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Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 900 and its instructions is a strong the conditions of the conditions of

Open to Public

Intern	al Revenue	Service	► Info	rmation about Form 990 and	l its instructions is at w	/ww.irs.gov/	form990.			Inspection
A	For the 2	2015 calend	dar year, or tax year	beginning	, 2015	, and ending	J		,	
В	Check if ap	plicable	С			•	1	D Employ	er identi	fication number
	Addres	s change	Nolin Rural I	Electric Coope	rative Corp			61-	02945	540
	Name	change	411Ring Road	_	-		1	E Teleph		
	Initial	return	Elizabethtown	n, KY 42701				270	-765-	-6153
	Final return/terminated									
	Amend	led return					1	G Gross	eceipts \$	78,982,710
	Applica	ation pending	F Name and address of	principal officer		ŀ	I(a) Is this a	group retur		
			Same As C Abo	ove		ŀ	(b) Are all	subordinates	included	1 ² Yes N
П	Tax-exen	npt status		(c) (12) (insert r	no) 4947(a)(1) or	- 527	If 'No,' i	attach a list	(see inst	tructions)
J	Websit	· · · · -	w.nolin.com	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		——	(c) Group e	exemption n	µmber ►	
K	Form of o	organization	X Corporation Trus	st Association Ot	her L	Year of formatio	• • • • • • • • • • • • • • • • • • • •			egal domicile KY
Pa		Summan			I	· · ·		<u> </u>	_	
Ť	1 Bri	efly describ	oe the organization's	mission or most signif	ficant activities P	rovide e	lectr	ic ser	vice	on a
	pa	atronag	e basis to a	monthly averag	re of over 34	.400 cor	nsumer	'S.	1100	
2						7-1-21				
핕										-
Governance		eck this bo		nization discontinued it		osed of mor	e than 25	5% of its	net as	sets
				governing body (Part					3	
Š				embers of the governing		•			4	
Activities			of individuals emplo of volunteers (estim	yed in calendar year 2	015 (Part V, line 2a	1)			5	10
뒹			•	from Part VIII, column	(C) June 12				6 7a	0
۹				come from Form 990-T	• • •			-	7b	0
\dashv	D 110	·	Dusiness taxable in	come month onn 330 t	, iiic 3+		P	rior Year	,, <u>o</u>	Current Year
-	8 Co	ntributions	and grants (Part VII	I. line 1h)				TOI TOU		Ourient rear
Revenue			ice revenue (Part VI	80	80,360,775.		73,007,398			
ě	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							2,434,172		1,863,086
&			•	(A), lines 5, 6d, 8c, 9c,	•			,571,5		4,112,226
			•	gh 11 (must equal Par		ine 12)		,366,5		78,982,710
\dashv				(Part IX, column (A), li				7 0 0 0 7.0		
]	14 Be	nefits paid	to or for members (Part IX, column (A), Iır	ne 4).		5	,125,0	120.	3,818,427
-				ployee benefits (Part I		5-10)		, 356, 7		12,262,671
Expenses	16a Pro	ofessional f	fundraising fees (Pai	t IX, column (A), line	l 1e)			7.0007.	-	22/202/012
ĕ			•	X, column (D), line 25						
꿃					() <u> </u>	MEN	 			
				(A), lines 11a-11d, 11f	1) 14	, ,		,884,8		71,034,783
				must equal Part IX, co	: 47 A N = 0	2016	87	, 366, 5	42.	87,115,881
X 8	19 Re	venue less	expenses Subtract	line 18 from line 12	(O)		b	_		-8,133,171
lance	20 Ta	hal aaaala /	Don't V. Ivon 16)		L		Beginnin	g of Curren	t Year	End of Year
			Part X, line 16)		OGDE	N. UT		,061,3		185,817,730
Net As			s (Part X, line 26)		_		-0-	<u>, 418,1</u>	-	118,323,959
				tract line 21 from line 2	20		70	, 643,1	67.	<u>67,493,771</u>
Pa		<u>Signatur</u>								
Under	penalties	of perjury, I de- ration of prenai	clare that I have examined rer (other than officer) is ba	this return, including accompa ised on all information of which	nying schedules and state h preparer has any knowle	ments, and to the	ne best of m	y knowledge	and belu	ef, it is true, correct, and
	- 75.5	I ZZV	ichano	Painn	7	<i>u</i> -	1	Dell	70	
c:-	_	Signatur	re of officer	~. our			Da	te	17	,2016
Sig Her		ļ. , ,					D			,
HE	C		nael L. Mille print name and title	<u>r </u>			Presi	ident 8	x CEC)
			reparer's name	Preparer's signature		Date		0	7. 1	PTIN
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	parer	Firm's name								100000
JSE	Only	Firm's addre		FORD DRIVE				Firm's EIN		-1877201
		1,		I, KY 40509				Phone no	(859	
				eparer shown above? (<u></u>		Yes X No
BAA	For Pa	perwork R	eduction Act Notice	, see the separate inst	ructions.	TEEA	A0113L 10/	12/15		Form 990 (2019

Form	990 (2015) Nolin Rural Electric Cooperative Corp	61-02945	40	F	age 2
Par	Statement of Program Service Accomplishments				
	Check if Schedule O contains a response or note to any line in this Part III				Ш
1	Briefly describe the organization's mission				
	Provide electric service on a patronage basis to a monthly average	e of over	34,4	100	
	consumers.				
2	Did the organization undertake any significant program services during the year which were not listed on the prior	r			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O	_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	/ices?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O	_			
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	es, as measur	ed by	expen	ses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported	to others, the	total e	xpens	ses,
	and revenue, if any, for each program service reported				
	(Code) (Expenses \$ 83,297,454. including grants of \$) (Re	evenue \$			
4 4	Provide electric service on a patronage basis to a monthly average		24	100	
		e or over	-3 <u>4</u> <u>,</u> '	100	
	consumers.				
					-
	(Code) (Expenses \$ including grants of \$) (Re				
40	(Code) (Expenses V) (Ne	wende \$			—'
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10	(Code) (Expenses \$ including grants of \$) (Re	wenue \$			
70	(Code) (Expenses ψ) (No	.venue			
		-			
		-			
					. – – –
					. – – –
					. – – –
Δd	Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 83 297 454			<u>, </u>	

TEEA0102L 10/12/15

Form **990** (2015)

BAA

	rm 990 (2015) Nolin Rural Electric Cooperative Corp	61-0294540	F	Page :
Pa	art IV Checklist of Required Schedules	.	\	l Na
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Y Schedule A	'es,' complete	ļ	x
2	ls the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to ca for public office? If 'Yes,' complete Schedule C, Part I	andidates 3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 5 in effect during the tax year? If 'Yes,' complete Schedule C, Part II	501(h) election		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule	dues, e C, Part III 5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Si Part I			х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	he 7		х
8	B Did the organization maintain collections of works of art, historical treasures, or other similar assets? complete Schedule D, Part III	If 'Yes,'		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a cut for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotial services? If 'Yes,' complete Schedule D, Part IV			х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowmer permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	nts,		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, or X as applicable	, VIII, IX,		
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10 ⁹ If 'Yes,' complete D, Part VI	Schedule 11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	of its total		х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	of its total	Х	
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	reported 11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedu	ile D, Part X	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that ad the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Sche	dresses dule D, Part X 11f		х
12	2a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' comp Schedule D, Parts XI, and XII	olete 12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Y if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	/es,' and 1 12 b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, investment, and program service activities outside the United States, or aggregate foreign investment at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	ng, nts valued 14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistar foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	nce to or for any		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assist or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	stance to		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on F column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	Part IX,		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Palines 1c and 8a? If 'Yes,' complete Schedule G, Part II	art VIII,		х

19

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a² If 'Yes,' complete Schedule G, Part III

Part IV	<u>ૄ૾૽ૢ</u> ૄૢૢૢૢૢૢૢ૽૽ૼ C	hecklist	of Req	uired S	Schedules ((continued)

,	The state of the s		Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	racina	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		444 444 441	id. Kanan
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	_	х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
			. 000	/OO 1 F

Part	990 (2015) Nolin Rural Electric Cooperative Corp 61-0294540 V Statements Regarding Other IRS Filings and Tax Compliance		•	age
	Check if Schedule O contains a response or note to any line in this Part V			Γ
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 107			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3Ь		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If 'Yes,' enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			ł
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
ь	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders 11a 73,007,398.			l
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 2,498,365.			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year [12b]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	İ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14-		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No.' provide an explanation in Schedule O	14a		_^

Form 990 (2015) Nolin Rural Electric Cooperative Corp 61-0294540 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 6 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 See Schedule O X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O stockholders, or persons other than the governing body? Х 7 h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? Яa b Each committee with authority to act on behalf of the governing body? 8ь X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done

See Schedule O X 12c X 13 Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х b Other officers or key employees of the organization See Schedule O 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply |X| Another's website X Own website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Sara Roberson, VP Finance 411 Ring Road Elizabethtown KY 42701 270-765-6153

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)			-					
(A) Name and Title	(B) Average hours per	thar	Position (do not check m than one box, unless per is both an officer and director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(1) David Brown	3.7								•	
Chairman	0	X		X				17,682.	0.	0.
(2) Gene Straney	2.1									
Vice Chairman	0	X		Х				17,924.	0.	0.
(3) A.L. Rosenberger	2.3						'			
SEC/Treas	0	X	<u> </u>	Х	<u> </u>			18,202.	0.	0.
(4) Lawrence Ireland	2.4_									
Director	0	Х			ļ			18,542.	0.	0.
(5) Linda Grimes	4.6									
Director	0	X	Ш	<u> </u>	<u> </u>		_	21,532.	0.	0.
(6) Raymond Thomas	2.2								_	_
Director	0	Х	Ш	ļ	ļ	L_	Щ	19,137.	0.	0.
	40_				١					
President/CEO	0				Х			248,551.	0.	19,188.
_(8)_Vincent_Heuser	40_				١					
VP Operations/Engineering	0		_	ļ	X	<u> </u>		221,672.	0.	18,700.
(9) Richard Ryan	40				۱.,			100 150		44 506
VP Member Svcs	0	_	Н		X			129,150.	0.	44,586.
(10) O.V. Sparks	40				١.,			154 443	•	16 570
VP Admin/Finance	0		H		Х	_		154,443.	0.	16,579.
(11) Cheryl Thomas	40				.			115 410	0	45 005
VP Office Services	0				X	<u> </u>		115,419.	0.	45,895.
(12) Greg Harrington System Eng	$-\frac{40}{0}$				l	$ _{\mathbf{x}} $		109,993.	0.	45 420
(13) Donald Propes	40		\vdash		-	_		109,993.	U.	45,430.
Maintenance Super						x		109,377.	0.	8,336.
(14) David Cox	40	\vdash	\vdash	 	\vdash	<u> </u>	\vdash	109,377.	<u> </u>	0,336.
IT Manager	- -					x		100,548.	0.	41,775.
						1.4		100,040.	<u> </u>	31,113.

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TEEA0107L 10/12/15

Form 990 (2015)

Par	t VII Section A. Officers, Directors, Tri		ney	En		_	es,	and	a Hignest Com	pensated Emp	oyees (continued)
•		(B)			•	2)					
	(A)	Average	(do	not c	check	sition	e than	one	(D)	(E)	(F)
	Name and title	hours per week	offi	cer a	nd a	direct	is bot or/trus	tee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
		(list any hours	9 3	ls:	읓	6	Cm g	ਰੂ	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		for related	or direct	Ē	Officer	g	Š š	릙			organization and related
		organiza tions	호 호	mal		Key employce	io com				organizations
		below dotted	or director	nstitutional trustee		િલ	l g				
		line)	"	ee.			Highest compensated cmployee				
(3.5)							<u> </u>				
(15)_	David Johnston	_ 53 _	ł						107 476	0	25 522
(16)	Ft Knox Team Lead Robert Sands	53	├	-	\vdash	\vdash	X	\vdash	107,476.	0.	35,523.
7.0/_	Generation Super_	23-	ł				х		113,562.	0.	29,499.
(17)	deneration super	 	\vdash	\vdash	\vdash		\ <u>^</u>	-	113,302.		25,455.
<u> </u>			1				ĺ				
(18)	•				_	\vdash					
			1								
(19)											
						L.					
(20)							,				
4041				_	_	<u> </u>					
(21)		 	ļ								
(22)			ļ	\vdash	<u> </u>	⊢	├	<u> </u>			
(22)			ł								
(23)			H	\vdash	-	\vdash	 				
<u></u>			İ								
(24)			† •								_
·-		1	i				ļ				
(25)											_
										· · · · · · · · · · · · · · · · · · ·	
	Sub-total	_						-	1,523,210.	0.	305,511.
	Total from continuation sheets to Part VII, Secti	on A							0.	0.	0.
	Total (add lines 1b and 1c) Total number of individuals (including but not limited	to those I	ıctod	abo	· (a)	who	rocou	<u> </u>	1,523,210.	0.	305,511.
2	from the organization > 10	to those i	12fea	auu	ve) v	WIIO	recei	veu	more than \$100,00	o or reportable comp	ensation
	10										Yes No
3	Did the organization list any former officer, direc	tor or tru	ctaa	ko	, an	anlo	V00	or h	unhast compansat	ed employee	1.03
•	on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ial	, KC)	y C11	ipio	yee,	01 1	iignest compensat	led employee	3 X
4	For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	tion	and	oth	er compensation t	from	
	the organization and related organizations greate such individual	er than \$1	50,0	00'?	If 'Y	es'	com	plet	e Schedule J for		4 x
_			1	e_							4 X
5	Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' <i>comple</i>	isatic ete Sc	on tr chec	om dule	any J fo	unre or suc	elate ch p	ed organization or erson	individual	5 X
	ion B. Independent Contractors								=		
1	Complete this table for your five highest compen compensation from the organization Report compen	sated inde	epen	deni	t co	ntra	ctors	tha	it received more the	nan \$100,000 of	
	(A)	Sation ioi	uic c	aicii	uai	ycai	Cilui	119 1	(B)		(C)
	Name and business add	ress							Description of	of services	Compensation
											=
2	Total number of independent contractors (including t		ited to	o the	ose I	liste	d abo	ve)	who received more	than	
	\$100,000 of compensation from the organization										
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		Check if Schedule O	contains a r	esponse or note to	any line in this Part \	/IIL		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1 a	Federated campaigns		l a				
ran Curi	t	Membership dues		l b	_			
ع کے	c	Fundraising events		l c	7			
a it	c	Related organizations		1 d				
S, E	e	Government grants (contributi	ions)	l e				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, of similar amounts not included	grants, and above	l f				
E O	g	Noncash contributions included	d in lines 1a-1f	\$				
<u>a</u> <u>c</u>	t	Total. Add lines 1a-1f			•			
₽				Business Code				
Program Service Revenue	2 a	Sale electricity_		221000	69,153,306.	69,153,306.		
æ		Electric maintenan		221000	3,847,316.	3,847,316.		<u> </u>
ξ̈	C	Sale of electric a	pplianc_	221000	6,776.	6,776.		
ķ	d	1 						
æ	е	· 						
b		All other program service	ce revenue	L				
<u>_</u>	g	Total. Add lines 2a-2f			73,007,398.			
	3	Investment income (inc	luding divide	ends, interest and				
		other similar amounts)			1,863,086.			1,863,086.
	4	Income from investmen	it of tax-exe	npt bona proceeas				
	5	Royalties	(ı) Real	(ii) Personal				_
!	۵.	Gross rents	(i) Rear	(ii) Fersorial				
		Less rental expenses			_			
		: Rental income or (loss)	<u></u>		_			
		Net rental income or (loss)			_			
			(i) Securitie	s (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	() 3300	(1) (1)				
	b	Less cost or other basis and sales expenses.						
		: Gain or (loss)						
	d	Net gain or (loss)			•			
venue	8 a	Gross income from fund (not including \$		_ [
		of contributions reporte	d on line 1c	·	ļ.			
r R		See Part IV, line 18		a				
Other		Less direct expenses		b				
δ		: Net income or (loss) fro		·	•			
		Gross income from gan See Part IV, line 19	ning activitie	s a				
		Less direct expenses		b				
	C	: Net income or (loss) fro	om gaming a	ctivities	>			
	10 a	Gross sales of inventor and allowances	y, less returi	ns a				
	Ь	Less cost of goods sole	d	b				
	C	: Net income or (loss) fro		nventory	-			
		Miscellaneous Reven		Business Code				
	11 a	G&T_capital_credit		221000	3,476,947.			3,476,947.
		Patronage capital		221000	341,480.			341,480.
		Joint use attachme	nts	221000	301,794.			301,794.
		All other revenue		WKS	-7,995.			-7,995.
		Total. Add lines 11a-11			4,112,226.			
	12	Total revenue. See inst	tructions		78,982,710.	73,007,398.	0.	5,975,312.

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a i			ompiete column (A)	
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	_			
4	Benefits paid to or for members	3,818,427.	3,818,427.		
5	Compensation of current officers, directors, trustees, and key employees	982,254.	982,254.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	8,079,040.	8,079,040.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	0,013,010.	0,079,040.		
	èmployer contributions)	1,353,273.	1,353,273.		
	Other employee benefits	1,284,588.	1,284,588.		
10	,	563,516.	563,516.		
	Fees for services (non-employees)				
	Management		100 100		
	b Legal : Accounting	199,463.	199,463.		
	Lobbying	10,500.	10,500.		
	Professional fundraising services See Part IV, line 17				- T - T - T - T - T - T - T - T - T - T
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
13	Office expenses				·
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				-
19	Conferences, conventions, and meetings				-
	Interest	2,935,758.	2,935,758.		
	Payments to affiliates				
	Depreciation, depletion, and amortization	4,098,824.	4,098,824.		
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	422,303.	422,303.		
-	expenses on Schedule O)	E2 E1C 27C	E2 516 276		
	Cost of power	53,516,376.	53,516,376.	-	
	OUS Govt Settlement	6,823,032. 4,379,661.	6,823,032.		 -
	Distribution - operations Administrative and general	4,348,808.	4,379,661. 4,348,808.		
	All other expenses	-5,699,942.	-5,699,942.		
	Total functional expenses. Add lines 1 through 24e	87,115,881.	87,115,881.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X

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Balance Sheet

Form 990 (2015)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1,706,407. 4,170,546 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 11,189,552 4 7,979,448. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 63,652,919 7 64,189,767. Inventories for sale or use 8 1,156,628 1,077,448. Prepaid expenses and deferred charges 9 33,844 27,085. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 112,927,352 **b** Less accumulated depreciation 10b 43,172,359 65,051,823. 10 c 69,754,993. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 38,474,598. 34,829,836. 13 14 Intangible assets 14 15 Other assets. See Part IV. line 11 2,976,170 15 2,607,984. 16 Total assets. Add lines 1 through 15 (must equal line 34) 183,061,318 16 185,817,730. Accounts payable and accrued expenses 17 6,708,197 17 9,205,309. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 91,804,909 23 93,838,720. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 13,905,045 25 15,279,930. Total liabilities. Add lines 17 through 25 112,418,151 26 118,323,959. Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 X Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 276,825 30 275,020. Net Assets Paid-in or capital surplus, or land, building, or equipment fund -3,306,523 31 -3,125,347. Retained earnings, endowment, accumulated income, or other funds 73,672,865. 32 70,344,098. 33 Total net assets or fund balances 70,643,167. 33 67,493,771. Total liabilities and net assets/fund balances 34 183,061,318. 185,817,730.

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	· · · · · · · · · · · · · · · · · · ·	<u>-0294</u>	<u> 1540 </u>		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	78	3,9	82,7	710.
2	Total expenses (must equal Part IX, column (A), line 25)	2				881.
3	Revenue less expenses Subtract line 2 from line 1	3	-8	3,1	33,1	 L71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70), 6	43,1	 L67.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	9	1	1,9	83,7	775.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10	6	7,4	93,7	<u>771.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		<u> </u>			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		1	2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie	wed on	a			
	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			1	_	
	b Were the organization's financial statements audited by an independent accountant?			2 ь	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	arate				
	basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auditorial review, or compilation of its financial statements and selection of an independent accountant?	dit,		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!		3 a		<u>x</u>
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit	Γ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

	Nolin Rural Electric Cooper	61-0294540						
Pai	Organizations Maintaining Dono Complete if the organization ans	r Advised Funds or Other Similar Fu wered 'Yes' on Form 990, Part IV, line	nds or Accounts. e 6.					
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year).							
4	Aggregate value at end of year							
5	Did the organization inform all donors and dor are the organization's property, subject to the		donor advised funds Yes No					
6	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No							
Pai	Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 990, Part IV, line	e 7.					
1	Purpose(s) of conservation easements held by	the organization (check all that apply)						
	Preservation of land for public use (e g , r	ecreation or education) Preservation	of a historically important land area					
	Protection of natural habitat	Preservation	of a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the fo	p					
	Total analysis of annual state and annua		Held at the End of the Tax Year					
	a Total number of conservation easements		2a					
	b Total acreage restricted by conservation easements							
(Number of conservation easements on a certi-	ried historic structure included in (a)	2c					
•	Number of conservation easements included in structure listed in the National Register		2d					
3	Number of conservation easements modified, trar tax year ►	sferred, released, extinguished, or terminated by	the organization during the					
4	Number of states where property subject to conse	rvation easement is located >	<u></u>					
5	Does the organization have a written policy re and enforcement of the conservation easemer		andling of violations, Yes No					
6	Staff and volunteer hours devoted to monitoring,	nspecting, handling of violations, and enforcing o	onservation easements during the year					
7	Amount of expenses incurred in monitoring, insper ▶\$	cting, handling of violations, and enforcing conse	rvation easements during the year					
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i) Yes No					
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	conservation easements in its revenue and expe to the organization's financial statements that	nse statement, and balance sheet, and describes the organization's accounting for					
Pai	Organizations Maintaining Colle	ctions of Art, Historical Treasures, owered 'Yes' on Form 990, Part IV, line	r Other Similar Assets.					
1 8	alf the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	ld for public exhibition, education, or research in						
(b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items.	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	e statement and balance sheet works of art, erance of public service, provide the					
	(i) Revenue included on Form 990, Part VIII, line 1							
	(ii) Assets included in Form 990, Part X		- \$ <u></u>					
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to these items						
í	Revenue included on Form 990, Part VIII, line	1	. ►\$					
ļ	Assets included in Form 990, Part X		. ▶\$					

Part III Organizations Mainta				Other Similar Acc	
					<u> </u>
3 Using the organization's acquisition items (check all that apply)	n, accession, and other			e a significant use of its	collection
a Public exhibition		H	exchange programs		
b Scholarly research	rations	e U Other			
c Preservation for future gener		l avalora have those f	inthor the economication's	a avampt purposa in	
4 Provide a description of the organize Part XIII			-	, , ,	
5 During the year, did the organiza to be sold to raise funds rather the	han to be maintained	as part of the org	janization's collection	>	Yes No
Part IV Escrow and Custodia line 9, or reported an	amount on Form	Complete if th 990, Part X, Ii	e organization ans ne 21.	swered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, true on Form 990, Part X?				er assets not included	Yes No
b If 'Yes,' explain the arrangement	t in Part XIII and com	plete the following	g table		
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
 e Distributions during the year f Ending balance 				16	
2a Did the organization include an a	amount on Form 990	Part X line 21 fo	or escrow or custodial		Yes No
b If 'Yes.' explain the arrangement	·			, ,	→ "° H"
2 ,			French		
Part V Endowment Funds. C	complete if the or	ganization ans	wered 'Yes' on Fo	rm 990, Part IV, lir	ne 10.
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance					
Provide the estimated percentag	e of the current year	end balance (line	1g, column (a)) held	as	
a Board designated or quasi-endowm	nent •	[%]			
b Permanent endowment		_			
c Temporarily restricted endowmen		**			
The percentages on lines 2a, 2b, a	and 2c should equal 10	0%			
3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No					
(i) unrelated organizations.	· · · · · · · · · · · · · · · · · · ·				
(ii) related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the rela	-				3b
4 Describe in Part XIII the intender	. – <u> </u>	ation's endowmer	nt funds		
Part VI Land, Buildings, and					
Complete if the organ	ization answered	'Yes' on Form		11a. See Form 99	0, Part X, line 10.
Description of property		it or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	<u> </u>				
b Buildings	ļ <u>. </u>				
c Leasehold improvements	<u> </u>				
d Equipment	<u> </u>		112,927,352.	43,172,359.	69,754,993.
e Other	(-1)	000 P+ V		<u> </u>	60 751 000
Total. Add lines 1a through 1e (Colum	nin (a) must equal Fo	тт 990, Рап х, со	numn (B), line TUC)		69,754,993. ule D (Form 990) 2015
				Scriedi	2013 (OCC 11110 1) W 2013

Page 3

Part VII		Other Securities.	N	N/A	000 D IV I 10
, , , , , , , , , , , , , , , , , , ,), Part IV, line 11b. See Fo	
		gory (including name of security)	(b) Book value	(c) Method of valuation Cost o	r end-of-year market value
	ial derivatives				
	-held equity interes	ts			
(3) Other					
(A)			<u>-</u>		
(B)	- 	-			
(C)					
(D)		-			
<u>(E)</u>					
<u>(F)</u>		-			
(G)					
(H)					
<u>(l)</u>					
		90, Part X, column (B) line 12)			
Part VIII	Investments —	Program Related.	'Vas' on Form 990), Part IV, line 11c. See Fo	rm 000 Port V June 12
	(a) Description of		(b) Book value	(c) Method of valuation Cost of	
(1)	(a) Description of	Trivestillerit	(b) book value	(c) Welliod of Valuation Cost of	il eliu-ol-year market value
(1)					
(2)	_				
(3)					
<u>(4)</u>					
(5)					
(6)	· <u> </u>				
(7)					
(8)					.
(9)					
(10)	an (h) must navel Form (l	90, Part X, column (B) line 13)	38,474,598.		
Part IX	Other Assets.	o, Part X, Columni (B) line 13)	N/A		
raitix	Complete if the	e organization answered	'Yes' on Form 990), Part IV, line 11d. See Fo	rm 990, Part X, line 15.
		(a) Desc			(b) Book value
(1)					
(2)		<u>-</u>			
(3)					- :-
(4)	···				
(5) (6)					
(7)					
(8)					
(9)	<u>-</u>				
(10)	······································				
Total. (Co	lumn (b) must equa	l Form 990, Part X, column (B)) line 15)		•
Part X	Other Liabilitie		, , , , , , , , , , , , , , , , , , ,		
	Complete if the org	janization answered 'Yes' on Fo	rm 990, Part IV, line 1	le or 11f. See Form 990, Part X, Iı	ne 25
		tion of liability	(b) Book value		
	ral income taxes				
	rued expense:		1,708,28		
		tretirement benefit			
	sumer advance	es for construction	329,14		
	rt term note:		2,349,99 4,000,00	4.	
(7)	re cerm noce.	s payable	4,000,00	<u> </u>	
(8)			 	 	
(9)				 	
(10)					
(11)					
	nn (b) must equal Form 9	90, Part X, column (B) line 25)	► 15,279,93	0.	
				nancial statements that reports the organization	zation's liability for uncertain
		Check here if the text of the footnote ha			, I

Schedule D (Form 990) 2015 Nolin Rural Electric Cooperati	ve Corp	61-0294	540 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12	a.	
1 Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1	78,982,710.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	<u> </u>	2 e	
3 Subtract line 2e from line 1		3	78,982,710.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12)	5	78,982,710.
Part XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered 'Yes' on Form	-	•	
Total expenses and losses per audited financial statements	·· ··	1	87,115,881.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a	 	
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	•	2 e	
3 Subtract line 2e from line 1		3	87,115,881.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990. Part VIII, line 7b	4 a	i l	

Part XIII Supplemental Information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

b Other (Describe in Part XIII)

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

4 b

4 c

5

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

2015

Employer identification number

Department of the Treasury Internal Revenue Service

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

61-0294540 Nolin Rural Electric Cooperative Corp **Questions Regarding Compensation** Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors. trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? Δa b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III, Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 a b Any related organization? 5 b If 'Yes' to line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6 a b Any related organization? 6 b If 'Yes' on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III 8 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Nolin Rural Electric Cooperative Corp Schedule J (Form 990) 2015

Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

61-0294540

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	tagangartag (2)	(A) Mondanda	And Total of	
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	(E) Total of columns(B)(I)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
Michael Miller	Ξ	248,551.	0.	0	0.	19,188.	267,739.	
1 President/CEO	<u>(ii)</u>		0.	0.	0	io i	lo	†
Vincent Heuser	Θ	221,672.	0	0.	0.	18,700.	240,372.	0
s/Engineering	(ii)	 		0.	0	 	.0	0.
Richard Ryan	ω	129,150.	-0	0	0	44,586.	173,736.	0.
VCS	€		0.	0.	0.	l		0.
	Θ	154,443.	0	0	0.	16,579.	171,022.	
nance	€			0.	0.		0	
Cheryl Thomas	Θ	115,419.	0	0.	0	45,895.	161,314.	0.
ces	€			0.	0.	10 1	10 	0.
Greg Harrington	ε	109,993.	0 0	0	0.	45,430.	155, 423.	0.
6 System Eng	€	 	0	0.	0	0	10 -	0.
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13	€							
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15	€							
	€ (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1			 	
BAA			TEEA4102L 10/26/15	15			Schedule J	Schedule J (Form 990) 2015

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BAA

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Nolin Rural Electric Cooperative Corp

61-0294540

Employer identification number

Form 990, Part IX, Line 4 - Benefits paid to or for members

Represents patronage capital allocated to members in accordance with the bylaws of the Cooperative. This reporting results in a difference between book income and income reported on the Form 990 by the same amount.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Nominating committee meets every year to select member to run for director.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Nominating committee meets every year to select member to run for director.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Articles of Incorporation can only be changed by at least a 2/3 majority vote of the members. The Bylaws may be amended at any regular or special meeting of the Board of Directors, with a majority vote.

Form 990, Part VI, Line 11b - Form 990 Review Process

Directors are furnished a draft copy of the 990 prior to filing. May make inquiries of information contained in the filing. Additionally, directors meet with the independent auditor in a closed session and are able to ask questions at that time.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

A questionnaire is prepared by each director and key employee on an annual basis.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

15.a and b. The Board receives compensation data from both local and national surveys. The Board uses this data, along with a performance review, to set compensation. Each Director evaluates the President/CEO performance annually. The Board has used, and occassionally does, use an independent Human Resource consulting firm to review the compensation and process.

Name of the organization

Nolin Rural Electric Cooperative Corp

Employer identification number 61-0294540

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Articles of Incorporation and Bylaws are given to each new member. Annual financial statements and information is given to each member through a member magazine, at the annual membership meeting, and the are available on the Kentucky Public Service Commission website.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Comprehensive income-postretirement ben				
Margins allocated to members				
Memberships issued				
Other equities				
Refunds of capital credits				

	Ś	181,176.
	•	3,818,427.
		-1,805.
		1,186,688.
		-200,711.
Total	\$	4,983,775.