

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☐ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information
1a Name of plan	1b Three-digit plan number (PN) ▶ 004
THE TORO COMPANY PLYMOUTH UNION EMPLOYEES PENSION PLAN	1c Effective date of plan 09/20/1988
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN) 41-0580470
THE TORO COMPANY	2c Sponsor's telephone number 952-887-7354
8111 LYNDAL AVE N S MINNEAPOLIS, MN 55420	2d Business code (see instructions) 333310
8111 LYNDAL AVE N S MINNEAPOLIS, MN 55420	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2011	THOMAS LARSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE TORO COMPANY 8111 LYNDALE AVENUE SOUTH MINNEAPOLIS, MN 55420	3b Administrator's EIN 41-0580470 3c Administrator's telephone number 952-887-7354
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	121
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	80
b Retired or separated participants receiving benefits.....	6b	35
c Other retired or separated participants entitled to future benefits.....	6c	4
d Subtotal. Add lines 6a , 6b , and 6c	6d	119
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	119
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

▶ **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 <u>THE TORO COMPANY PLYMOUTH UNION EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE TORO COMPANY</u>	D Employer Identification Number (EIN) <u>41-0580470</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>2038554</u>
b Actuarial value	2b <u>2242409</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>33</u> <u>1006059</u>
b For terminated vested participants	3b <u>1</u> <u>4420</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>106904</u>
(2) Vested benefits	3c(2) <u>1617605</u>
(3) Total active	3c(3) <u>87</u> <u>1724509</u>
d Total	3d <u>121</u> <u>2734988</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.63</u> %
6 Target normal cost	6 <u>103597</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.

SIGN HERE	<u>06/23/2011</u>
Signature of actuary <u>JEFFREY R. HOLLOWAY</u>	Date <u>11-07421</u>
Type or print name of actuary <u>HEWITT ASSOCIATES LLC</u>	Most recent enrollment number <u>612-339-7501</u>
Firm name <u>45 SOUTH SEVENTH STREET-2100</u> <u>MINNEAPOLIS, MN 55402-1616</u>	Telephone number (including area code)
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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	238439	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	79253	0
9	Amount remaining (Item 7 minus item 8).....	159186	0
10	Interest on item 9 using prior year's actual return of <u>3.43</u> %	5460	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		23820
b	Interest on (a) using prior year's effective rate of <u>6.63</u> %		817
c	Total available at beginning of current plan year to add to prefunding balance		24637
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	110228	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	54418	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	84.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2010	25000				
10/14/2010	25000				
06/09/2011	276000				
			Totals ►	18(b)	326000
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	294822
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.92 %	2nd segment: 6.71 %	3rd segment: 6.80 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	103597
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	382898	64325
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	167922
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	48692	48692
36 Additional cash requirement (item 34 minus item 35).....	36	119230
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	294822
38 Interest-adjusted excess contributions for current year (see instructions).....	38	175592
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010		
A Name of plan THE TORO COMPANY PLYMOUTH UNION EMPLOYEES PENSION PLAN	B Three-digit plan number (PN)	004
C Plan sponsor's name as shown on line 2a of Form 5500 THE TORO COMPANY	D Employer Identification Number (EIN) 41-0580470	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	40000	301000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	2973	3957
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11608	44165
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1985485	2158585
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2040066	2507707

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2040066	2507707
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	326000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		326000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36416	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		36416

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	204342	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		204342
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		566758

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	98032	
(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)		98032
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)	1085	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1085
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		99117

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		467641
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: KPMG LLP

(2) EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan <u>THE TORO COMPANY PLYMOUTH UNION EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE TORO COMPANY</u>	D Employer Identification Number (EIN) <u>41-0580470</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0838515</u>		
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	<u>0</u>

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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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



**THE TORO COMPANY PLYMOUTH UNION
EMPLOYEES' PENSION PLAN**

Financial Statements and
Supplemental Schedules

September 30, 2010 and 2009 (Compiled)

(With Independent Auditors' Report Thereon)

**THE TORO COMPANY PLYMOUTH UNION
EMPLOYEES' PENSION PLAN**

Table of Contents

	Page(s)
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedules	
1 Schedule of Assets (Held at End of Year)	10
2 Schedule of Reportable Transactions	11



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

Independent Auditors' Report

The Plan Administrator
The Toro Company Plymouth Union
Employees' Retirement Plan:

We were engaged to audit the statement of net assets available for benefits of The Toro Company Plymouth Union Employees' Retirement Plan (the Plan) as of September 30, 2010, the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended September 30, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 5 to the financial statements, which was certified by JP Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended September 30, 2010 that the information provided to the plan administrator by the trustee is complete and accurate.

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

We have compiled the accompanying statement of net assets available for benefits of the Plan as of September 30, 2009 and the related statement of changes in net assets available for benefits for the year then ended in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.



A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits as of September 30, 2009 and the related statement of changes in net assets available for benefits for the year then ended and, accordingly, do not express an opinion or any other form of assurance on it.

KPMG LLP

Minneapolis, Minnesota
July 14, 2011

**THE TORO COMPANY PLYMOUTH UNION
EMPLOYEES' PENSION PLAN**

Statements of Net Assets Available for Benefits

September 30, 2010 and 2009 (Compiled)

	<u>2010</u>	<u>(compiled) 2009</u>
Assets held by trustee, at fair value:		
Investments at fair value	\$ 2,202,750	1,997,093
Employer contributions receivable	301,000	40,000
Other receivables	<u>3,957</u>	<u>2,973</u>
Net assets available for benefits	<u>\$ 2,507,707</u>	<u>2,040,066</u>

See accompanying notes to financial statements.

**THE TORO COMPANY PLYMOUTH UNION
EMPLOYEES' PENSION PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended September 30, 2010 and 2009 (Compiled)

	<u>2010</u>	<u>(compiled) 2009</u>
Investment income on assets held by trustee:		
Interest and dividends	\$ 36,416	97,397
Net appreciation (depreciation) in the fair value of investments	<u>204,342</u>	<u>(28,583)</u>
Net investment income	240,758	68,814
Employer contributions	326,000	40,000
Benefit payments	(98,032)	(94,782)
Trustee fees	<u>(1,085)</u>	<u>(1,035)</u>
Increase in net assets available for benefits	467,641	12,997
Net assets available for benefits:		
Beginning of year	<u>2,040,066</u>	<u>2,027,069</u>
End of year	<u>\$ 2,507,707</u>	<u>2,040,066</u>

See accompanying notes to financial statements.

**THE TORO COMPANY PLYMOUTH UNION
EMPLOYEES' PENSION PLAN**

Notes to Financial Statements

September 30, 2010 and 2009 (Compiled)

(1) Description of Plan

Effective October 1, 1987, a defined benefit plan was established by Outboard Marine Corporation, later changed to Lawn-Boy, Inc., and now called The Toro Company Plymouth Union Employees' Pension Plan (the Plan). Plan assets are held by JP Morgan Chase Bank, N.A., the trustee. As of September 30, 2010, the Plan covered 119 participants who are or were represented by a collective bargaining unit at the time of their active employment. Effective January 1, 2009, the Plan was amended to increase benefits payable to future retirees in order for the Plan to be in accordance with the current collective bargaining agreement.

Benefits are paid to participants when their retirement dates are reached. The normal retirement date under the Plan is the first day of the month coinciding with or immediately following the participant's normal retirement age. A participant's normal retirement age is the later of (1) age 65 or (2) the earlier of (a) the fifth anniversary of the first day of the plan year in which the participant became a plan participant or (b) the date the participant completed 5 years of vesting service. A participant is entitled to terminate employment on account of early retirement after the participant has attained age 58 and accumulated 10 years of vesting service. Also, a participant may obtain an unreduced benefit if the participant terminates employment after the participant reaches age 62 and has accumulated 10 years of vesting service.

All benefits are paid monthly. If the benefit value is \$5,000 or less, those benefits can be paid in the form of a lump sum. Benefits that are valued at \$1,000 or less are automatically paid in the form of a lump sum.

The Toro Company (the Company), administrator of the Plan, absorbs all administrative costs of the Plan, except for the trustee fees. The Toro Company designs, manufactures, and markets professional turf maintenance equipment and services, turf and agricultural micro-irrigation systems, landscaping equipment, and residential yard and snow removal products.

(2) Summary of Significant Accounting Policies

The accompanying financial statements of the Plan are presented on an accrual basis in accordance with U.S. generally accepted accounting principles.

(a) Investments

Investments in units of participation in the JP Morgan Liquid Assets Money Market Fund are stated at cost, which approximates fair value. Investments in the JP Morgan Fixed Income and Equities Mutual Funds are stated at fair value based on quoted market prices of the underlying securities as determined by the trustee.

Purchases and sales of securities are reflected on a trade-date basis. Net unrealized appreciation (depreciation) of investments (including investments bought, sold, and held during the year) is reflected in the statements of changes in net assets available for benefits.

**THE TORO COMPANY PLYMOUTH UNION
EMPLOYEES' PENSION PLAN**

Notes to Financial Statements
September 30, 2010 and 2009 (Compiled)

The Plan categorizes its assets and liabilities into one of three levels based on the assumptions (inputs) used in valuing the asset or liability. Level 1 provides the most reliable measure of fair value, while Level 3 generally requires significant management judgment. The three levels are defined as follows:

Level 1 – Quoted prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices 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.

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.

Assets and liabilities measured at fair value, as of September 30, 2010 and 2009, are summarized below:

<u>September 30, 2010</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment funds	\$ 2,202,750	—	—	2,202,750
<u>September 30, 2009</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment funds	\$ 1,997,093	—	—	1,997,093

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, accumulated plan benefits, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting periods. Actual results could differ from those estimates.

(c) Risks and Uncertainties

Investments in general are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments 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.

(d) Payment of Benefits

Benefit payments are recorded upon distribution.

(3) Party-in-interest Transactions

JP Morgan Chase Bank, N.A. is a party-in-interest with respect to the Plan. In the opinion of the Plan's legal counsel, transactions between the Plan and the trustee are exempt from being considered as

**THE TORO COMPANY PLYMOUTH UNION
EMPLOYEES' PENSION PLAN**

Notes to Financial Statements

September 30, 2010 and 2009 (Compiled)

“prohibited transactions” under the Employee Retirement Income Security Act of 1974 (ERISA) Section 408(b).

(4) Actuarial Present Value of Accumulated Plan Benefits, Actuarial Assumptions, and Methods

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and beneficiaries of employees who have died. Benefits under the Plan are based on employees' number of credited years of service and normal retirement date, as defined in the agreement.

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

As of October 1, 2009 (beginning of the plan year), the actuarial present value of accumulated plan benefits, as determined by consulting actuaries, was:

Actuarial present value of accumulated plan benefits:

Participants currently receiving benefits	\$ 894,024
Other participants	1,397,344
	<hr/> 2,291,368
Non-vested benefits	90,899
	<hr/>
Total actuarial present value of accumulated plan benefits	\$ <u><u>2,382,267</u></u>

The total actuarial present value of accumulated plan benefits increased \$444,728 from the prior year due to increases of \$151,285 related to the passage of time, \$159,010 related to a plan amendment change, \$224,751 related to other changes, and \$4,464 related to an assumption change offset by benefits paid of \$94,782.

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

Discount rate	8.00%
Mortality basis	RP 2000 Combined Healthy Mortality Table
Retirement age	Will vary between 58 and 69
Valuation method	Unit credit method
Expected long-term rate of return	8.00%

(5) Trust Fund Investments and Investment Income

The trustee provided the plan administrator with certifications as to the completeness and accuracy of investment assets of the trust aggregating \$2,202,750 and \$1,997,093 as of September 30, 2010 and 2009,

**THE TORO COMPANY PLYMOUTH UNION
EMPLOYEES' PENSION PLAN**

Notes to Financial Statements

September 30, 2010 and 2009 (Compiled)

respectively, and the related investment income on such assets of \$240,758 and \$68,814, respectively, for the years then ended.

During fiscal 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$204,342 and (\$28,583), respectively.

Such amounts are included in the accompanying financial statements and supplemental schedules based on such certifications from the trustee.

(6) Plan Termination

While the employer has not expressed any intent to terminate the Plan or to discontinue contributions, it is free to do so at any time, subject to the provisions set forth in ERISA.

If the termination is the result of the bankruptcy or near bankruptcy of the plan sponsor and the Plan's assets are not adequate to pay all benefits vested prior to the termination, the Pension Benefit Guaranty Corporation (PBGC) will take over the Plan and will pay those benefits that it guarantees. In this case, some participants may receive a smaller benefit than if the Plan had continued. 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 PBGC at that time. Upon termination, funds shall be allocated, to the extent sufficient, among participants and their beneficiaries in the order of precedence specified in ERISA Section 4044, as amended from time to time.

If, however, the Plan is terminated for any reason other than the bankruptcy or near bankruptcy of the Company and the Plan has insufficient assets, the Company will be required to pay to the Plan an amount that, together with the Plan's assets, will satisfy all benefits accumulated to the date of the Plan's termination.

(7) Federal Income Taxes

The plan administrator received a favorable determination letter dated February 19, 2008 from the Internal Revenue Service stating that the Plan constitutes a qualified plan under Section 401(a) of the Internal Revenue Code (the Code), and that the trust created under the Plan is exempt from federal income tax under Section 501(a) of the Code. The Plan has been amended since the date of this letter; however, it is the opinion of the plan administrator that the Plan and its related trust continue to qualify under the provisions of Sections 401(a) and 501(a) of the Code.

**THE TORO COMPANY PLYMOUTH UNION
EMPLOYEES' PENSION PLAN**

Notes to Financial Statements

September 30, 2010 and 2009 (Compiled)

Accounting principles generally accepted in the United States of America require 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 Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2010, 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 the Plan is no longer subject to income tax examinations for years prior to the year ended September 30, 2006.

(8) Funding Policy

The Company's contributions to the Plan are designed to annually fund the normal cost (benefit earned during the year) and the seven-year amortization of the funding shortfall (present value of accumulated benefit less net assets available), which is in compliance with the minimum funding requirements under the ERISA.

(9) Investments

The following investments represent 5% or more of the Plan's net assets available for plan benefits at September 30, 2010 and 2009:

	Fair value	
	2010	2009
JP Morgan Core Plus Bond Fund*	\$ 220,809	194,731
JP Morgan Core Bond Fund*	287,047	248,532
JP Morgan Mid Cap Value Fund*	221,123	208,079
JP Morgan US Equity Fund*	240,804	225,038
JP Morgan Mid Cap Growth Fund*	221,564	204,366
JP Morgan International Equity Index Fund*	132,408	126,840
JP Morgan Large Cap Growth Fund*	263,068	242,022
JP Morgan Large Cap Value Fund*	284,200	271,860

*Party in interest.

(10) Subsequent Events

There were no subsequent events requiring adjustment to the financial statements or disclosure through July 14, 2011, the date the Plan's financial statements were issued.

Schedule 1

**THE TORO COMPANY PLYMOUTH UNION
EMPLOYEES' PENSION PLAN**

Schedule of Assets (Held at End of Year)

September 30, 2010

Par value or number of shares	Description	Cost	Fair value
44,165	JP Morgan Liquid Assets Money Market Fund*	\$ 44,165	44,165
	JP Morgan Fixed Income Mutual Funds:		
9,839	JP Morgan Government Bond Fund*	102,239	110,595
26,895	JP Morgan Core Plus Bond Fund*	209,168	220,809
24,618	JP Morgan Core Bond Fund*	267,857	287,047
		<u>579,264</u>	<u>618,451</u>
	JP Morgan Equities Mutual Funds:		
10,425	JP Morgan Mid Cap Value Fund*	306,236	221,123
3,363	JP Morgan International Equity Fund*	58,749	43,858
26,146	JP Morgan US Equity Fund*	264,829	240,804
6,738	JP Morgan Small Cap Growth Fund*	66,924	66,706
11,078	JP Morgan Mid Cap Growth Fund*	225,044	221,564
7,204	JP Morgan International Equity Index Fund*	130,421	132,408
14,166	JP Morgan Large Cap Growth Fund*	212,113	263,068
4,024	JP Morgan Small Cap Value Fund*	77,000	66,403
28,823	JP Morgan Large Cap Value Fund*	369,130	284,200
		<u>1,710,446</u>	<u>1,540,134</u>
	Total	<u>\$ 2,333,875</u>	<u>2,202,750</u>

* Party-in-interest.

Note: The above data are based on information that has been certified as complete and accurate by J.P. Morgan Chase Bank, N.A., the trustee.

See accompanying independent auditors' report.

**THE TORO COMPANY PLYMOUTH UNION
EMPLOYEES' PENSION PLAN**

Schedule of Reportable Transactions

Year ended September 30, 2010

5% series of transactions by Rule 2520.103-6(c)(1)(iii):

	Number of purchase transactions	Number of sale transactions	Cost	Market value	Net gain (loss)
JP Morgan Liquid Assets Money Market Fund*	15	—	\$ 170,776	170,776	—
JP Morgan Liquid Assets Money Market Fund*	—	23	138,219	138,219	—

* Party-in-interest.

Note: The above data are based on information that has been certified as complete and accurate by
J.P. Morgan Chase Bank, N.A., the trustee.

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Lawn-Boy Plymouth Hourly Employees Pension Plan
EIN: 41-0580470 PN: 004

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
July 15, 2010	\$ 25,000	6.63%	\$ 23,769
October 14, 2010	25,000	6.63%	23,392
June 9, 2011	<u>276,000</u>	6.63%	<u>247,661</u>
Total Contribution	\$ 326,000		\$ 294,822

Schedule SB Attachment (Form 5500)—2009 Plan Year
Lawn-Boy Plymouth Hourly Employees Pension Plan
EIN: 41-0580470 PN: 004

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)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
58.5	5.00%	1.0000	2.93
59.5	5.00%	0.9500	2.83
60.5	10.00%	0.9025	5.46
61.5	10.00%	0.8123	5.00
62.5	33.00%	0.7310	15.08
63.5	20.00%	0.4898	6.22
64.5	20.00%	0.3918	5.05
65.5	65.00%	0.3135	13.35
66.5	50.00%	0.1097	3.65
67.5	50.00%	0.0549	1.85
68.5	50.00%	0.0274	0.94
69	100.00%	0.0137	0.95
Weighted Average			63.31

Schedule SB Attachment (Form 5500)—2009 Plan Year
Lawn-Boy Plymouth Hourly Employees Pension Plan
EIN: 41-0580470 PN: 004

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

Interest Rates	Based on segment rates without regard to the three-year phase in, as of October 2009.
1st Segment Rate	4.92%.
2nd Segment Rate	6.71%.
3rd Segment Rate	6.80%.
Optional Payment Form Election Percentage	100% elect the normal form of a life annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 90% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.
Valuation of Plan Assets	<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>

Schedule SB Attachment (Form 5500)—2009 Plan Year
Lawn-Boy Plymouth Hourly Employees Pension Plan
EIN: 41-0580470 PN: 004

Trust Expenses Included in Target Normal Cost	\$0.
Expected Return on Assets	
2007 Plan Year	6.40%.
2008 Plan Year	6.58%.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	October 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Lawn-Boy Plymouth Hourly Employees Pension Plan
EIN: 41-0580470 PN: 004

Table 1
Retirement Rates

Age	Rate
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	33.00%
63	20.00%
64	20.00%
65	65.00%
66	50.00%
67	50.00%
68	50.00%
69+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Lawn-Boy Plymouth Hourly Employees Pension Plan
 EIN: 41-0580470 PN: 004

Table 2
Termination Rates

Age	Male	Female	Age	Male	Female
15	30.00%	35.10%	45	3.00%	4.50%
16	27.80%	33.00%	46	2.80%	4.20%
17	25.60%	30.90%	47	2.60%	3.90%
18	23.40%	28.80%	48	2.40%	3.60%
19	21.20%	26.70%	49	2.20%	3.30%
20	19.00%	24.60%	50	2.00%	3.00%
21	16.80%	22.50%	51	1.80%	2.70%
22	14.60%	20.40%	52	1.60%	2.40%
23	13.20%	18.30%	53	1.40%	2.10%
24	11.80%	16.20%	54	1.20%	1.80%
25	10.40%	14.10%	55	1.00%	1.50%
26	9.00%	12.00%	56	0.80%	1.20%
27	7.60%	9.90%	57	0.60%	0.90%
28	7.20%	9.60%	58	0.40%	0.60%
29	6.80%	9.30%	59	0.20%	0.30%
30	6.40%	9.00%	60	0.00%	0.00%
31	6.00%	8.70%	61	0.00%	0.00%
32	5.60%	8.40%	62	0.00%	0.00%
33	5.40%	8.10%	63	0.00%	0.00%
34	5.20%	7.80%	64	0.00%	0.00%
35	5.00%	7.50%	65	0.00%	0.00%
36	4.80%	7.20%	66	0.00%	0.00%
37	4.60%	6.90%	67	0.00%	0.00%
38	4.40%	6.60%	68	0.00%	0.00%
39	4.20%	6.30%	69	0.00%	0.00%
40	4.00%	6.00%	70	0.00%	0.00%
41	3.80%	5.70%	71	0.00%	0.00%
42	3.60%	5.40%	72	0.00%	0.00%
43	3.40%	5.10%	73	0.00%	0.00%
44	3.20%	4.80%	74	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Lawn-Boy Plymouth Hourly Employees Pension Plan
 EIN: 41-0580470 PN: 004

Table 3
Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2009 Plan Year
 Lawn-Boy Plymouth Hourly Employees Pension Plan
 EIN: 41-0580470 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2009
 Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	5	4								
25-29	1	5	2							
30-34	1	2	5	2						
35-39	1	5	3	3						
40-44	2	3	2							
45-49	1	5		1						
50-54		3		1		1				
55-59		1	2	1		6				
60-64		2	1		1	11				
65-69				1		3				
70+										

N-37

Schedule SB Attachment (Form 5500)—2009 Plan Year
Lawn-Boy Plymouth Hourly Employees Pension Plan
EIN: 41-0580470 PN: 004

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$382,898	October 1, 2009	7	\$64,325

Schedule SB Attachment (Form 5500)—2009 Plan Year
Lawn-Boy Plymouth Hourly Employees Pension Plan
EIN: 41-0580470 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

October 1, 1987.

Eligibility for Participation

All employees of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, Local No. 1291 bargaining unit.

Normal Retirement

Eligibility

Age 65 with 5 years of Vesting Service.

Benefit

The monthly benefit is the benefit unit below multiplied by years of Benefit Service, maximum 35 years.

Effective Date	Multiplier
1/1/2009	\$25.00
1/1/2010	\$27.00
1/1/2011	\$28.00

Early Retirement

Eligibility

Age 58 with 10 or more years of Vesting Service.

Benefit

Accrued normal retirement benefit.

The payments are reduced 0.5% for each month that payments commence prior to the employee's age 62.

Disability Retirement

Eligibility

Ten years of Vesting Service and qualification for permanent disability benefits under the federal Social Security Act.

Benefit

Accrued normal retirement benefit payable immediately.

Vested Termination

Eligibility

Five or more years of Vesting Service.

Benefit

Accrued normal retirement benefit based on service to date of termination. Actuarially reduced for commencement before normal retirement date.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Lawn-Boy Plymouth Hourly Employees Pension Plan
EIN: 41-0580470 PN: 004

Preretirement Spouse Benefit

Eligibility

Spouses of vested participants who die and who have been married throughout the 12-month period ending on the date of the participant's death.

Benefit

The amount which would have been payable to the spouse had the participant separated from service on the date of his death, survived to his normal retirement date (or earliest retirement date if so elected), and elected a 50% joint and survivor annuity.

Normal Form of Payment

Actuarially reduced 50% joint and survivor annuity if married and life annuity if unmarried.

Optional Forms of Payment

Life annuity or 100% joint and survivor annuity if married. Lump sums under \$5,000.

Vesting Service

Participants are credited with service based on the table shown below:

Hours of Service	Vesting Service Credited
1000+	1.00
992-999	0.60
812-991	0.50
632-811	0.40
452-631	0.30
272-451	0.20
91-271	0.10
<91	0.00

Schedule SB Attachment (Form 5500)—2009 Plan Year
Lawn-Boy Plymouth Hourly Employees Pension Plan
EIN: 41-0580470 PN: 004

Benefit Service

Participants are credited with service based on the table shown below:

Hours of Service	Vesting Service Credited
1712+	1.00
1532-1711	0.90
1352-1531	0.80
1172-1351	0.70
992-1171	0.60
812-991	0.50
632-811	0.40
452-631	0.30
272-451	0.20
91-271	0.10
<91	0.00

Actuarial Equivalence

6.00% and applicable mortality under 417(e).

Changes in Plan Provisions since the Prior Year

The funding valuation reflects the following plan changes:

- A change in the benefit multiplier from \$23 to \$27, the multiplier in effect at the end of the plan year.
- The mortality assumption for actuarial equivalence changed from the 2008 417(e) mortality table to the 2009 417(e) mortality table.
- An increase in the annual maximum benefit limit under IRC Section 415 from \$185,000 in 2008 to \$195,000 in 2009.

Schedule H, line 4i -- Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	JP Morgan Liquid Assets Money Market Fund	Mutual Fund	\$44,165	\$44,165
*	JP Morgan Fixed Income Mutual Funds	Mutual Fund	\$579,264	\$618,451
*	JP Morgan Equities Mutual Funds	Mutual Fund	\$1,710,446	\$1,540,134

Schedule H, line 4j -- Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (incl. int. rate & maturity for loans)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
JP Morgan	JP Morgan Liquid Assets Money Market Fund	\$170,776					\$170,776	\$0
	JP Morgan Liquid Assets Money Market Fund		\$138,219			\$138,219		\$0

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

► **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 The Toro Company Plymouth Union Employees' Pension Plan	B Three-digit plan number (PN) ► <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Toro Company	D Employer Identification Number (EIN) 41-0580470
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	2,038,554	
b Actuarial value.....	2b	2,242,409	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment	3a	33	1,006,059
b For terminated vested participants	3b	1	4,420
c For active participants:			
(1) Non-vested benefits.....	3c(1)		106,904
(2) Vested benefits.....	3c(2)		1,617,605
(3) Total active	3c(3)	87	1,724,509
d Total.....	3d	121	2,734,988
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.63 %	
6 Target normal cost.....	6	103,597	

Statement by Enrolled Actuary

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

SIGN HERE	<u>Jeffrey R. Holloway JKH</u> Signature of actuary	<u>06/23/2011</u> Date
	<u>Jeffrey R. Holloway</u> Type or print name of actuary	<u>11-07421</u> Most recent enrollment number
	<u>Hewitt Associates LLC</u> Firm name	<u>(612) 339-7501</u> Telephone number (including area code)
	<u>45 South Seventh Street-2100</u> Address of the firm	
	<u>Minneapolis</u> Address of the firm	
	<u>MN 55402-1616</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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	238,439	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	79,253	0
9 Amount remaining (Item 7 minus item 8)	159,186	0
10 Interest on item 9 using prior year's actual return of <u>3.43</u> %	5,460	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		23,820
b Interest on (a) using prior year's effective rate of <u>6.63</u> %		817
c Total available at beginning of current plan year to add to prefunding balance		24,637
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	110,228	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	54,418	0

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.27 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2010	25,000				
10/14/2010	25,000				
06/09/2011	276,000				
Totals ▶			18(b)	326,000	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	294,822

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.92 %	2nd segment: 6.71 %	3rd segment: 6.80 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		31	103,597
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		382,898	64,325
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		34	167,922
		Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		48,692	0
36 Additional cash requirement (item 34 minus item 35)		36	119,230
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)		37	294,822
38 Interest-adjusted excess contributions for current year (see instructions)		38	175,592
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)		39	0
40 Unpaid minimum required contribution for all years		40	0

Statement Regarding Form 5558 Application for Extension to File Certain Employee Plan Return

The purpose of this statement is to address a notice (copy attached) The Toro Company , FEIN 41-0580470, Plan Number 004 received regarding a request to extend the date for filing a Form 5500 for The Toro Company Plymouth Union Employees Pension Plan. The notice denied the request on Form 5558 (copy attached) for extension of time to file because it was determined not to be timely filed. The Toro Company's records indicate that the Form 5558 was filed on May 2, 2011. This date is considered the original due date of the Form 5500 as April 30th fell on a Saturday.

The denial notice (copy attached) is dated June 13, 2011 and was received by The Toro Company on June 21, 2011. The Toro Company has attempted to expeditiously file the required Form 5500 but has been delayed by the preparation of the Independent Auditors Report. This is the first filing which the plan has been required to provide an Independent Auditors Report as the plan previously was eligible for an audit waiver under 29 CFR 2520.104-46 utilizing the "80 to 120 Participant Rule".

The Toro Company therefore respectfully requests that this Form 5500 be accepted as timely filed and that any potential penalties and interest related to time of filing be abated.

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) <u>The Toro Company</u> Number, street, and room or suite no. (If a P.O. box, see instructions) <u>8111 Lyndale Avenue South</u> City or town, state, and ZIP code <u>Minneapolis, MN 55420-1196</u>		B Filer's identifying number (see instructions). ☒ Employer identification number (EIN). <u>41-0580470</u> ☐ Social security number (SSN)			
C	Plan name	Plan number	Plan year ending -		
			MM	DD	YYYY
1	<u>The Toro Company Lawn-Boy Plymouth Hourly Employees' Retirement Plan</u>	004	09	30	2010
2	<u></u>				
3	<u></u>				

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until 07 / 15 / 2011 to file Form 5500 or Form 5500-EZ.

The application is **automatically approved** to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2 1/2 months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III **Extension of Time to File Form 5330** (see instructions)

2 I request an extension of time until / / to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax	
---	--	--

b Enter the payment amount attached	b
--	----------

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date **c**

3 State in detail why you need the extension

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ▶



Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

29077-134-80338-1 TE

410580470

RECEIVED

JUN 21 2011

Date of this notice: JUNE 13, 2011

Taxpayer Identifying Number:

41-0580470

Form: 5500/8955-SSA

Tax Period: SEP. 30, 2010

Plan Number: 004

For assistance you may call us at:

1-877-829-5500

Or you may write to us at the
address shown at the left.

001834.856454.0005.001 1 MB 0.390 375



THE TORO COMPANY
%PAULA GRAFF
8111 LYNDALE AVE S
BLOOMINGTON

MN 55420-1196

001834

APPLICATION FOR EXTENSION OF TIME TO FILE CERTAIN EMPLOYEE PLAN RETURN - DENIED

We received your Form 5558, Application for Extension of Time to File Certain Employee Plan Returns, for the return (form), plan number, and tax period identified above. However, we could not grant your request because it was not filed timely.

An extension of time to file your return is automatically granted if it is filed on or before the due date of your return. Your Form 5558 was not filed on or before the return due date and therefore your request could not be granted. You should keep a copy of this notice for your records.

You should now file your return by the due date to avoid any penalty and interest charges for late filing. If you believe you have reasonable cause for filing late, attach an explanation to your return when you file.

Additional Information

- If a tax practitioner or someone else prepared your form, you may want to give them a copy of this notice. (A copy was automatically sent to representatives authorized with a Power-of-Attorney for this form.)
- For tax forms, call 1-800-TAX-FORM (1-800-829-3676).
- For general information, tax forms, and publications, visit www.irs.gov. Employee Plan information is on the "Retirement Plans Community" tab.
- If you have questions about employee plans, call TEGE Customer Account Services at 1-877-829-5500.