May the IRS discuss this return with the preparer shown above? (see instructions) .

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 private foundations)

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

DLN: 93493134011370 OMB No. 1545-0047

☐ Yes ☐ No

Cat. No. 11282Y

Form **990** (2019)

Depart Treasu Interna	ry	of the enue Servic	► Go to <u>www.irs.gov/Form990</u> for instructions and the late	est info	mation.		Open to Public Inspection
A F	or th	e 2019	calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2	2019			
☐ Ad	dress	applicable: change	C Name of organization KENERGY CORP		D Employ: 61-134!		fication number
_	tial re	turn	Doing business as				
☐ An	nende	rn/terminate d return ion pendin	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephor	ie numbe 44-4832	
	,,,,,,,,,		City or town, state or province, country, and ZIP or foreign postal code Henderson, KY 42419				
			F Name and address of principal officer:	H(a) Is t	his a group re		395,259,127
			Jeff Hohn PO Box 18	sub	ordinates?		□Yes ☑ No
 т Та	x-exei	mpt status		` ´ incl	all subordinat uded?		☐ Yes ☐No
		·			No," attach a l up exemption	•	•
K For	n of o	rganizatio	n: ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ Cooperative ☐ ☐	Year of for	mation: 1999	M State	of legal domicile: KY
Pa	art I	Sun	nmary				
			escribe the organization's mission or most significant activities: ovide reliable electric services that enhance the quality of the lives of our mem	bers.			
Governance	-						
еше	:						
30 V6			his box \blacktriangleright if the organization discontinued its operations or disposed of more	e than 25	5% of its net a		1
	1		of voting members of the governing body (Part VI, line 1a)		•	3	11
Activities &	1		Imber of individuals employed in calendar year 2019 (Part V, line 2a)		•	5	141
Ĭ	1	Total nu	6	0			
Ac	7a	Total ur	related business revenue from Part VIII, column (C), line 12			7a	193,449
	b	Net unr	elated business taxable income from Form 990-T, line 39		•	7b	167,703
				F	Prior Year		Current Year
<u>a</u> į	8	Contribu	utions and grants (Part VIII, line 1h)			0	(
Ravenue	1	-	n service revenue (Part VIII, line 2g)		402,263,8		392,062,539
ά	1		nent income (Part VIII, column (A), lines 3, 4, and 7d)		2,576,7	-	2,092,390
	1		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,074,5 405,915,:		969,143 395,124,072
	_		venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1-3)		403,913,.	0	393,124,072
	1		e paid to or for members (Part IX, column (A), line 4)		4,128,6	-	2,637,093
so.	1		to other compensation, employee benefits (Part IX, column (A), lines 5–10)		12,403,3	_	11,946,596
Expenses	1		ional fundraising fees (Part IX, column (A), line 11e)		12,100,	0	(
D G	Ι.		draising expenses (Part IX, column (D), line 25) ▶0				
ವ	17	Other e	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		389,265,:	141	380,380,766
	18	Total ex	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		405,797,0	067	394,964,455
	19	Revenu	e less expenses. Subtract line 18 from line 12		118,0	081	159,617
Net Assets or Fund Balances				Beginni	ng of Current Y	ear	End of Year
SS 6.	20	Total as	sets (Part X, line 16)		254,889,3	322	248,759,515
절절	21	Total lia	bilities (Part X, line 26)		177,588,4	145	171,478,043
Zű	22	Net ass	ets or fund balances. Subtract line 21 from line 20		77,300,8	377	77,281,472
	art II		nature Block perjury, I declare that I have examined this return, including accompanying scl	hadulas -	and statements	nd +a	the heat of my
	ledge	and bel	ief, it is true, correct, and complete. Declaration of preparer (other than officer)				
		Signs	sture of officer		020-05-13 Date		
Sign Here		, "					
	•		e Thompson Vice President - Finance or print name and title				
		<u>''</u>	Print/Type preparer's name Preparer's signature Date		Check if	PTIN	
Paid	d			s	elf-employed		
Pre	•		Firm's name	F	Firm's EIN 🟲		
Use	On	ıly	Firm's address ▶	F	Phone no.		

Page 2					990 (2019)	Form
		nments	rvice Accomplisi	of Program Se	Statement	Pa
🗆		ny line in this Part III	response or note to a	dule O contains a i	Check if Sched	
					Briefly describe the o	1
	bers.	the lives of our memb	nhance the quality of	ric services that e	y provide reliable elect	Safel
	which were not listed on	rices during the year w	nificant program ser\	undertake any sig	Did the organization (2
Yes 🗹 No				r 990-EZ?	the prior Form 990 or	
			n Schedule O.	se new services o	If "Yes," describe the	
	lucts, any program	changes in how it condu	or make significant o	cease conducting,	Did the organization of	3
☐Yes 🗹 No					services?	
			hedule O.	se changes on Sch	If "Yes," describe the	
expenses. I	e largest program services, as measure of grants and allocations to others, the	to report the amount of	izations are required	d 501(c)(4) organi	Describe the organiza Section 501(c)(3) and expenses, and revenu	4
)) (Revenue \$	including grants of \$	394,964,455) (Expenses \$	(Code:	
					See Additional Data	
)) (Revenue \$	including grants of \$) (Expenses \$	(Code:	4b
					See Additional Data	
)) (Revenue \$	including grants of \$) (Expenses \$	(Code:	4c
					See Additional Data	
			chedule O.)	ces (Describe in Sc	Other program servic	4d
)	0) (Revenue \$	\$	including grants of	0	(Expenses \$	
		55	394,964,4	rice expenses ►	Total program serv	4e
- }	0) (Revenue \$	<u>'</u>	including grants of	0	(Expenses \$	

11f

12a

12b

13

14a

14b

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16

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20a

20b

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Yes

Nο

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

Par	rt IV Checklist of Required Schedules			
			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	1	l	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	$\Gamma = -$	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes	
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		No
	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	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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 and XII is optional
 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
 Did the organization maintain an office, employees, or agents outside of the United States?
 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 investments

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orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
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		No
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	Yes	
	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		
	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				

1c

Yes | Form **990** (2019)

Par	Part V Statements Regarding Other IRS Filings and Ta	ax Compliance (co	ntinu	ed)			
2a	2a Enter the number of employees reported on Form W-3, Transmitta Tax Statements, filed for the calendar year ending with or within this return	he year covered by	2a	141			
b	b If at least one is reported on line 2a, did the organization file all re Note. If the sum of lines 1a and 2a is greater than 250, you may	ı quired federal employı	ment t		2b	Yes	
3a	3a Did the organization have unrelated business gross income of \$1,0			•	За	Yes	
b	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No"</i> to line 3b, p	provide an explanation	in Sch	nedule O	3b	Yes	
	 4a At any time during the calendar year, did the organization have an financial account in a foreign country (such as a bank account, sec b If "Yes," enter the name of the foreign country: ▶				4a		No
b	See instructions for filing requirements for FinCEN Form 114, Repo	rt of Foreign Bank and	l Finar	ncial Accounts (FBAR).			
5a	5a Was the organization a party to a prohibited tax shelter transaction	n at any time during th	ne tax	year?	5a		No
b	${f b}$ Did any taxable party notify the organization that it was or is a par	ty to a prohibited tax	shelte	r transaction?	5b		No
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	6a Does the organization have annual gross receipts that are normally solicit any contributions that were not tax deductible as charitable			d did the organization	6a		No
b	b If "Yes," did the organization include with every solicitation an exp not tax deductible?			ntributions or gifts were	6 b		
7	7 Organizations that may receive deductible contributions un	der section 170(c).					
	a Did the organization receive a payment in excess of \$75 made par provided to the payor?		•		7a		
b	${f b}$ If "Yes," did the organization notify the donor of the value of the ${f g}$	oods or services provi	ded?		7b		
	c Did the organization sell, exchange, or otherwise dispose of tangib Form 8282?			ch it was required to file	7 c		
d	d If "Yes," indicate the number of Forms 8282 filed during the year	[7d				
e	e Did the organization receive any funds, directly or indirectly, to pa	y premiums on a perso	onal be	enefit contract?	7e		
f	f Did the organization, during the year, pay premiums, directly or in	directly, on a personal	l benet	fit contract?	7f		
	g If the organization received a contribution of qualified intellectual prequired?	n file Form 8899 as	7g				
h	h If the organization received a contribution of cars, boats, airplanes 1098-C?	, or other vehicles, did	the o	rganization file a Form	7h		
8	8 Sponsoring organizations maintaining donor advised funds. sponsoring organization have excess business holdings at any time	Did a donor advised for during the year?	und m	aintained by the	8		
9	9 Sponsoring organizations maintaining donor advised funds.						
а	a Did the sponsoring organization make any taxable distributions un	der section 4966? .		[9a		
b	${f b}$ Did the sponsoring organization make a distribution to a donor, do	nor advisor, or related	l perso	n?	9 b		
10	.0 Section 501(c)(7) organizations. Enter:						
а	a Initiation fees and capital contributions included on Part VIII, line 1	-	10a				
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public to	use of club facilities	10b				
11		ı					
a			11a	392,146,468			
D	b Gross income from other sources (Do not net amounts due or paid against amounts due or received from them.)	to other sources	11b	2,339,822			
	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organized		90 in l	ieu of Form 1041?	12a		
b	b If "Yes," enter the amount of tax-exempt interest received or accre	ued during the year.	12b				
13							
а	a Is the organization licensed to issue qualified health plans in more Note. See the instructions for additional information the organizat		nedule	0.	13a		
b	b Enter the amount of reserves the organization is required to maint which the organization is licensed to issue qualified health plans	,	13b				
C	\boldsymbol{c} . Enter the amount of reserves on hand	[13c				
	.4a Did the organization receive any payments for indoor tanning serv	- ,		 	14a		No
	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No,"</i>	•		ŀ	14b		
15	Is the organization subject to the section 4960 tax on payment(s) parachute payment(s) during the year?	of more than \$1,000,0	000 in •	remuneration or excess	15		No
16	Is the organization an educational institution subject to the section If "Yes," complete Form 4720, Schedule O.	4968 excise tax on no	et inve	estment income?	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	lo" resp	onse to	lines
	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			✓
Se	ection 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 1	1		
	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 1b	8		
2	officer, director, trustee, or key employee?	2	Yes	
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? .	^{'n} 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	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?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ie Code</u>		
		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule 0 (see instructions).			
	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		No
D	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		
Se	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶Kenergy Corp Steve Thompson 3111 Fairview Drive P O Box 1389 Owensboro, KY 423021389 (800) 844-4832			

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 $\mbox{VII}\,\,$. 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

- 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.
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

 List all of the organization's former officers, key employees, or 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 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organization organizations from the (W-2/1099-(W-2/1099for related organization and Highest Former Individual employ organizations MISC) MISC) related Institutional director <u>0</u> below dotted organizations emplo line) è compensat trustee 99 Trustee 60 (1) Larry Elder Χ 15,900 0 Χ (2) Brent Wigginton Х Χ 14,400 0 Vice Chairman 2.5 (3) William Reid 12,750 0 Secretary-Treasurer 10 (4) Jonathan Ayer Х 11,400 0 Director (5) Richard Basham 0 15,150 Director 10.350 0 Χ 0 (7) Susan Givens 12,900 0 Director 12 (8) Christopher Mitchell 0 Х 13,800 (9) Craig Roberts 12,150 0 Director 10 (10) John Warren 0 11,700 Director 10 (11) Robert White Χ 12,600 0 Director 4.5 (12) Debra Hayden Χ 0 42,915 89,296 Assistant Secretary 50 (13) Jeff Hohn Х 0 360,347 351,659 President and CEO 40 (14) Steve Thompson

Χ 175,717 0 63,036 Chief Financial Officer 55 (15) Keith Ellis Х 165,478 0 62.950 Vice President - Admin Services & HR 56 (16) Matthew Moffitt 160,697 0 61,690 Vice President - Operations 45 (17) Rob Stumph Х 152,332 75.671 Vice President - Engineering Form 990 (2019)

Form 990 (2019)											Page 8
Part VII Section A. Officers, Dire	ctors, Trustees, K	ey Em	ploy	ees	, an	ıd Hig	jhes	st Compensated	Employees (con	tinued)	
(A) Name and title	(B) Average hours per week (list any hours for related	than o	ne b oth a	(do not check more e box, unless person than officer and a rector/trustee) (W-2/1099			(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	Estim amount a comper from organizat	ated of other esation the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	rela organiz	
(18) Doug Hoyt	55					Х		144,102	C		54,789
Director - Procurement & Contracts								111,102			
(19) Travis Siewert	45					Х		142,437	c	,	36,228
Manager of General Accounting (20) Michael Church											
	50					Х		127,399	С	1	70,536
Operations Manager (21) Tony Howard					\vdash						
Operations Manager	54					Х		126,371	C	'	58,288
(22) Michael Midkiff	53										
Crew Leader						Х		126,300	C	1	49,432
-					\vdash						
										-	
1b Sub-Total			•		,	<u> </u>					
c Total from continuation sheets to	•				•	•					
d Total (add lines 1b and 1c)			•	•	•	<u> </u>		1,913,576	0		927,194
2 Total number of individuals (includir of reportable compensation from the		those lis	sted a	abov	/e) v	vho re	ceiv	ed more than \$100	,000		
3 Did the organization list any former line 1a? If "Yes," complete Schedule	,	,			,	•	_		· ′	Yes	No
For any individual listed on line 1a, organization and related organization individual	s the sum of reporta	ble com	pens	atio	n ar	ıd othe	er co	ompensation from t			No
									4	Yes	
5 Did any person listed on line 1a rece services rendered to the organizatio	•				•			ganization or individ	5 · • 5		No
Section B. Independent Contract		Jan - 1					L		100.000 - 5		
1 Complete this table for your five hig from the organization. Report comp										nsation	
Name	(A) and business address							Barada	(B)	(0	
Townsend Tree Service	and business address							Tree Trimming	tion of services	Comper 2	,164,300
P O Box 7015											
Muncie, IN 47308											
5 Star Electric LLC								Power line cons	struction	1	,150,463
170 Bean Cemetery Road Madisonville, KY 42431											
Penske Truck Leasing Co								Vehicle Mainter	nance		949,505
P O Box 827380											
Philadelphia, PA 191827380 William E Groves Construction Inc								Power line con-	struction/PCB testing		581,666
								Tower line con.	struction/1 CD testing		301,000
P O Box 1205 Madisonville, KY 42431											
Halter Tree Service Inc								Tree trimming			287,431
325 Main Street Vincennes, IN 47591											
2 Total number of independent contractor	ors (including but not	limited	l to t	hose	e list	ed abo	ove)	who received more	than \$100,000 of	:	
compensation from the organization >									· ·		- /a-:
										Form 99	U (2019)

		(2019)	- 6 -							Page 9
Part	VIII				respo	onse or note to any	line in this Part VIII			🗆
		Check II Sched	uie	O contains a	respo	inse of flote to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 a	Federated campa	igns		1a	I		revenue		512 - 514
Grants	Ŀ	b Membership dues	5.	. [1 b					
Gra mo		c Fundraising even	ts .		1c					
fš, LA	,	d Related organizat	tions	; [1d					
Gifts, nilar A	6	e Government grants	(con	tributions)	1e					
ons, Sin	f	F All other contributio and similar amounts	ns, g	ifts, grants,	ĺ					
tributions, Gifts, Grants Other Similar Amounts		above		L	1f					
흡동	g	Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g					
Contributions, and Other Sim	١,	h Total. Add lines 1	1a-1	f		•	0			
						Business Code	0	T		
	2a	Sale of electricity to r	neml	pers		221000	392,062,539	392,062,539	0	0
an						221000				
Program Service Revenue	b									
æ Æ	_									
rvic	С									
- S	d									
gran	e									
ΡĪ							0	0	0	0
	f	All other program	serv	ice revenue.			ŭ .	o o	ŭ	0
		Total. Add lines 2				392,062,539	•	ı	T	_
	3 I	Investment income imilar amounts)		luding divide		nterest, and other	2,145,222	2,145,222	0	О
	4 I	Income from invest				ond proceeds >	0	0	0	0
	5 F	Royalties	_				0	0	0	0
				(i) Rea		(ii) Personal	-			
	6a	Gross rents	6a		1,020	966,015				
	b	Less: rental expenses	6b		0	0				
	С	Rental income					-			
		or (loss)	6c	(1)	1,020	<u> </u>	967,035	1,020	193,006	773,009
	u	Net rental income	or ((i) Securit	ies	(ii) Other	307,033	1,020	193,000	773,009
	7a	Gross amount	_	(1) 2004111			-			
		from sales of assets other	7a		0	82,352				
	h	than inventory Less: cost or					-			
	D	other basis and sales expenses	7b		0	135,184				
		·	_				-			
		Gain or (loss) Net gain or (loss)	7c			1	-52,832	-52,832	0	0
		Gross income from fu			i i	•	1		-	_
nue		(not including \$contributions reported	d on l	of line 1c).						
ક_		See Part IV, line 18	•	• • •	8a					
Other Revenue		Less: direct expen			8b]			
the	С	Net income or (los	s) fr	om fundraisi	ng ev	ents 🕨	1			
	9a	Gross income from								
	_	See Part IV, line 19			9a		_			
		Less: direct expen Net income or (los			9b	ies .	J			
	٠	. Net income or (los	3) 11	om gaming a		les >				
	10a	Gross sales of inve				0				
	b	Less: cost of good			10a 10b	-129	-			
		Net income or (los				ory ►	J 129	129	0	0
		Miscellaneo	us R	evenue		Business Code				
	11	a Telephone and int	terne	et		517000	1,993	1,435	558	0
	_					E1=4		-		_
	b	Wireless ISP				517000	-115	0	-115	0
	_									
	С									
	ام	All other revenue					101	101	0	0
		Total. Add lines 1:				•				
	12	Total revenue. Se	ee ir	structions .			1,979			
						· P	395,124,072	394,157,614	193,449	773,009 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations r		_		
Check if Schedule O contains a response or note	to any line in this Part IX	(B)	(c)	🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations as 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, for governments, and foreign individuals. See Part IV, lines 1 and 16.				
4 Benefits paid to or for members	2,637,093			
5 Compensation of current officers, directors, trustees, and key employees	1,449,798			
6 Compensation not included above, to disqualified person defined under section 4958(f)(1)) and persons described section 4958(c)(3)(B)				
7 Other salaries and wages	6,983,112			
8 Pension plan accruals and contributions (include section (k) and 403(b) employer contributions)	401 1,362,198			
9 Other employee benefits	1,652,927			
10 Payroll taxes	498,561			
11 Fees for services (non-employees):				
a Management				
b Legal	33,576			
c Accounting	20,500			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, colum (A) amount, list line 11g expenses on Schedule O)	nn			
12 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				
20 Interest	5,301,703			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,441,794			
23 Insurance				
24 Other expenses. Itemize expenses not covered above (Li miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Cost of electricity sold to members	352,421,358			
b See attached Schedule O	9,161,835			
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	394,964,455	0	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).				

10a

10b

Prepaid expenses and deferred charges

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments-other securities. See Part IV, line 11

Investments-program-related. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Other assets. See Part IV, line 11

Accounts payable and accrued expenses

or family member of any of these persons

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Intangible assets .

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

11

12

13

14

15

16

17

18 19

20

21

23

24

25

26

27

28

30

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX .			🗆
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	0	1	0
1 -				

Page 11

896,169

0

0

0

0

204,881,906

6,617,892

2,628,374

248,759,515

39,728,669

128,933,216

2,816,158

171.478.043

0

0

77.281.472

77,281,472

248.759.515

Form 990 (2019)

	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	1,408,073	2	3,523,599
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	37,010,340	4	28,445,025
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	0	6	0
S	7	Notes and loans receivable, net	0	7	0
sets	8	Inventories for sale or use	1,707,761	8	1,766,550

342,332,885

137,450,979

1,364,936

203,886,001

6,652,950

2,859,261

254,889,322

46,716,335

128,214,922

2,657,188

177.588.445

0 14

0 18

0 19

0 21

10c

11 0

12

13

15

16

17

20

22

23

24

25

26

27

28

30

31

32

33

0 29

0

77.300.877

77,300,877

254,889,322

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software Version: v1.00

Software ID: 19009572

EIN: 61-1345109 Name: KENERGY CORP

Form 990 (2019)

Form 990, Part III, Line 4a:

Code 221000 - a total of 63,111 services in place on 12/31/19.

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c:

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493134011370

OMB No. 1545-0047

2010

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.

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019	
Open to Public Inspection	
ation number	

	ame of the organization NERGY CORP				Emp	loyer identific	ation	number	
ΝE	NERGI CORP				61-1	345109			
P	art I Organizations Maintaining Donor Advi	sed Funds or Otl	ner Simil	ar Funds o	Acc	ounts.			
	Complete if the organization answered "Ye	es" on Form 990, P (a) Donor				(b) Funds and			
1	Total number at end of year	(a) Donor	auviseu iu	nus		(b) Fullus allu	ounei	accounts	
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 donor adviso	rs in writing that the	assets he	ld in donor adv	/ised fi	ınds are the			
	organization's property, subject to the organization's ex	xclusive legal control?	·					Yes 🗌	No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	r or donor advisor, or	for any ot	her purpose c				Yes 🗌	No
Pā	art II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, P	art IV, lir	ne 7.					
1	Purpose(s) of conservation easements held by the organ	nization (check all th	at apply).						
	\square Preservation of land for public use (e.g., recreation	n or education)	☐ Prese	ervation of an	histori	cally important	land a	area	
	Protection of natural habitat		☐ Prese	ervation of a co	ertified	historic struct	ıre		
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a	qualified conservation	ın contribu	tion in the for	m of a	conservation			
_	easement on the last day of the tax year.	qualified conservation	iii continba	don in the for		Held at the	End o	of the Yea	ar
а	Total number of conservation easements				2a				
b	Total acreage restricted by conservation easements			[2b				
c	Number of conservation easements on a certified histori	ic structure included	in (a) . .		2c				
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ired after 7/25/06, a	nd not on a	a historic	2d				
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extingui	shed, or te	erminated by t	he org	anization durin	g the		
4	Number of states where property subject to conservation					-			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			on, handling o	of viola	tions,	'es	□ No	
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of vio	lations, an	d enforcing co	nserva	tion easements	durir	ng the yea	r
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	s, and enf	orcing conserv	ation e	easements duri	ng the	e year	
8	Does each conservation easement reported on line 2(d)) above satisfy the re	quirement	s of section 17	'0(h)(4	·)(B)(i)			
	and section 170(h)(4)(B)(ii)?					□ v	'es	☐ No	
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the orga							
Pa	rt III Organizations Maintaining Collections Complete if the organization answered "Ye				er Sin	nilar Assets.			
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, ed	ucation, or	research in fu					
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line ${f 1}$					▶ \$_			_
	(ii)Assets included in Form 990, Part X								_
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS	ical treasures, or othe	er similar a	ssets for finar		-			_
а	Revenue included on Form 990, Part VIII, line 1					▶ \$			_
b	Assets included in Form 990, Part X					▶ \$			
or	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Cat. No.	52283	Schedule	D (Fo	orm 990)	2019

d Equipment .

Par	t III	Organizations Ma	aintaining Collections	of Art, Histor	rical T	reası	ıres, or	Other 9	Similar As	ssets (cor	ntinued)
3		ng the organization's acq ns (check all that apply):	uisition, accession, and othe	r records, check	any of	the fo	llowing tl	hat are a	significant ι	use of its co	ollection
а		Public exhibition		d		Loan	or excha	inge prog	rams		
b		Scholarly research		e		Othe	r				
С		Preservation for future	e generations								
4		ride a description of the XIII.	organization's collections an	d explain how th	ney furt	her the	e organiz	ation's ex	empt purpo	se in	
5			anization solicit or receive donds rather than to be mainta							☐ Yes	□ No
Pai	rt IV	Complete if the org	odial Arrangements. ganization answered "Ye								
1a			, trustee, custodian or other X?							☐ Yes	□ No
b	If "Y	es," explain the arrange	ement in Part XIII and comp	ete the followin	g table:	:	Γ		А	mount	
c	Begi	inning balance	· · · · · · · · · · · · ·				Ī	1c			
d	Addi	itions during the year .					[1d			
е			r					1e			
f								1f			
2a		-	an amount on Form 990, Pa					ccount lia	bility?	☐ Yes	
b			ment in Part XIII. Check her								
	rt V	Endowment Fund					p				
		Complete if the org	ganization answered "Yes				ne 10.				
			(a) Curre	nt year (b)	Prior yea	ar	(c) Two ye	ears back	(d) Three ye	ars back (e) Four years back
	_	ning of year balance .									
b	Contr	ibutions									
С	Net in	ivestment earnings, gair	ns, and losses								
d	Grant	s or scholarships	•								
е		expenditures for facilitie	es								
f	Admir	nistrative expenses .									
g	End o	f year balance									
2	Prov	ride the estimated perce	ntage of the current year en	d balance (line :	1g, colu	ımn (a)) held as	 s:			
а	Boar	rd designated or quasi-e	ndowment 🟲								
b	Pern	nanent endowment 🟲		••••							
С	Tem	porarily restricted endov	wment >								
Ĭ		'	, 2b, and 2c should equal 10	0%.							
За		there endowment funds	not in the possession of the	organization th	at are h	ield an	d admini	stered for	the		Yes No
	(i) u	unrelated organizations								3a(i	i)
		_								3a(i	i)
b	If "Y	'es" on 3a(ii), are the rel	lated organizations listed as	required on Sch	edule F	₹? .				3b	
4	Desc	cribe in Part XIII the inte	ended uses of the organization	on's endowment	funds.						
Pai	rt VI	, , ,									_
	Desc	<u> </u>	ganization answered "Yes (a) Cost or other basis	S" on Form 99				See For Jumulated d			Book value
	vesc	ription of property	(a) Cost or other basis (investment)	(D) Cost or other	nasis (outer)	(C) ACCI	umuiated d	epi eciation	(a)	book value
1-	Land		0		1 /	03,133					1,403,133
			0	+		19,827	-		4,961,891		5,857,936
		ngs	0	-	10,0	19,827	-		4,961,891		3,837,936
С	Lease	hold improvements	ľ	1		U	1		١٠		U

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

329,030,721

1,079,204

196,560,988

204,881,906

1,059,849

132,469,733

19,355

Part VII				<u> </u>	1 490 5
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	(b)	ne 111	(c) Metho	d of valuation:
	(including name of security)	Book value		Cost or end-of	-year market value
(1) Financia					
(3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ne 110	. See Form 990,	Part X, line 13.
	(a) Description of investment	·		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, lii	ne 11d	. See Form 990, Pa	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	art IV, lii	ne 11e	or 11f.See Form	990, Part X, line 25.
1.	(a) Description of liability	,			(b) Book value
(1) Federal (4)	income taxes				0
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)	_		•	2,816,158
	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check				

2

1

2

d

b

Part XIII

See Additional Data Table

5

3 4

Schedule D (Form 990) 2019

0

2e

3

4c

5

2e

3

4c

5

2.637.093

Page 4

395,124,072

395,124,072

392,327,362

392,327,362

2,637,093

394.964.455

Schedule D (Form 990) 2019

	20114104 001 11000 4114 400 01 14	 	•	•
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			

Donated services and use of facilities .

Other (Describe in Part XIII.) . . .

Other losses

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Prior year adjustments

Net unrealized gains (losses) on investments . . . Donated services and use of facilities

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c 2d

4a

4b

2a 2b

2c 2d

4a 4b

Explanation

Add lines 2a through 2d . . 3

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

4

Total expenses and losses per audited financial statements

Investment expenses not included on Form 990, Part VIII, line 7b . Add lines 4a and 4b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

b C 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

chedule D (Form 990) 2019					
Part XIII Supplemental Info	ormation (continued)				
Return Reference	Explanation				

Schedule D (Form 990) 2019

Additional Data

Software ID: 19009572 **Software Version:** v1.00

EIN: 61-1345109

Name: KENERGY CORP

Supplemental Information

Return Reference

Explanation

Patronage dividends paid by qualified written notice of allocation during 2020 not recogni

Schedule D, Part XII, Line 4b zed as a 2019 expense under generally accepted accounting principles.

efil	le GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19313	4011	370
Sch	nedule J	C	ompensati	on Information	40	1B No.	1545-0	047
(For	m 990)		Compensa ganization answ	rustees, Key Employees, and High Ited Employees ered "Yes" on Form 990, Part IV, to Form 990.	line 23.	20	19)
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest inforn	nation.	pen t	o Pul	
Nar	me of the organiza	ı ation			Employer identificat			
KEN	IERGY CORP				61-1345109			
Pa	rt I Questi	ons Regarding Compensa	ation					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				Ī
	First-class	s or charter travel		Housing allowance or residence for $\boldsymbol{\mu}$	personal use			ì
		companions	님	Payments for business use of persor				ı
		nification and gross-up payment	_	Health or social club dues or initiation				ı
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)							ī
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b		Ī
2				or allowing expenses incurred by all r, regarding the items checked on Lin	0.102	2		
	unectors, truste	es, officers, including the CEO/	Executive Director	, regarding the items checked on Lin	ela:			ī
3				d to establish the compensation of th	ie			ı
				not check any boxes for methods CEO/Executive Director, but explain in	n Part III.			ı
			✓	Mushban analayananh asaharah				ì
		ation committee ent compensation consultant		Written employment contract Compensation survey or study				ı
		of other organizations	☑	Approval by the board or compensation	tion committee			ı
4		, did any person listed on Form	990, Part VII, Se	ction A, line 1a, with respect to the fi				l
а	_	ance payment or change-of-cor	atrol navment?			4a		No
b				fied retirement plan?		4b	Yes	
c	•		•	nsation arrangement?		4c	100	No
				licable amounts for each item in Part				
								ī
_), 501(c)(4), and 501(c)(29	· -	must complete lines 5-9. the organization pay or accrue any				ī
5	compensation c	ed on Form 990, Part VII, Section ontingent on the revenues of:	on A, line Ta, did i	the organization pay or accrue any				1
а	The organization	n?				5a		ì
b	=					5b		
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				Ī
а	The organization	n?				6a		
b	,					6b		
	•	6a or 6b, describe in Part III.						i
7				the organization provide any nonfixed rt III		7		<u> </u>
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de · · · · · · · · · · · · · · · ·		8		_ I
9				presumption procedure described in		9		
For F	Paperwork Redu	iction Act Notice, see the Ins	structions for Fo	rm 990. Cat. No. 5	0053T Schedule J	(Form	990)	2019

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 on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

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 to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	(compensation			(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Schedule J (Form 990) 2019 Page 3 Part III Supplemental Information 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. Return Reference Explanation Schedule J. Part I. Line 3 ICEO salary is reviewed and approved annually by the Board of Directors. Schedule J, Part I, Line 4 The CEO earned \$19,500 in deferred compensation during 2019, which was placed in a 457(b) account in 2020.

Schedule 1 (Form 990) 2019

Additional Data

(ii) (i)

(i)

(i)

(i)

(i)

(i)

(i)

(ii)

(i)

1Steve Thompson

2Keith Ellis

4Rob Stumph

5Doug Hoyt

Contracts **6**Travis Siewert

Chief Financial Officer

Vice President - Admin Services & HR 3Matthew Moffitt

Vice President - Operations

Vice President - Engineering

Director - Procurement &

Manager of General Accounting 7Michael Church

Operations Manager

Operations Manager

8Tony Howard

9Michael Midkiff

Crew Leader

157,118

151,440

148,732

133,369

129,555

132,346

120,262

118,285

123,025

Software ID: 19009572 Software Version: v1.00

1,580

1,584

1,303

1,580

1,580

1,580

1,593

1,593

1,573

EIN: 61-1345109 Name: KENERGY CORP

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name and Title		(B) Breakdown (i) Base Compensation	(B) Breakdown of W-2 and/or 1099-MISC co i) Base Compensation (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1Jeff Hohn President and CEO	(i)	285,602	46,588	28,157	332,342	19,317	712,006	45,250	

17,019

12,454

10,662

17,383

12,967

8,511

5,544

6,493

1,702

45,587

40,646

39,541

57,406

37,877

14,328

48,764

41,608

28,279

17,449

22,304

22,149

18,265

16,912

21,900

21,772

16,680

21,153

238,753

228,428

222,387

228,003

198,891

178,665

197,935

184,659

175,732

efile GRAPHI	C print - DO NO	T PROCES	S As F	iled Data -		DLN: 93493134011370								
Schedule L		Tran	sactio	tions with Interested Persons							OMB No. 1545-0047			
(Form 990 or 990	-EZ) ► Complet	te if the orga	anization a 28b, or 2	answered "Yes 8c, or Form 99 ch to Form 99	s" on Form 9 90-EZ, Part V	90, Part IV, I , line 38a or •	ines 2	25a, 2	25b, 26	5,	2019			
Department of the Trea		Go to <u>www.ii</u>		m990 for inst			forma	tion.		(Open t Insp			
Name of the org KENERGY CORP	anization							•	•	entifica	ation n	umbe	er	
	ss Benefit Trar						(29)	_	nization					
	lete if the organiza) Name of disquali			Form 990, Part Relationship be					rt V, lii escript		_	Corr	ected?	
1 (a) Ivaine or disquair	neu person	(0)		organization	ilileu person ai	iu		ansacti		Ye		No	
												,3	110	
4958 3 Enter the ar Part II Loa Con repo (a) Name of	mount of tax incur mount of tax, if an ans to and/or I nplete if the organ orted an amount o (b) Relationship with organization	y, on line 2, a From Interization answe n Form 990, l (c) Purpose	ested Pered "Yes" of Part X, line	bursed by the crsons. In Form 990-EZ 5, 6, or 22	organization .	88a, or Form 99	90, Pa	strt IV, line 26; or if In (h) Approved by board or		\$ \$; or if h) ved by	. '		ten	
			То	From			Yes	No	Yes	No	Yes	ı	No	
								-						
					-			-			\vdash			
Total .					 ▶ \$									
	nts or Assistar		ing Inter		<u>'</u>		ı							
	plete if the orga		_			. line 27.								
(a) Name of inter	ested person (b	Relationship erested perso organizat	between		of assistance	(d) Type	of assi	stanc	e	(e) Pu	rpose o	f assi	stance	
						1								
D	uction Act Notice, s	aa tha Tuatuu	stions for E	 	E7 C	at. No. 50056A		6-1		(F	990 or			

(1)	between interested person and the organization	transaction	(3) 2000, page 1	
(1) Big Rivers Electric Corporation	Power supplier	156,441,152	Purchase of electricity	_

(b) Relationship

156,441,152 Purchase of electricity 2,411,578 Dues and utility hardware

(3) Robert Hayden Employee (4) James Jeffries Employee (5) Susan Jeffries

Return Reference

(2) Kentucky Electric Cooperatives

Part V

(a) Name of interested person

Explanation

(c) Amount of

61.304 Compensation and benefits 104,733 Compensation and benefits 81,575 Compensation and benefits

(d) Description of transaction

No

Schedule L (Form 990 or 990-EZ) 2019

Page 2

No Nο

No

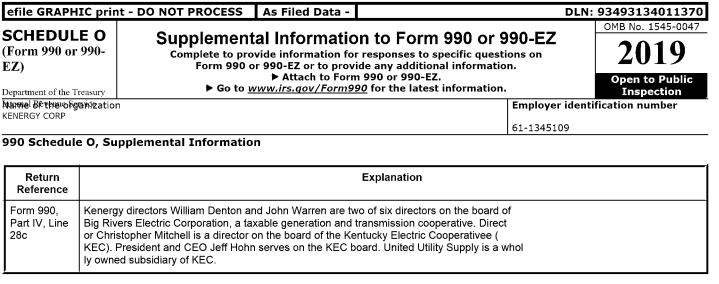
No

Nο

(e) Sharing organization's revenues? Yes

Supplemental Information

Business



Return Reference	Explanation	
Form 990, Part VI, Section A, Line 2	Deborah Hayden, Assistant Secretary of the Board, has the following family members who are employees of Kenergy: Robert Hayden (spouse) Manager of Dispatch, Meter Shop, and Substat ions; James M Jeffries (brother) Dispatcher; and Susan Jeffries (sister in law) Member Ser vices Representative. Kenergy adopted a nepotism policy on July 1, 1999 when the corporati on was formed as a consolidation successor of Green River Electric Corporation and Henders on-Union Rural Electric Cooperative Corporation. Any family relationships existing prior t o that time were grandfathered. See Schedule L. Part IV.	

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Line 6

The bylaws provide that any person, corporation, or legal entity automatically becomes a m
ember of Kenergy by making a written application for membership, paying the \$5.00 membersh
ip fee, and receiving electric service from Kenergy.

Return Explanation Reference

Form 990. Members elect the representatives from their district to serve 3-year terms. Part VI,

Section A. Line 7a

Return Explanation

Form 990,
Part VI,
Section A,
Line 7b

The following decisions of the governing body are subject to approval by the members: Remo
val of a director; and to merge or consolidate with another entity, sell the assets, or di
ssolve the organization.

Return Reference	Explanation
Section B, Line 11b	The Form 990 is prepared by the accounting staff under the direction and review of the Chi ef Financial Officer. A key component of the preparation process is a questionnaire comple ted by directors, officers, key employees, and management staff to provide the information requested on the Form 990. The complete Form 990 is reviewed by the President & CEO. Afte r making required changes, the Form 990 is distributed to each director and reviewed with them at the next board meeting. Any necessary revisions are made, then the return is signe d by an authorized officer and submitted.

Return Explanation
Reference

Form 990,	Annually, the chairman of the Board of Directors requires each board member and the CEO to
Part VI,	complete and sign a form listing the names of their business interests, positions held, a
Section B,	nd ownership percentage. Annually, the CEO requires all vice-presidents and managers to co
Line 12c	mplete a survey providing the same information

Return Explanation

Form 990,
Part VI,
Section B,
Line 15
The CEO and key employees' compensation is determined by external market sources, sometime
s with the assistance of a compensation consultant. Internal market pricing is established
by utilizing a point-factor method of assigning weighted factors based on a variety of co
mpetencies. The Board approves the budget that includes senior management salary increases
. The Board also approves the CEO compensation based on performance and review of external
market pricing.

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 19

Annually, during the month prior to the annual membership meeting, Kenergy provides each m ember, through a billing insert, a condensed balance sheet and income statement comparing the most recent calendar year results to the previous calendar year. The governing documen ts and conflict of interest policy is made available to members upon a written request.

Return Explanation
Reference

Form 990,
Part IX, Line
written notice which discloses to members a stated dollar amount allocated. This reporting
results in a difference between book income and income on the Form 990 by the same amount

990 Schedule O, Supplemental Information

Return Explanation

Peference

Reference	
Form 990,	Operation and maintenance expenses = \$6,492,465; Consumer accounts and sales expenses = \$9
Part IX, Line	36,960; Administrative and general expenses = \$1,037,715; Miscellaneous expenses = \$67,668
24a - 24d	; Regulatory assessment tax = \$624,154; Services (other than accounting) = \$2,873. Total =
	\$9,161,835

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part XI, Line	Membership \$43,301; Capital credit - net retirements (\$2,859,416); Capital credit allocations \$2,637,093. Total = (\$179,022).

Explanation