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For Paperwork Reduction Act Notice, see the separate instructions.

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Inter		ue Service	► The organization may ha	ve to use a copy of this return to satisfy st	ate reporti	ng require	ements.	Inspe	ection
A	For the	2010 cale	endar year, or tax year beginnir	, 2010, and	ending			, 20	
В	Check if	applicable	C Name of organization Kenergy	Corp.			D Emplo	yer identificati	on number
	Address	change	Doing Business As					61-1345109	j
	Name ch	nange	Number and street (or P O box if ma	ail is not delivered to street address) Ro	om/suite		E Teleph	one number	
	Initial ret	_	6402 Old Corydon Road			- 1		800-844-483	2
	Terminat	ted	City or town, state or country, and	ZIP + 4					
	Amende	d return	Henderson, KY 42420-9392			1	G Gross	receipts \$	402,599,456
		ion pending	F Name and address of principal of	officer		l(a) Isthisa	aroup retur		F73
-					I	l(b) Are al			Yes No
ī	Tax-exe	mpt status	501(c)(3)	(c) ( 12 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐	527			a list (see instru	
			w.kenergycorp.com	(4)( 12 ) ( (4)(4) (4)				on number	,
	_	organization	<del></del>	ociation ✓ Other ► Cooperative L Year o	f formation	1999	<del></del>	e of legal domic	ile <b>KY</b>
	art I	Summ		L rear o	TOTTIALION		1.00	o or logul dornio	
	1		· · · · · · · · · · · · · · · · · · ·	ssion or most significant activities: P	rovide ou	r membe	rs value	through the	delivery of
	'	-	y in a safe, reliable and enviror				·········	dirough the	actively of
8			y a 32.0, reliable and environ	and the state of t					· <b></b>
īğ									
Activities & Governance	2	Check th	us box	continued its operations or disposed of more that	n 2504 of ito	not accete			
Ĝ	3		•			HEL doores	1	I	44
<b>∞</b> 5							3		11
ijes	4			ers of the governing body (Part VI, line			4		8
Ξ	5		• •	in calendar year 2010 (Part V, line 2a)	)		5		148
Ä	6		mber of volunteers (estimate i	**			6		0
	7a			n-Part.VIII, column (C), line 12			7a		167,881
	b	Net unrei	lated business taxable incom	e from Form 990-T,/line/34	<u> </u>	<u> </u>	7b		160,029
	_	Prior Ye							t Year
ē	8		tions and grants (Part VIII, Im			0		0	
Revenue	9		service revenue (Part VIII, liกุ่			349,	017,037	4	100,250,436
ۿ	10		ent income (Part VIII, column		٠ ـــــــ		986,449		1,110,557
_	11			nes 5-6d-8c, 9c, 10c, and 11e)			764,431		833,115
	12			(must equal Part VIII, column (A), line 1	2)	350,	767,917		402,194,108
	13		nd sımilar amounts paid (Parl				0		0
	14	Benefits	paid to or for members (Part	IX, column (A), line 4)	·		0		0
ထ္	15	Salaries,	other compensation, employed	e benefits (Part IX, column (A), lines 5-10	0)	10,	121,825		10,896,713
Expenses	16a	Profession	onal fundraising fees (Part IX,	column (A), line 11e)			0		0
×	b	Total fun	draising expenses (Part IX, co	olumn (D), line 25) ▶					
ш	17	Other exp	penses (Part IX, column (A), li	ines 11a-11d, 11f-24f)		337,	706,174		385,425,290
	18	Total exp	penses. Add lines 13-17 (mus	t equal Part IX, column (A), line 25)		347,	827,999		396,322,003
	19	Revenue	less expenses. Subtract line	18 from line 12		2,	939,918		5,872,105
Net Assets or Fund Balances	1		<del></del> <del></del>		Begini	ning of Cur	rent Year	End of	Year
sets Han	20	Total ass	sets (Part X, line 16)			238,	166,556	2	244,161,829
₹ P	21	Total liab	oilities (Part X, line 26)			180,	180,773	1	178,980,413
울	22	Net asse	ts or fund balances. Subtract	line 21 from line 20		57,	985,783		65,181,416
Pa	art II	Signat	ture Block			•			
Un	der pena	Ities of perju	ry, T declare that I have examined thi	s return, including accompanying schedules and	statements	and to th	e best of	my knowledge	and belief, it is
tru	e, correc	t, and compl	lete Declaration of preparer (other the	an officer) is based on all information of which pr	reparer has a	any knowle	edge /	1	
			Kin Ma / Uh	uh			4/2	5/11	
Sig	n	Sign	ature of officer			Date	e /		
He	re	Sa	anford Novick, Pres	ident & CEO					
			e or print hame and title						
D-		Pnnt/Ty	pe preparer's name	Preparer's signature	Date		Chastel	PTIN _	
Pa		_					Check self-em		
	epare		name 🕨	<u>, , , , , , , , , , , , , , , , , , , </u>		Firm	's EIN ▶		
US	e Onl	y ——	address >			_	ne no.		
Ma	v the IF			r shown above? (see instructions)	<del></del>	I FIIOI	ic rio.		Voc 🗆 No

Form **990** (2010)

Cat No 11282Y

Form 99	0 (2010)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part I	
1	Briefly describe the organization's mission:	
•	Provide our members value through the delivery of electricity in a safe, reliable and	environmentally responsible manner.
2	Did the organization undertake any significant program services during the year prior Form 990 or 990-EZ?	r which were not listed on the
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in hoservices?	ow it conducts, any program
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to others, the total expenses, and revenue, if any, for each program service report	o report the amount of grants and allocations to
4a	(Code: 221000 ) (Expenses \$ 396,322,003 including grants of \$ A total of 58,792 services in place on December 31, 2010.	) (Revenue \$ 401,393,461 )
4b	(Code:) (Expenses \$including grants of \$	) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$	) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 396,322,003	

Part	Checklist of Required Schedules			
	1	F	Yes	No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			,
•	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	·	1
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	•	1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b>√</b>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
<sub>.</sub> 12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23	1	
24a	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 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	<b>√</b>	✓
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	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	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			
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			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	1	
			000	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			. [
			Yes	No
1à	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   40			
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?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 148			١.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	
4a	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		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	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?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
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	- <u>-</u>		
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	٠.		,
		7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		1
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<b>✓</b>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			-
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
a	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.			_
b	Enter the amount of reserves the organization is required to maintain by the states in which			

Did the organization receive any payments for indoor tanning services during the tax year? . . . .
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .

14a 14b

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang	-		
	O. See instructions.  Check if Schedule O contains a response to any question in this Part VI			. 🔽
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			ļ
р 2	Enter the number of voting members included in line 1a, above, who are independent .   1b 8	4		
_	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?	-	1	ļ
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	-	ļ .
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Does the organization have members or stockholders?	6	1	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		_	
	of the governing body?	7a	/	<del> </del>
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	1	<del> </del>
•	the year by the following:		]	
а	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	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	Щ,	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	— <u> </u>	
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such	10a	<b>-</b>	<b>✓</b>
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	100	,	
_	rise to conflicts?	12b	<b>-</b>	
С	describe in Schedule O how this is done.	12c	1	
13	Does the organization have a written whistleblower policy?	13	7	
14	Does the organization have a written document retention and destruction policy?	14	1	
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?			ļ
а	The organization's CEO, Executive Director, or top management official	15a		ļ
ь	Other officers or key employees of the organization	15b	✓	<u> </u>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			1
	with a taxable entity during the year?	16a		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	1.50		- <b>`</b>
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None	·		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	s only	y) ava	ııable
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of inte	rest n	olicv.
	and financial statements available to the public.			, ,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	)	
	organization: ► Kenergy Corp., 3111 Fairview Drive, Owensboro, KY 42303			
	Contact: Steve Thompson (800)844-4832			

	(2010)	

Page 7

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

Check if Schedule O contains a response to any question 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."

Chock this boy if pathor the arrapization per any related arrapization assessed any animat efficient director

- 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 no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Glenn Cox	10	1						11,776	None	None
(2) William Denton	- 6	1						11,476	None	None
(3) Larry Elder	- 4	1						11,400	None	None
(4) Allan Eyre	10	1						14,550	None	None
(5) Chris Mitchell, Chairman	25	1						14,700	None	None
(6) Randy Powell	10	1						12,450	None	None
(7) Billy Reid	- 7	1						11,850	None	None
(8) John Warren, Vice Chairman	20	1						12,826	None	None
(9) Bob White	7	/						12,600	None	None
(10) Brent Wigginton	- 8	1						14,550	None	None
(11) Sandra Wood, Secretary-Treasurer	15	1						13,800	None	None
(12) Marion Cecil, Director Emeritus	- 2						1	500	None	None
(13) Royce Dawson, Director Emeritus	- 2						1	7,826	None	None
(14) R. C. Johnson, Director Emeritus	2						1	400	None	None
(15) Sanford Novick, President & CEO	- 55			1	1	·		234,156	None	37,596
(16) Debra Hayden, Assistant Secretary	50			1				73,580	None	20,846

Part		1	Emplo	oyee			Highe	est	T -		inuea)			
	(A)	(B)			-	<b>C)</b>			(D)	(E)	_	(F)		
	Name and title	Average hours per	Posit	ion (d		k all 1	that ap		Reportable compensation	Reportable compensation from		stima moui		
		week	Individual trustee or director	l ng	Officer	<b>₹</b>	Highest compensated employee	Former	from	related	_ ~	oth		
		(describe	lire v	Institutional trustee	Cer	Key employee	oloy	) a	the	organizations			satio	n
		hours for related	호호	١١		횽	88	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom	tne ation	
		organizations	L C	=		ye.	<del> </del>		(***2 1099-141130)				lated	
		ın Schedule	ee ee	ıste		-	30.00				org	anız	ations	s
		O)		8			i ted							
(17) St	eve Thompson, Chief Financial Officer	50							133,110	None	-		A.	7,509
(40) 0		30		_	✓	_			133,110	None				
(18) Ge	rald Ford, Vice President - Operations	55					1		134,249	None			54	4,022
(19) Jo	hn Newland, Vice President - Engineering	45					1		132,437	None			50	0,984
(20) Ke	ith Ellis, Vice President - Human Resources	50					1		116,801	None			30	0,374
(21) Ric	chard Payne, District Manager						<u> </u>							
32		50					✓		110,983	None			41	1,891
(22) Do	nnie Phillips, District Manager	55					1		107,304	None			42	2,524
(23)												-		
(24)														
(25)														
(26)														
(27)	······································													
(28)														
1b	Sub-total			•				<b></b>	734,884				267	7,304
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	458,440				58	8,442
d	Total (add lines 1b and 1c)	<u> </u>						<b>&gt;</b>	1,193,324				325	5,746
2	Total number of individuals (including but			iose	e list	ed	above	e) w	ho received m	ore than \$100,00	00 in			
	reportable compensation from the organ	zation ► 1	0									<del></del>		
3	Did the organization list any former of	fficer direc	tor o	r tr	nete		kov c	m	Novee or high	eet compensate	м <u>Г</u>	╀	'es	No
•	employee on line 1a? If "Yes," complete										3	- -		1
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation from th		+	$\dashv$	
	organization and related organizations													
	individual	<i>.</i>									4	I.	/	
5	Did any person listed on line 1a receive of									ation or individu				لب
Coatio	for services rendered to the organization	r ir "Yes," c	отрі	ete	SCI	ieat	ile J T	or s	sucn person		5			✓
1	on B. Independent Contractors  Complete this table for your five highest	compensat	ed inc	deni	end	ent	contr	acti	ors that receive	ed more than \$10	າດ ດດດ	of		<del></del>
	compensation from the organization.			лор. ——			COITE	ac.	ors that receive					
	(A) Name and business add	ress							(B) Description of s	ervices	(Compe	C) nsati	on	
Towns	end Tree Service, PO Box 128, Parker City,	N 47368						Tre	e Trimming			3,69	<b>30,</b> 74	43.79
	n E. Groves Construction, Inc., PO Box 1205			42	431			-	wer Line Constr	uction				30.76
	se Utility Services Inc., 980 Ellicott Street, Bu		4209						le Inspections					26.74
	ix Electric, Inc., PO Box 297, Clay, KY 42404				~ -	222		_	wer Line Constr	uction				18.76
2	Total number of independent contractor								ter Testing	ove) who	-		31,65	57.68
2	received more than \$100,000 in company							, u	iose listen ani	OVE) WITO				ļ

Part VIII		Statement of Revenue											
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
grants	1a	Federated campaigns	s <b>1a</b>										
gran	ь	Membership dues .	1b										
s, g	С	Fundraising events .	1c										
gifts, lar an	d	Related organizations	s <u>1d</u>										
ns, ini	е	Government grants (con											
er s	f	All other contributions, g											
tributions, gifts, grants other similar amounts		and similar amounts not inc											
Contributions, and other simi	g	Noncash contributions includ											
	h	Total. Add lines 1a-1	<del>1</del>	Business Code									
ž.	2-	Cala of alastriaity to m		221000	400 250 426	400 250 426		<del></del>					
36	2a b	Sale of electricity to m		221000	400,250,436	400,250,436							
Program Service Revenue	C												
eΖi	ď												
S	e		·					-					
ga	f	All other program ser						=					
<b>P</b>	g	Total. Add lines 2a-2		<b>&gt;</b>	400,250,436								
	3	Investment income	(including divid	ends, interest,									
		and other similar amo	ounts)	▶	1,199,110	1,199,110	0	0					
	4	Income from investmen	•	•	0	0	0	0					
	5	Royalties	· · · · ·		0	. 0	0	0					
	_		(i) Real	(ii) Personal									
	6a	Gross Rents	2,520	796,097									
	b	Less: rental expenses	2,520	706 007									
	C d	Rental income or (loss)  Net rental income or (			798,617	2,520	163,331	632,766					
	7a	Gross amount from sales of	(IOSS)	(ii) Other	730,017	2,320	103,331	032,700					
		assets other than inventory	(,,	27,111									
	ь	Less: cost or other basis			ļ								
		and sales expenses	1	115,664									
	С	Gain or (loss)		(88,553)									
	đ	Net gain or (loss) .			(88,553)	(88,553)	0	0					
evenue	8a	Gross income from fuevents (not including \$	undraising										
₾.		of contributions reporte	ed on line 1c).										
Other		See Part IV, line 18 .	···a	0									
₹	b	Less: direct expenses		L									
	С	Net income or (loss) f		events . >	0		0	0					
	9a	Gross income from ga						}					
	١.	See Part IV, line 19 .											
		Less: direct expenses											
	1	Net income or (loss) f Gross sales of in		villes	0	0	0	0					
	102	returns and allowance		306,017									
	ь	Less: cost of goods s	· · · · ·										
	c	Net income or (loss) f			17,200	17,200	0	0					
		Miscellaneous R		Business Code		ii							
	11a	Telephone and interne	et	517000	17,447	12,562	4,885	0					
	ь	Wireless ISP		517000	(335)	0	(335)	0					
	С												
	d	All other revenue .		900099	186	186	0	0					
	12	Total. Add lines 11a- Total revenue. See in		🟲	17,298	404 202 404	457 004	222 222					
	12	i otal revenue. See II	istructions	🟲	402,194,108	401,393,461	167,881	632,766					

#### Part IX Statement of Functional Expenses

All other expenses

Total functional expenses. Add lines 1 through 24f

Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

f

25

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . . Ω Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . n 4 Benefits paid to or for members . . . . 0 Compensation of current officers, directors, trustees, and key employees . . . . . 658,640 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 6,507,260 7 Other salaries and wages . . . . Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . 1,532,999 9 Other employee benefits . . . . . . 1,694,646 503,168 10 Payroll taxes . . . . . . . . . . . . Fees for services (non-employees): 11 Management . . . . . . . . 74,825 b Accounting . . . . . . . . . . . . 36.500 Lobbying . . . . . . . . . . . . d 0 Professional fundraising services See Part IV, line 17 0 Investment management fees . . . . . Other . . . . . . . . . . . . . . . 0 a Advertising and promotion . . . . . . 12 0 0 Office expenses . . . . . . . . . . 13 14 Information technology . . . . . . . 0 0 15 Occupancy . . . . . . . . . . . . 0 16 0 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0 0 Conferences, conventions, and meetings 19 6,367,024 20 Payments to affiliates . . . . . . . . 21 22 Depreciation, depletion, and amortization . 8,213,079 23 Insurance . . . . . . . . . . . . Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) Cost of Electricity Sold to Members 360,860,156 1) See Attached Schedule O b 9,873,706 C d

396,322,003

Р	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	5,752,057	2	8,673,845
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	44,536,958	4	46,517,256
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	F		
S	6	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)	ı	6	0
Assets	7	Notes and loans receivable, net	0	7	<u>~</u>
Ass	8	Inventories for sale or use	2,493,007	8	2,399,608
	9	Prepaid expenses and deferred charges	784,690	9	757,520
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			737,320
	b	Less: accumulated depreciation 10b 66,837,16		100	179,174,556
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	564,852	12	403,896
	13	Investments—program-related. See Part IV, line 11	6,542,268	13	6,235,148
	14	Intangible assets	0	14	0,200,110
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	238,166,556	16	244,161,829
_	17	Accounts payable and accrued expenses	42,903,167	17	44,296,516
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	133,279,836	23	131,197,121
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	3,997,770	25	3,486,776
	26	Total liabilities. Add lines 17 through 25	180,180,773	26	178,980,413
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	0	27	0
Ba	28	Temporarily restricted net assets	0	28	0
Net Assets or Fund Balance	29	Permanently restricted net assets	0	29	0
ĮŞ	30	Capital stock or trust principal, or current funds	0	30	0
98	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds .	57,985,783	32	65,181,416
let.	33	Total net assets or fund balances	57,985,783	33	65,181,416
_	34	Total liabilities and net assets/fund balances	238,166,556	34	244,161,829

Form **990** (2010)

Par					
	Check if Schedule O contains a response to any question in this Part XI				. 🗸
ì	Total revenue (must equal Part VIII, column (A), line 12)	111		402,19	4.108
2	Total expenses (must equal Part IX, column (A), line 25)	2		396,32	
3	Revenue less expenses. Subtract line 2 from line 1	3			2,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		57,98	5,783
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-	1,32	3,529
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		65,18	1,416
Part					. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain ir	ī		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	·	
b	Were the organization's financial statements audited by an independent accountant?			1	•
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			+	
·	of the audit, review, or compilation of its financial statements and selection of an independent account	•		1	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	oplain ir	י ו		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were	•		
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1		
	the Single Audit Act and OMB Circular A-133?		3a	ŀ	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo the	•		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		<u> </u>
			For	m <b>990</b>	(2010)

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Kener	gy Corp.		61-1345109
Par	Organizations Maintaining Dono	or Advised Funds or Other Similar F	unds or Accounts. Complete if the
	organization answered "Yes" to Fo	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Donor advised funds	(b) Fullus and other accounts
	Total number at end of year		
2 3	Aggregate contributions to (during year) .		
	Aggregate grants from (during year)	<del>-</del> -	
4 5	Aggregate value at end of year Did the organization inform all donors and	donor advisors in writing that the asset	s hold in donor advised
3	funds are the organization's property, subject	ct to the organization's exclusive legal co	ntrol? 🗌 Yes 🗒 No
6	Did the organization inform all grantees, do only for charitable purposes and not for the conferring impermissible private benefit?		or for any other purpose
Par	Conservation Easements. Comp	lete if the organization answered "Ye	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held I		
2	☐ Preservation of land for public use (e.g., land protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization of the last day of the tay year.	☐ Preservation	n of a certified historic structure
	easement on the last day of the tax year.		Hold at the Ford of the Toy Veen
	Total accept on a financial control of the control		Held at the End of the Tax Year
a	Total number of conservation easements .		
b	Total acreage restricted by conservation eas		
c d	Number of conservation easements on a cer Number of conservation easements includ historic structure listed in the National Regis	ed in (c) acquired after 8/17/06, and n	
3	Number of conservation easements modified tax year ▶		
<b>4</b> <b>5</b>	Number of states where property subject to Does the organization have a written pol violations, and enforcement of the conservations.	icy regarding the periodic monitoring,	
6	Staff and volunteer hours devoted to monito		
7	Amount of expenses incurred in monitoring,  \$ \bigs\\$	inspecting, and enforcing conservation e	asements during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement	ts of section 170(h)(4)(B)
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation e	e text of the footnote to the organization's asements.	financial statements that describes the
Part		ections of Art, Historical Treasures, vered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted und works of art, historical treasures, or other public service, provide, in Part XIV, the text of	similar assets held for public exhibition,	education, or research in furtherance of
b	If the organization elected, as permitted ur works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition,	
2	(i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X If the organization received or held works followed a second or held works.	of art, historical treasures, or other sim	▶ \$ ilar assets for financial gain, provide the
a	following amounts required to be reported u Revenues included in Form 990, Part VIII, lin		

Page 2
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Part										
3	Using the organization's acquisition,	accession, and of	ther reco	rds, o	check any of th	e follow	ring that are a	significar	nt use	e of its
	collection items (check all that apply):									
а	<ul> <li>Public exhibition</li> </ul>		d		Loan or exchai	nge pro	grams			
b	☐ Scholarly research		е		Other					
C	☐ Preservation for future generatio									
4	Provide a description of the organizat XIV.	tion's collections	and expla	aın h	ow they further	the org	anization's exe	mpt purp	ose	ın Part
5	During the year, did the organization								_	
	assets to be sold to raise funds rather									□ No
Part	line 9, or reported an amoun					answer	red "Yes" to F	orm 990	), Pa	π IV,
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_	<b>7</b> 00	□ No
b	If "Yes," explain the arrangement in Pa							о.	<b>C</b> 3	
	ii res, explain the analigement iii r	art Arv and comp	iete tile it		ing table.		Τ ,	Amount	· · ·	
С	Beginning balance					1c				
d	Additions during the year					1d	<del>                                     </del>			
e	Distributions during the year					1e	<del></del>			
f	Ending balance					1f	+			
2a	Did the organization include an amour								/es	□No
	If "Yes," explain the arrangement in Pr		art X, iii k							
Pari			zation ar	ารพย	red "Yes" to F	orm 9	0. Part IV. lin	e 10.	<u> </u>	
		(a) Current year		or yea			(d) Three years bad		ır year	s back
1a	Beginning of year balance		<del> </del>		1			<del></del>		
b	Contributions		-							$\overline{}$
c	Net investment earnings, gains, and losses								**	
d	Grants or scholarships				-			-	,	
e	Other expenditures for facilities and									
•	programs					ĺ				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	he vear end halar	nce held a	as.	<u> </u>					'
a	Board designated or quasi-endowmer	nt 🕨	%	۵0.						
b	Permanent endowment ►	%	/							
c	Term endowment ▶ %									
-	Are there endowment funds not in the		he organi	izatıo	n that are held	and adi	ministered for t	he		
	organization by:		5						Yes	No
	(i) unrelated organizations							3a(i)		1
	(ii) related organizations							3a(ii		+
ь	If "Yes" to 3a(ii), are the related organi	zations listed as i	required (	on Sc	chedule R? .			3b		
4	Describe in Part XIV the intended uses		•							
Part	VI Land, Buildings, and Equip	ment. See Forr	n 990, P	art X	(, line 10.					
	Description of investment	(a) Cost or o	ther basis		Cost or other basis (other)		Accumulated epreciation	(d) Bo	ok val	ue
	Land	.		t	1,371,566				1.3	71,566
ь	Buildings			T	7,260,344		3,039,470			20,874
c	Leasehold improvements			1	0		0			0
d	Equipment			1	236,419,856		63,778,342	•	172,6	41,514
e	Other			†	959,957		19,355			40,602
	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, co	lumn (B), line 10	)(c).) .	>			74,556
	<del></del>									

Part VII Investments - Other Securities.	See Form 990, Part X, I	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives	,		· .
(2) Closely-held equity interests	, 5,800		
(3) Other	· · · · · · · · · · · · · · · · · · ·		
(A) Deferred Compensation Trustee Account	403,896	End of year market value	
(B)			
(C)			
(D)			
(E)			
(F)	i		
(G)			
(H)			
(I) Table (Oak - 4) - 15 - 200 Date (Oak - 40)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	403,896		
Part VIII Investments — Program Related	. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Capital Credits - Associated Organizations	1,170,855	Cost	
(2) Capital Term Certificates - CFC	2,529,878	Cost	
(3) Investments - CoBank	1,753,507	Cost	<u> </u>
(4) Economic Development Investments	739,351	Cost	
(5) Other Misc. Investments	41,557	Cost	
(6)			
(7)	<del> </del>		
(8)			· · · · · · · · · · · · · · · · · · ·
(9)			
(10)		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	6,235,148		
Part IX Other Assets. See Form 990, Part IX	TIX, IIII 15.		(b) Book value
	Description		(b) book value
(1)			
(2)			
(3)	<del></del>		
(4)	· · · · · · · · · · · · · · · · · · ·	·	<del></del>
(5)	•		<del> </del>
(6)			<del></del>
( <del>7</del> )	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, co			
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes	<b>V-7</b>		ļ
(2) Deferred Compensation Liability	403,896		
(3) Other Pension Liability	885,116		
(4) Accrued Sick Leave	320,128		
(5) Other	(2,241)		
(6) Customer Advances for Construction	1,879,877		
(7)			
(8)			
(9)			
(10)			t
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,486,776		
0 501 40 400 740 5 1 1 1 5 1 1/04			

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedu	le D (Form 990) 2010		Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial States	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	402,194,108
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	396,322,003
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,872,105
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	5,872,105
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	-
1	Total revenue, gains, and other support per audited financial statements	1	402,194,108
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	. <b>2e</b>	0
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b		0
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		402,194,108
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses		<u> </u>
1	Total expenses and losses per audited financial statements	. 1	396,322,003
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<b>→</b>	
b	Prior year adjustments	_	
С	Other losses	<b>-</b>	
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	. <u>2e</u>	0
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	. 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	396,322,003
Part V	Supplemental Information  Slete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, ine 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also codditional information.		
			·

Scriedule D (For	m 990) 2010	Page <b>3</b>
Part XIV	Supplemental Information (continued)	
	······································	
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		· · · · · · · · · · · · · · · · · · ·
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#### **SCHEDULE J** (Form 990)

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

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Employer identification number

Name of the organization Kenergy Corp. 61-1345109 **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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		ŀ	
	☐ 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)			j
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	1		
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	ļ <u>.</u>	<u> </u>
_				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ Compensation committee ☐ Written employment contract			
	✓ Independent compensation consultant  ✓ Compensation survey or study			}
	Form 990 of other organizations  Approval by the board or compensation committee			
			İ	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		•	
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		<b>✓</b>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<b>✓</b>
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<b>✓</b>
	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) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
_				لـــــ ــا
a b	The organization?	5a 5b		
D	Any related organization?	30		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the net earnings of:			}
а	The organization?	6a		1
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	L	
8	Were any amounts reported in 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		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	a		l

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

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Botiromont and	11	Total of an in	(F) Companyation
(А) Мате		(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred	(U) Nonaxabie benefits	(B)(1)-(D)	reported in prior Form 990 or Form 990-EZ
Sanford Novick	8	200,000		34,156	22,000	15,596	271,752	
1	(E)							
Steve Thompson	ε	131,747		1,363	32,841	14,664	180,615	
2	(3)							
Gerald Ford	ε	131,123		3,125	39,333	14,689	188,270	
6	<b>E</b>							
John Newland	(1)	131,123		1,313	36,295	14,689	183,420	
4	(ii)							
Richard Payne	8	103,896		1,087	27,597	14,294	152,874	
5	(3)							
	8							
9	8							
	8							
	8							
	8							
8	(II)							
	8							
6	(3)							
	8							
10	(E)							
	<b>E</b>							
11	(ii)							
	€			0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12	Œ							
	<b>E</b>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
13	€							
	8							
14	€							
	<b>E</b>							0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
15	€							
	€							
16	<b>=</b>							

Schedule J (Form 990) 2010

Part III Supplemental Information  Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for
any additional information.
Schedule   Form 900) 201

## SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered 
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. 
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2010
Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Kenergy	Corp.							61-1	34510	09		
Part I	Excess Benefit Transactions Complete if the organization ar	(section swered	501(c)(3 "Yes" or	) and section 501(c)( n Form 990, Part IV, I	4) organiza ine 25a or	itions only). 25b, or For	m 99	0-EZ,	Part '	V, line	40b.	
1	(a) Name of disqualified person		-		(b) Description	on of transacti	00				(c) Con	rected?
•	(a) Name of disquamed person				(b) Description	on or dansacti	011				Yes	No
(1)						·	_					
(2)												
(3)												L
(4)												
(5)												
(6)												
	nter the amount of tax imposed onder section 4958			on managers or dis	qualified p	persons du	ring t 	he ye l	ar ► \$	;		
<b>3</b> Er	nter the amount of tax, if any, on lir	ne 2, abo	ove, reim	bursed by the organi	ization .			!	▶ \$	<u> </u>		
Part II	Loans to and/or From Interes Complete if the organization ar	ted Per swered	sons. "Yes" or	n Form 990, Part IV, I	ine 26, or l	Form 990-E	Z, Pa	ırt V, li	ine 38	За.		
(a) N	ame of interested person and purpose		to or from anization?	(c) Onginal principal amount	(d) Bala	ance due	(e) In o	iefault?	by bo	proved pard or nittee?		ntten ment?
		То	From				Yes	No	Yes	No	Yes	No
(1)												
(2)		1	1		i		1					
(3)												
(4)												
(5)												
(6)												
(7)										<u> </u>		l
(8)			<u> </u>									ļ
(9)		<u> </u>					<u></u>					
(10)		1			<u> </u>		ļ	<u> </u>				
Total				<u> ▶ \$</u>							<u> </u>	
Part III	Grants or Assistance Benefit Complete if the organization ar				ine 27.							
	(a) Name of interested person	(b) R	elationship	between interested persor organization	and the	(c) A	\mount	and ty	pe of a	ssistan	ce	
(1)												
(2)												
(3)												
(4)		<u> </u>										
(5)												
(6)		1										
(7)		<b></b>	- <del></del>									
(8)		<b></b>										
(9)												
(10)												

Par	Business Transactions Involving Complete if the organization and	ing Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
(1)	Big Rivers Electric Corporation	Power Supplier		Purchase electricity		1
(2)	Robert Hayden	Employee		Compensation and benefits		1
(3)	James M. Jeffries	Employee		Compensation and benefits		1
(4)	Susan Jeffries	Employee		Compensation and benefits		✓
(5)	KY Assoc. of Electric Cooperatives	Business Relationship	1,414,223	Dues, utility hardware		✓
(6)		<u> </u>			_	<u> </u>
(7)						<u> </u>
(8)	<del></del>	<del> </del>	<del>-</del>			<del></del>
(9) (10)	·					
Par	Supplemental Information Complete this part to provide a	dditional information for re	esponses to question	ns on Schedule L (see instruction	ons).	
					<del></del> -	

## 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.

2010 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization Kenergy Corp. Employer identification number 61-1345109

Part IV, Lines 28b and c; Part VI, Section A, Line 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 or have a family member who had a direct or indirect relationship with the organization? Response: Yes
Kenergy director's William Denton and Larry Elder are two of six directors on the board of Big Rivers Electric Corporation, a taxable
generation and transmission cooperative.
Kenergy director Glenn Cox is a director on the board of the Kentucky Association of Electric Cooperatives (KAEC), and director Larry Elder
serves as a Big Rivers representative. President/CEO, Sanford Novick, also serves on the KAEC board. United Utility Supply is a wholly
owned subsidiary of KAEC.
Debra Hayden, Assistant Secretary of the Board, has the following family members who are employees of Kenergy: Robert Hayden (spouse)
Manager of Dispatch, Substation & Meter Shop; James Jeffries (brother), Dispatcher; and Susan Jeffries (sister-in-law), Customer Service
Representative.
Kenergy adopted a nepotism policy on July 1, 1999 when the corporation was formed as the consolidation successor of Green River Electric
Corporation and Henderson Union Rural Electric Cooperative Corporation. Any family relationships that existed prior to July 1, 1999 was
grandfathered. See Schedule L, Part IV.
Part VI, Section A, Lines 6, 7a and 7b
Does the organization have members or stockholders who may elect one or more members of the governing body? Are any decisions of the
governing body subject to approval by members? Response: Yes
The bylaws provide that any person, corporation, or legal entity automatically becomes a member of Kenergy by making a written
application for membership, paying the \$5.00 membership fee, and receiving electric service from Kenergy.
Members elect the representative from their district to serve three-year terms. The following decisions of the governing body are subject
to approval by the members:
1. Removal of a director.
2. To merge or consolidate with another entity, sell the assets, or dissolve the organization.

Schedule O (Form 990 or 990-EZ) (2010)	Page <b>2</b>
Name of the organization	Employer identification number
Kenergy Corp.	61-1345109
Part VI, Section B, Line 11a and 11b	
Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organi	zations must describe in
Schedule O the process, if any, the organization uses to review the Form 990. Response:	Yes
The Form 990 is prepared by the accounting staff under the direction and review of the Vice President-Fin	ance. A key component of the
preparation process is a questionnaire completed by directors, officers, key employees and management	staff to provide the information
requested on the Form 990. The completed Form 990 is reviewed by the President/CEO. After making rec	juired changes, the Form 990 is
mailed to each director and reviewed with them at the next board meeting. Any necessary revisions are n	nade, then the return is signed by
the President/CEO and mailed.	
Part VI, Section B, Line 12c	
Describe in Section O how the organization regularly and consistently monitors and enforces compliance	with its written conflict of interest
besome in Section 6 now the diganization regularly and consistently monitors and emorces compliance	widt its written commet of interest
policy.	
Response: Annually, the chairman of the Board of Directors, requires each board member and the CEO to	o complete and sign a form listing
the name of their business interests, position held and ownership percentage. Annually, the CEO require	s all vice-presidents and managers
to complete a survey providing the same information.	
Part VI, Section B, Line 15a and 15b	
Describe the process for determining compensation of the CEO, other officers or key employees.	
Response: The CEO and key employees' compensation is determined by external market sources someti	mes with the assistance of a
compensation consultant, internal market pricing is established by utilizing a point-factor method of assignment	gning weighted factors based on a
variety of competencies.	
The Board of Directors approves the budget that includes senior management salary increases. The Board	rd of Directors approves the CEO
compensation based on performance and review of external market pricing.	