Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HEALTH REIMBURSEMENT ARRANGEMENT

1b Three-digit plan number (PN) ▶ 535

1c Effective date of plan 01/01/2008

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
UNITED ELECTRIC COOPERATIVE SERVICE

P.O. BOX 16
CLEBURNE, TX 76033

2b Employer Identification Number (EIN)
75-2871400

2c Sponsor's telephone number
817-556-4034

2d Business code (see instructions)
221100

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.	07/23/2010	BRIDGET FORD
	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")
UNITED ELECTRIC COOPERATIVE SERVICE

P.O. BOX 16
CLEBURNE, TX 76033

3b Administrator's EIN
75-2871400

3c Administrator's telephone number
817-556-4034

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

5	Total number of participants at the beginning of the plan year	**5**	170
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**	162
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	162
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	162
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**	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4A 4D 4E

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		Trust
(4)	X	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)	X	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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SIGN HERE	Raymond Beavers	7/1/10	Raymond Beavers
	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")
UNITED ELECTRIC COOPERATIVE SERVICE

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(3)	Trust	(3)	Trust
(4) [X]	General assets of the sponsor	(4) [X]	General assets of the sponsor

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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)

Employer's Authorization of NRECA to file 2009 Form 5500 Annual Report

Name of Plan: Health Reimbursement Arrangement

Employer ID Number/Plan Number: 75-2871400/535

Plan Year: 2009

Part I Authorization of NRECA to Electronically Sign and File Annual Report

I hereby authorize the National Rural Electric Cooperative Association ("NRECA") to electronically sign and file the above-named Form 5500 Annual Report through EFAST2 (the electronic filing vehicle established by the Department of Labor).

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500 and provide a scanned copy in pdf form of the first two pages of the Form 5500 (including the executed signature page) to NRECA before the Form 5500 can be filed electronically;
- The completed electronic filing must include the first two pages of the Form 5500 return/report bearing the manual signature of the plan administrator;
- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the Form 5500 Annual Report posted by the Department of Labor (DOL) on the Internet for public disclosure purposes;
- NRECA will notify the individual signing below as Plan Administrator about any inquiries and information it receives from EFAST2, DOL or Internal Revenue Service this Form 5500 Annual Report; and
- NRECA will retain a copy of this written authorization in its records.
- NRECA shall not be deemed the Plan Administrator or other fiduciary with respect to the above-named Plan solely on account of the services performed pursuant to this authorization.

AUTHORIZATION AND SIGNATURE

I affirm that I am the plan administrator and certify that I have read and understand the contents of this authorization. This document authorizing NRECA to electronically sign and file the Form 5500 Annual Report is applicable only to the filing for the above-named Plan and applies only for the Plan year stated above.

Plan Administrator Signature: Raymond Beavers Date: 7/1/10

Print Name: Raymond Beavers