

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small 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 section 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan PRODUCERS RETIREMENT PLAN TRUST	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 05/01/1993
2a Plan sponsor's name and address (employer, if for single-employer plan) DALHART CONSUMERS FUEL ASSOCIATION P.O. BOX 610 DALHART, TX 79022-0610	2b Employer Identification Number (EIN) 75-0223000
	2c Plan sponsor's telephone number 806-249-5695
	2d Business code (see instructions) 115110
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") DALHART CONSUMERS FUEL ASSOCIATION P.O. BOX 610 DALHART, TX 79022-0610	3b Administrator's EIN 75-0223000
	3c Administrator's telephone number 806-249-5695
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. Sponsor's name	4b EIN 4c PN
5a Total number of participants at the beginning of the plan year	5a 9
b Total number of participants at the end of the plan year	5b 8
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III	Financial Information
7 Plan Assets and Liabilities	
	(a) Beginning of Year (b) End of Year
a Total plan assets	7a 54124 66047
b Total plan liabilities	7b 0 0
c Net plan assets (subtract line 7b from line 7a).....	7c 54124 66047
8 Income, Expenses, and Transfers for this Plan Year	
	(a) Amount (b) Total
a Contributions received or receivable from:	
(1) Employers	8a(1) 7062
(2) Participants	8a(2) 0
(3) Others (including rollovers).....	8a(3) 0
b Other income (loss).....	8b 12171
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 19233
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 4031
e Certain deemed and/or corrective distributions (see instructions)....	8e 0
f Administrative service providers (salaries, fees, commissions).....	8f 2670
g Other expenses.....	8g 609
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h 7310
i Net income (loss) (subtract line 8h from line 8c).....	8i 11923
j Transfers to (from) the plan (see instructions)	8j

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I 3D

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	X		106
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	02/09/2011	JIM TURNER
	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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

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 PRODUCERS RETIREMENT PLAN TRUST		B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DALHART CONSUMERS FUEL ASSOCIATION		D Employer Identification Number (EIN) 75-0223000	
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 05 Day 01 Year 2009			
2 Assets:			
a Market value		2a	54124
b Actuarial value		2b	54124
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	4 43788
b For terminated vested participants		3b	4 26556
c For active participants:			
(1) Non-vested benefits		3c(1)	0
(2) Vested benefits		3c(2)	3304
(3) Total active		3c(3)	1 3304
d Total		3d	9 73648
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	6.43 %
6 Target normal cost		6	3500

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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>WILLIAM P. HELD,FCA,ASA,MSPA,MAAA</div> <div>Type or print name of actuary</div> <div>SHORE TOMPKINS ACTUARIAL RESOURCES</div> <div>Firm name</div> <div>2 N. RIVERSIDE PLAZA SUITE 1230 CHICAGO, IL 60606</div> <div>Address of the firm</div>	<div>10/05/2010</div> <div>Date</div> <div>08-04850</div> <div>Most recent enrollment number</div> <div>312-762-5958</div> <div>Telephone number (including area code)</div>
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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)	54	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	54	0
10	Interest on item 9 using prior year's actual return of <u>-17.40</u> %	-9	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.43</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	45	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	73.42 %
15	Adjusted funding target attainment percentage.....	15	73.42 %
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	67.63 %
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
08/07/2009	783	0	04/15/2010	783	0
09/01/2009	783	0	08/22/2010	14	0
10/13/2009	783	0			
12/02/2009	1567	0			
02/19/2010	1566	0			
03/16/2010	783	0			
			Totals ►	18(b) 7062	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 6790
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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.48 %	2nd segment: 6.48 %	3rd segment: 6.60 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 65
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	3500
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16578	3290
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	6790
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	6790
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	6790
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
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

PRODUCERS RETIREMENT PLAN TRUST - DALHART CONSUMERS FUEL ASSOCIATION

Schedule SB - Part VI, Line 26

EIN/PN: 75-0223000/001

Age	Years of Credited Service										Totals
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	1	0	0	0	0	0	1
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Totals	0	0	0	0	1	0	0	0	0	0	1

**PRODUCERS RETIREMENT PLAN TRUST
DALHART CONSUMERS FUELS ASSOCIATION
EIN/PN: 75-0223000/001
Schedule SB, Part V**

Summary of Actuarial Assumptions

Plan Year Ending April 30, 2010

	<u>For PPA Funding</u>	<u>For Actuarial Equivalence</u>
Interest Rates	Segment 1: 5.66% Segment 2: 6.48% Segment 3: 6.60%	Pre Retirement: 7.00% Post Retirement: 7.00%
Pre-Retirement		
Turnover	None	None
Disability	None	None
Mortality	Male-RP2000 Healthy Male Retiree Projected to 2016 with Scale AA Female-RP2000 Healthy Female Retiree Projected to 2016 with Scale AA	Male-1984 Unisex for Pensions Table setforward one year Female-1984 Unisex for Pensions Table setforward one year
Post-Retirement		
Mortality	Male-RP2000 Healthy Male Retiree Projected to 2016 with Scale AA Female-RP2000 Healthy Female Retiree Projected to 2016 with Scale AA	Male-1984 Unisex for Pensions Table setforward one year Female-1984 Unisex for Pensions Table setforward one year
Plan Expenses	\$3,500	

Assumed Benefit Form For Funding Life Annuity, 80% married, spouse 3 years younger

Calculated Effective Interest Rate 6.43%

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.00% of the market value of assets.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

▶ **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.

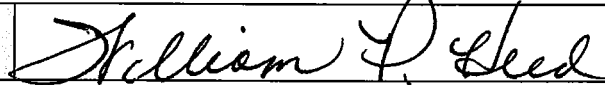
A Name of plan Producers Retirement Plan Trust		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Dalhart Consumers Fuel Association		D Employer Identification Number (EIN) 75-0223000
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>5</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	54,124	
b Actuarial value.....	2b	54,124	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	4	43,788
b For terminated vested participants	3b	4	26,556
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		3,304
(3) Total active	3c(3)	1	3,304
d Total.....	3d	9	73,648
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	6.43 %	
6 Target normal cost.....	6	3,500	

Statement by Enrolled Actuary

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

SIGN HERE		10/05/2010
Signature of actuary		Date
William P. Held, FCA, ASA, MSPA, MAAA		08-04850
Type or print name of actuary		Most recent enrollment number
Shore Tompkins Actuarial Resources		(312) 762-5958
Firm name		Telephone number (including area code)
2 N. Riverside Plaza, Suite 1230		
Chicago IL 60606		
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

Beginning of year carryover and prefunding balance		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	54	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	54	0
10	Interest on item 9 using prior year's actual return of <u>-17.40%</u>	-9	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.43%</u>		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	45	0

14	Funding target attainment percentage	14	73.42%
15	Adjusted funding target attainment percentage	15	73.42%
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	67.63%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(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
08/07/2009	783	0			
09/01/2009	783	0			
10/13/2009	783	0			
12/02/2009	1567	0			
02/19/2010	1566	0			
03/16/2010	783	0			
04/15/2010	783	0			
08/22/2010	14	0			
			Totals ▶	7062	0
			18(b)	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	6790

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.48 %2nd segment:
6.48 %3rd segment:
6.60 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

2

22 Weighted average retirement age**22**

65

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

3,500

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

16,578

3,290

b Waiver amortization installment**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**

6,790

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

36 Additional cash requirement (item 34 minus item 35)**36**

6,790

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

6,790

38 Interest-adjusted excess contributions for current year (see instructions)**38**

0

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

**PRODUCERS RETIREMENT PLAN TRUST
DALHART CONSUMERS FUELS ASSOCIATION
EIN/PN: 75-0223000/001
Schedule SB, Part V**

Summary of Major Plan Provisions

Plan Effective Date	May 1, 1987
Plan Year	From May 1, 2009 to April 30, 2010
Compensation	Highest 3 Consecutive Years of compensation over all service
Eligibility	All employees shall enter on the May 1 following completion of: Age 20 and 6 months with 6 Months of Service
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit: The first of the month following attainment of age 65 with 5 years of service
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: 1.2% of average compensation times years of service.
Early Retirement Age	All participants are eligible for unreduced early retirement upon Attainment of Age 55 with 15 Years of Service
Early Retirement Benefit	The benefit is actuarially reduced for early payment.
Normal Form of Benefit	Single life annuity with 120 months certain, Conversion to Qualified Joint and 50% Survivor required
Accrued Benefit	1.2% of average compensation times years of service to date.
Death Benefit	100 times the normal retirement benefit but no less than the monthly benefit for life of beneficiary based on the Qualified Joint and 50% Survivor. Optional 100% present value of Accrued Benefit.
Top-Heavy Minimum	2% of compensation per Plan Year of Service up to 10 years.
Vesting	5 Year cliff, 1000 hours required for a year of vesting service after age 18.

PRODUCERS RETIREMENT PLAN TRUST - DALHART CONSUMERS FUEL ASSOCIATION
EIN/PN: 75-0223000/001

Schedule SB, lines 32 - Schedule of Amortization Bases

Type of Base:	Original Amount	Amortization Amount	Present Value of	
			Amortization Amounts	Years Remaining
Shortfall 2009	(5,206)	(881)	(5,206)	7
Shortfall 2008	24,785	4,171	21,784	6
Total		3,290	16,578	

Dalhart Consumer Fuel Association Pension Plan

EIN: 75-0223000 Plan Number: 001

Schedule SB, Line 19 - Employer Discounted Contributions

Valuation Date 5/1/2009
Effective Interest Rate 6.43%
Amount of Quarterly Contribution \$ 1,112

Date	Amount	Adjusted Contribution	Additional Int	Total Discounted Contribution
8/7/2009	\$783	\$770	\$0	\$770
9/1/2009	\$783	\$767	\$1	\$766
10/13/2009	\$783	\$761	\$0	\$761
12/2/2009	\$1,566	\$1,510	\$0	\$1,510
2/19/2010	\$1,566	\$1,490	\$0	\$1,490
3/16/2010	\$783	\$742	\$0	\$742
4/15/2010	\$783	\$738	\$0	\$738
8/22/2010	\$14	\$13	\$0	\$13
Totals	\$7,062	\$6,791	\$1	\$6,790

Producers Retirement Plan Trust - Dalhart Consumers Fuel Association

EIN: 75-0223000, Plan No. 001

Schedule SB, Line 22 - Weighted Retirement Age

All participants assumed to retire at Normal Retirement Age of age 65 with 5 Years of Participation

<u>Normal Retirement Age</u>	<u>Number of Participants</u>	<u>Weights</u>
65	1	65
Total	1	65
Average	$= 65/1 = 65$	