N/A	**6c**	☐ Yes ☒ No	☐ Yes ☒ No	☐ N/A
d Mortality table code for valuation purposes:				
(1) Males	**d(1)**	9	9	
(2) Females	**d(2)**	9	9	
e Valuation liability interest rate ☐ N/A	**6e**	8.75%	8.75%	☐ N/A
f Expense loading ☐ N/A	**6f**	0.0%	0.0%	☐ N/A
		Male	Female	
g Annual withdrawal rates:				
(1) Age 25	**g(1)**	16.00%	16.00%	
(2) Age 40	**g(2)**	8.00%	8.00%	
(3) Age 55	**g(3)**	5.00%	5.00%	
h Salary Scale ☐ N/A	**6h**	4.75%	4.75%	☐ N/A

i Estimated investment return on actuarial value of assets for the year ending on the valuation date	**6i**	4.0%
j Estimated investment return on current value of assets for the year ending on the valuation date	**6j**	8.1%

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	$76,164,110	$17,889,072
4	$2,761,372	$391,314

8 Miscellaneous information:

a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval

b If one or more alternative methods or rules (as listed in the instructions) were used for this planyear, enter the appropriate code in accordance with the instructions

c Is the plan required to provide a Schedule of Active Participant Data? If "Yes," attach schedule. (see instructions) ☒ Yes ☐ No

9 Funding standard account statement for this plan year:
Charges to funding standard account:

a Prior year funding deficiency, if any		**9(a)**	
b Employer's normal cost for plan year as of valuation date		**9(b)**	$23,247,681
c Amortization charges as of valuation date:	**Outstanding Balance**		
(1) All bases except funding waivers	($ $270,841,402)	**c(1)**	$89,850,347
(2) Funding waivers	($)	**c(2)**	
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	$9,896,077
e Additional interest charge due to late quarterly contributions, if applicable		**9e**	
f Additional funding charge from Part II, line 12u, if applicable ☐ N/A		**9f**	0
g Total charges. Add lines 9a through 9f		**9g**	$122,994,105
Credits to funding standard account:			
h Prior year credit balance, if any		**9h**	$395,077,073
i Employer contributions. Total from column (b) of line 3		**9i**	$60,000,000
	Outstanding Balance		

j	Amortization credits as of valuation date	($ $11,889,614)	**9j**	$4,299,894
k	Interest as applicable to end of plan year on lines 9h, 9i, 9j		**9k**	$34,945,485
l	Full funding limitation (FFL) and credits			
	(1) ERISA FFL (accrued liability FFL)	**l(1)** $306,891,923		
	(2) "OBRA '87" FFL (155% current liability FFL)	**l(2)**		
	(3) "RPA '94" override (90% current liability FFL)	**l(3)**		
	(4) FFL credit before reflecting "OBRA '87" FFL		**l(4)**	
	(5) Additional credit due to "OBRA '87" FFL		**l(5)**	
m	**(1)** Waived funding deficiency		**m(1)**	
	(2) Other credits		**m(2)**	
n	Total credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1), and 9m(2)		**9n**	$494,322,452
o	Credit balance: If line 9n is greater than line 9g, enter the difference		**9o**	$371,328,347
p	Funding deficiency: If line 9g is greater than line 9n, enter the difference		**9p**	
	Reconciliation account:			
q	Current year's accumulated reconciliation account:			
	(1) Due to additional funding charges as of the beginning of the plan	**q(1)**		
	(2) Due to additional interest charges as of the beginning of the plan year	**q(1)**		
	(3) Due to waived funding deficiencies:			
	(a) Reconciliation outstanding balance as of valuation date	**q(1)**		
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	**q(1)**		
	(4) Total as of valuation date		**q(4)**	
10	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable		**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

Part II Additional Information for Certain Plans Other Than Multiemployer Plans

12	Additional required funding charge (see instructions):			
a	Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12u and enter -0-. If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12u and enter -0-. Otherwise, go to line 12b		**12a**	93.5%
b	"RPA'94" current liability. Enter line 1d(2)(a)		**12b**	
c	Adjusted value of assets (see instructions)		**12c**	
d	Funded current liability percentage. Divide line 12c by 12b and multiply by 100		**12d**	%
e	Unfunded current liability. Subtract line 12c from line 12b		**12e**	
f	Liabiity attributable to any unpredictable contingent event benefit		**12f**	
g	Outstanding balance of unfunded old liability		**12g**	
h	Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative.		**12h**	
i	Unfunded new liability amount (% of line 12h)		**12i**	
j	Unfunded old liability amount		**12j**	
k	Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b)		**12k**	
l	Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero		**12l**	
m	Unpredictable contingent event amount:		**12m**	
	(1) Benefits paid during year attributable to unpredictable contingent event	**m(1)** 0		
	(2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100%	**m(2)**		
	(3) Enter the product of lines 12m(1), 12m(2), and 12m(3)	**m(4)**		
	(4) Amortization of all unpredictable contingent event liabilities	**m(5)**		
	(5)"RPA '94" additional amount (see instructions)	**m(6)**		
	(6) Enter the greatest of lines 12m(3), 12m(4), or 12m(5)		**m(7)**	
	Preliminary Calculation			
n	Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest		**12n**	
o	Contributions needed to increase current liability percentage to 100% (see instructions)		**12o**	
p	Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o		**12t**	
q	Adjusted additional funding charge. (.0% of line 12p)		**12u**	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500EZ. v2.3 **Schedule B (Form 5500) 2006**

SCHEDULE C (Form 5500)
Department of the Treasury
Internal Revenue Service

Service Provider Information

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

Official Use Only
OMB No. 1210 - 0110

2006

EXHIBIT E

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

File as an attachment to Form 5500.

This Form is Open to Public Inspection

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006 **and ending** December 31, 2006

A Name of plan
MONSANTO COMPANY PENSION PLAN

B Three digit plan number 002

C Plan sponsor's name as shown on line 2a of Form 5500
MONSANTO COMPANY

D Employer Identification Number
43-1878297

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** $791,622

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in columns (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
FIDELITY INSTITUTIONAL OPERATIONS	04-2647786	RECORDKEEPING

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$2,381,264	13

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
NORTHERN TRUST COMPANY	36-1561860	TRUSTEE

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$1,103,352	26

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
INVESCO CAPITAL MANAGEMENT	58-1709953	INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$576,273	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
CAPITAL GUARDIAN TRUST COMPANY	95-2553868	INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$537,140	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
JP MORGAN INVESTMENT MANGEMENT INC.	13-3200244	INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$482,350	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
RCM CAPITAL MANAGEMENT	94-3244780	INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

EXHIBIT E

NONE $336,573 21

(a) Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position

W.R. HUFF ASSET MANAGEMENT | 13-3245475 | INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions)

NONE $312,496 21

(a) Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position

NUMERIC INVESTORS LP | 04-3068821 | INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions)

NONE $307,325 21

(a) Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position

ALLIANCE CAPITAL MANAGEMENT | 13-4064930 | INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions)

NONE $300,919 21

(a) Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position

TEMPLETON INVESTMENT COUNSEL LLC | 94-3385113 | INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions)

NONE $295,313 21

(a) Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position

STW FIXED INCOME MANAGEMENT, LTD | 77-0555117 | INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions)

NONE $247,560 21

(a) Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position

ARONSON & JOHNSON & ORTIZ LP | 23-2312104 | INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions)

NONE $191,708 21

(a) Name | **(b)** Employer identification number (see instructions) | **(c)** Official plan position

WINSLOW CAPITAL MANAGMENT, INC. | 41-1719690 | INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest | **(e)** Gross salary or allowances paid by plan | **(f)** Fees and commissions paid by plan | **(g)** Nature of service code(s) (see instructions)

NONE $176,970 21

EXHIBIT E

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
FISHER FRAN TREES WATTS INC.	13-2758875	INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$151,194	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
TOWERS PERRIN	23-1159360	ACTUARY

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$149,238	11

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
NISA INVESTMENT ADVISORS LLC	48-1140940	INVESTMENT ADVISORY

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$132,618	20

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
MELLON CAPITAL MANAGEMENT CORP	25-1442864	INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$78,808	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
DELOITTE & TOUCHE	13-3891517	CONSULTANT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$54,600	17

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
STANDISH AYER WOOD	04-1863660	INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$46,325	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
MORGAN STANLEY ASSET MANAGEMENT	13-3040307	INVESTMENT MANAGEMENT

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		$43,234	21

(b) Employer identification

EXHIBIT E

(a) Name	number (see instructions)	(c) Official plan position
		CONTRACT ADMINISTRATOR

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
			12

Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name (b) EIN
(c) Position
(d) Address
(e) Telephone No.
Explanation

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 **Schedule C (Form 5500) 2006**

SCHEDULE D (Form 5500)
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

DFE/Participating Plan Information

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

File as an attachment to Form 5500.

Official Use Only
OMB No. 1210 - 0110

2006

This Form is Open to Public Inspection

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006**, and ending** December 31, 2006

A Name of plan or DFE
MONSANTO COMPANY PENSION PLAN

B Three-digit plan number 002

C Plan sponsor's name as shown on line 2a of Form 5500
MONSANTO COMPANY

D Employer Identification Number
43-1878297

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

(a) Name of MTIA, CCT, PSA, or 103-12IE MELLON EB LARGE CAP VALUE STK INDEX

(b) Name of sponsor of entity listed in **(a)** MELLON BANK, N.A.

(c) EIN-PN 256078093005 **(d)** Entity Code C **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) $128,658,934

(a) Name of MTIA, CCT, PSA, or 103-12IE MELLON EB LARGE CAP STK INDEX FD

(b) Name of sponsor of entity listed in **(a)** MELLON BANK, N.A.

(c) EIN-PN 256078093004 **(d)** Entity Code C **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) $109,326,778

(a) Name of MTIA, CCT, PSA, or 103-12IE JPMCB LONG CREDIT FUND

(b) Name of sponsor of entity listed in **(a)** JP MORGAN CHASE BANK

(c) EIN-PN 134027152001 **(d)** Entity Code C **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) $49,178,003

(a) Name of MTIA, CCT, PSA, or 103-12IE NTGI-QM COL DLY RUSS 2000 VAL EQTY

(b) Name of sponsor of entity listed in **(a)** NORTHERN TRUST COMPANY

(c) EIN-PN 456138589011 **(d)** Entity Code C **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) $34,510,089

(a) Name of MTIA, CCT, PSA, or 103-12IE NTGI-QM COL DLY RUSS 2000 GROWTH EQ

(b) Name of sponsor of entity listed in **(a)** NORTHERN TRUST COMPANY

(c) EIN-PN 456138589010 **(d)** Entity Code C **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) $33,054,560

EXHIBIT E

(a) Name of MTIA, CCT, PSA, or 103-12IE JPMCB ENHANCED CASH FUND

(b) Name of sponsor of entity listed in **(a)** JP MORGAN CHASE BANK

(c) EIN-PN 137197340001 **(d)** Entity Code C **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) $8,820,468

(a) Name of MTIA, CCT, PSA, or 103-12IE JPMCB MORTGAGE PRIVATE PLACEMENT FD

(b) Name of sponsor of entity listed in **(a)** JP MORGAN CHASE BANK

(c) EIN-PN 136038769001 **(d)** Entity Code C **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) $6,288,249

(a) Name of MTIA, CCT, PSA, or 103-12IE WRH GLOBAL SEC POOLED TRUST

(b) Name of sponsor of entity listed in **(a)** HUFF GLOBAL SECURITIES TRUST

(c) EIN-PN 043425760001 **(d)** Entity Code E **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) $5,356,457

(a) Name of MTIA, CCT, PSA, or 103-12IE JPMCB LIQUIDITY FUND

(b) Name of sponsor of entity listed in **(a)** JP MORGAN CHASE BANK

(c) EIN-PN 136285055001 **(d)** Entity Code C **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) $251,239

(a) Name of MTIA, CCT, PSA, or 103-12IE MELLON EB TEMP INVT FUND

(b) Name of sponsor of entity listed in **(a)** MELLON BANK, N.A.

(c) EIN-PN 256078093023 **(d)** Entity Code C **(e)** Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) $74

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

(a) Plan Name

(b) Name of plan sponsor **(c)** EIN-PN -

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 **Schedule D (Form 5500) 2006**

SCHEDULE H (Form 5500)
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare
Benefits Administration

Pension Benefit
Guaranty Corporation

Financial Information

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

File as an attachment to Form 5500.

Official Use Only
OMB No. 1210 - 0110

2006

This Form is Open to Public Inspection

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006**, and ending** December 31, 2006

A Name of plan
MONSANTO COMPANY PENSION PLAN

B Three digit plan number 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ
MONSANTO COMPANY

D Employer Identification Number
43-1878297

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines c(9) through c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay

EXHIBIT E

a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	**a**	$3,027,746	$3,837,463
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**b(1)**		
(2) Participant contributions	**b(2)**		
(3) Other	**b(3)**	$21,651,399	$5,334,448
c General investments:			
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	**c(1)**	$2,730,902	$3,552,175
(2) U.S. Government securities	**c(2)**	$211,572,340	$242,805,529
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	**c(3)A**		
(B) All other	**c(3)B**	$77,624,621	$50,552,076
(4) Corporate stocks (other than employer securities):			
(A) Preferred	**c(4)A**	$1,138,901	$1,054,068
(B) Common	**c(4)B**	$449,953,004	$530,772,088
(5) Partnership/joint venture interests	**c(5)**	$66,942,411	$72,178,197
(6) Real Estate (other than employer real property)	**c(6)**	$34,558,391	$30,544,289
(7) Loans (other than to participants)	**c(7)**		
(8) Participant loans	**c(8)**		
(9) Value of interest in common/collective trusts	**c(9)**	$332,049,347	$370,088,394
(10) Value of interest in pooled separate accounts	**c(10)**		
(11) Value of interest in master trust investment accounts	**c(11)**		
(12) Value of interest in 103-12 investment entities	**c(12)**	$4,663,261	$5,356,457
(13) Value of interest in registered investment companies (e.g., mutual funds)	**c(13)**	$13,818,655	
(14) Value of funds held in insurance co. general account (unallocated contracts)	**c(14)**		
(15) Other	**c(15)**	$96,383,172	$77,799,255
d Employer-related investments:			
(1) Employer securities	**d(1)**		
(2) Employer real property	**d(2)**		
e Buildings and other property used in plan operation	**e**		
f Total assets (add all amounts in lines 1a through 1e)	**f**	$1,316,114,150	$1,393,874,439
Liabilities			
g Benefit claims payable	**g**		
h Operating payables	**h**		
i Acquisition indebtedness	**i**	$28,860,729	$9,541,098
j Other liabilities	**j**		
k Total liabilities (add all amounts in lines 1g through 1j)	**k**	$28,860,729	$9,541,098
Net Assets			
l Net assets (subtract line 1k from line 1f)	**l**	$1,287,253,421	$1,384,333,341

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. DFEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions			
(1) Received or receivable in cash from: **(A)** Employers	**a(1)(A)**	$60,000,000	
(B) Participants	**a(1)(B)**		
(C) Others (including rollovers)	**a(1)(C)**		
(2) Noncash contributions	**a(2)**		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**a(3)**		$60,000,000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**b(1)(A)**	$160,801	
(B) U.S. Government securities	**b(1)(B)**	$6,997,819	
(C) Corporate debt instruments	**b(1)(C)**	$3,684,792	
(D) Loans (other than to participants)	**b(1)(D)**		
(E) Participant loans	**b(1)(E)**		
(F) Other	**b(1)(F)**	$187,679	

EXHIBIT E

(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**b(1)(G)**		$11,031,091
(2) Dividends **(A)** Preferred stock	**b(2)(A)**	$19,320	
(B) Common stock	**b(2)(B)**	$9,309,166	
(C) Total dividends. Add lines **2b(2)(A)** and **(B)**	**b(2)(C)**		$9,328,486
(3) Rents	**b(3)**		$4,233,318
(4) Net gain (loss) on sale of assests: **(A)** Aggregate proceeds	**b(4)(A)**		
(B) Aggregate carrying amount (see instructions)	**b(4)(B)**		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)**	**b(4)(C)**		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real Estate	**b(5)(A)**		
(B) Other	**b(5)(B)**	$131,707,249	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**b(5)(C)**		$131,707,249
(6) Net investment gain (loss) from common/collective trusts	**b(6)**		
(7) Net investment gain (loss) from pooled separate accounts	**b(7)**		
(8) Net investment gain (loss) from master trust investment accounts	**b(8)**		
(9) Net investment gain (loss) from 103-12 investment entities	**b(9)**		$10,472
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**b(10)**		
c Other Income	**c**		$7,330,356
d Total income. Add all **income** amounts in column (b) and enter total	**d**		$223,640,972
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**e(1)**	$115,480,125	
(2) To insurance carriers for the provision of benefits	**e(2)**		
(3) Other	**e(3)**		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**e(4)**		$115,480,125
f Corrective distributions (see instructions)	**f**		
g Certain deemed distributions of participant loans (see instructions)	**g**		
h Interest expense	**h**		
i Administrative expenses: **(1)** Professional fees	**i(1)**	$1,103,352	
(2) Contract administrator fees	**i(2)**	$2,381,264	
(3) Investment advisory and management fees	**i(3)**	$4,420,643	
(4) Other	**i(4)**	$3,175,668	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	**i(5)**		$11,080,927
j Total expenses. Add all **expense** amounts in column (b) and enter total	**j**		$126,561,052
Net Income and Reconciliation			
k Net income (loss) (subtract line 2j from line 2d)	**k**		$97,079,920
l Transfers of assets			
(1) To this plan	**l(1)**		
(2) From this plan	**l(2)**		

Part III Accountant's Opinion

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

a **Attached** to this Form 5500 and the opinion is -- **(1)** [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b **Not attached** because:

(1) [ ] the Form 5500 is filed for a CCT, PSA, or MTIA

(2) [ ] the opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50

c Check this box if the accountant performed a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 2520.103-12(d) [ ]

d If an accountant's opinion is attached, enter the name and EIN of the accountant (or accounting firm)

DELOITTE & TOUCHE 13-3891517

Part IV Transactions During Plan Year

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

During the plan year:

		Yes	No	Amount
a Did the employer fail to transmit to the plan any participant contributions within the maximum time period described in 29 CFR 2510.3-102? (see instructions)	**a**	[ ] Yes	[X] No	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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**	[ ] Yes	[X] No	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if **"Yes"** is checked)	**c**	[ ] Yes	[X] No	
d Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach Schedule G (Form 5500) Part III if **"Yes"** is checked)	**d**	[ ] Yes	[X] No	
e Was this plan covered by a fidelity bond?	**e**	[X] Yes	[ ] No	$3,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**f**	[ ] Yes	[X] No	

EXHIBIT E

g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**g**	☐ Yes ☒ No
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**h**	☐ Yes ☒ No
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if **"Yes"** is checked, and see instructions for format requirements)	**i**	☒ Yes ☐ No
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if **"Yes"** is checked, and see instructions for format requirements)	**j**	☒ Yes ☐ No
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?	**k**	☐ Yes ☒ No

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

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

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 **Schedule H (Form 5500) 2006**

Schedule R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).
File as an Attachment to Form 5500.

Official Use Only
OMB No. 1210 - 0110

2006

This Form is Open to Public Inspection

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006 **and ending** December 31, 2006

A Name of plan
MONSANTO COMPANY PENSION PLAN

B Three-digit plan number 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ
MONSANTO COMPANY

D **Employer Identification Number**
43-1878297

Part I Distributions

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

1 Total value of distributions paid in property other than in cash, annuity contracts, or publicly traded employer securities **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 04-6568107

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 279

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

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 7.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver.
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year **6a**

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

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)
If you completed line 6c, do not complete the remainder of this schedule **6c**

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

Part III Amendments

8 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(es). If no, check the "No" box. (see instructions) ☐ Increase ☐ Decrease ☐ No

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements ☒ the ratio percentage test ☐ average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v8.2 **Schedule R (Form 5500) 2006**

Back to Top