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_{Form} 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2009

Open to Public Inspection

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service A For the 2009 calendar year, or tax year beginning 2009, and ending 20 April 30 May 1 10 B Check if applicable C Name of organization D Employer identification number Address change The League of Kentucky Sportsmen, Inc. 61-0516580 label o Name change Number and street (or P O box, if mail is not delivered to street address) print or E Telephone number Initial return 2500 Handy's Bend Road (859) 858-01 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Wilmore, KY 40390 Application pending Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► if the organization is not I Website: ▶ kentuckysportsmen.com required to attach Schedule B (Form 990. 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments . . . 3 23062 Investment income 4 4 1602 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gaip or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . C 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 6 Gross revenue (not including \$ of contributions reported on line 1) 🕍 6a Less drechespenses othe Ithan indraising expenses 3106 6b b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 895 6c Gross sales of inventory, less returns and allowances 7a Lest: cost-drabods-sold, U.I. 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c Other revenue (describe ► See attachment #2 3018 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 28577 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 11885 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 4704 15 16 Other expenses (describe See attachment #2 14257 16 17 Total expenses. Add lines 10 through 16 . 30846 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 (2269)19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 57764 š 20 Other changes in net assets or fund balances (attach explanation) . 20 16218 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 71713 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 57308 22 71713 Land and buildings 23 23 24 Other assets (describe ► Inventory on hand 0 456 24 25 71713 57764 25

Net assets or fund balances (line 27 of column (B) must agree with line 21)

26

57764 27

26

Total liabilities (describe ▶

71713

Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses	
Wha	t is the organization's primary exempt purpose?	attachment #3		<u> </u>	(Requ	ired for section	
Desc	ribe what was achieved in carrying out the org	nd concise)(3) and 501(c)(4)			
manı	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		izations and section a)(1) trusts; optional	
each	program title.					hers.)	
28	Recognize organizations and individuals for their co	nservation efforts. Inform ar	nd educate delegate	s			
	at annual convention.	·			l		
			••••				
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	2488	
29	Provide internet website to Inform and educate on co						
		••••••			İ		
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	1046	
30	Publish and distribute newspaper, "The Kentucky Sp						
	annually.						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	2976	
31	Other program services (attach schedule)						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	31a		
32	Total program service expenses (add lines 28a t			▶	32	6510	
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensa	ted. (See the	ınstruc	tions for Part IV.)	
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	ns to	(e) Expense account and	
	(-) (-)	devoted to position	enter -0)	deferred comper		other allowances	
Rick	Allen	President - 12 hrs					
	ngton, KY	121110	0		0	0	
	Whelan	Vice President - 6 hrs					
	byville, KY		0		0	0	
	Guilfoile	Vice President - 5 hrs					
	ewood, KY		0		0	0	
	t Mulberry	Treasurer - 8 hrs			i		
	ngton, KY		2750		0	0	
	Cayce	Director - 4 hrs					
<u> </u>	kinsville, KY		0		0.	0	
	non McGione	Director - 4 hrs	_				
Rusi			0		0	0	
	Walden	Director - 4 hrs				_	
	in, KY		0		0		
	Ortega sville, KY	Director - 4 hrs					
	Dampier		0		0	0	
	ngton, KY	Director - 4 hrs	o		_	0	
	nle Wells			_	0		
	tsville, KY	Director - 4 hrs	o		o	0	
	Rawe			 			
	andria, KY	NWF Rep - 2 hrs	o		0	. 0	
	ert Foley					·····	
	sville, KY	NRA Rep - 2 hrs	0		0	0	
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		1					
		L					
		1					

Part	Other Information (Note the statement requirements in the instructions for Part V.)		<u>'</u>	age C
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			_
	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	i	√
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	÷		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
D	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		V	l Nr.
	account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	420		
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		.	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1

~m	990	E7	(2009)

Page 4

						1 ago 4
Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) not 147(a)(1) nonexempt changed to the change of th	nexempt charitab aritable trusts mus	ole trusts only. Ast answer question	ll sections 46–4	on 49b
46	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete			• • •		es No
44	•	•			46	√
47	Did the organization engage in lobbying activitie				47	1
48	Is the organization a school as described in secti				48	
49a	Did the organization make any transfers to an e	-	_		49a	1
b	If "Yes," was the related organization a section				49b	
50	Complete this table for the organization's five hemployees) who each received more than \$100	ighest compensated emp ,000 of compensation fro	oloyees (other than o m the organization.	officers, directors, t If there is none, ent	rustees er "Non	and key e."
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation		pense nt and
NONE		-				
				<u> </u>		
			- 	 		
				 		
		- -	[
				 		
		-				
f	Total number of other employees paid over \$10	2 222		لــــــــــــــــــــــــــــــــــــ		
	(a) Name and address of each independent contracto.	r paid more than \$100,000	(b) Ty	pe of service	(c) Compe	ensation
NONE						

		······································				
	Total number of other independent newtoning		200			
	Total number of other independent contractors	each receiving over \$100	,000 >		· · · · · · -	
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accomp n of preparer (other than officer)	nanying schedules and states is based on all information	tements, and to the best of which preparer has a	t of my kno ny knowle	owledge dge.
Sign Here	Signature of officer Anet Mul	erry -		8/3/ er	10	
Paid	Preparer's signature	NGAM B/3	Check if self- employed ▶ ☑	Preparer's identifying num	•	tructions)
Prepar	er's Firm's name (or	& Automation Services, LL	1	·	-4599820	
Use O	IIV yours it self-employed),	342	- F Elf	N ► 36 none no ►	-J350 <u>2</u> U	<u>'</u>
May th	ne IRS discuss this return with the preparer-show					
	ie in3 discuss tijis retum with the brebam≥show	n above? See instruction	8	▶ □	Yes [No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

<u>Le</u> a	igue	of Kentucky	Sportsmen, In	C					61	(0516580	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.	
			-	ndation because it is:	•			-		•		
1				rches, or association			nbed in s	section 1	70(b)(1)(A)(i).		
2	_			on 170(b)(1)(A)(ii). (At		•						
3				hospital service organ								
4	Ш		esearch organiza ime, city, and st	ation operated in conjecte:	junction v		•			170(b)(1)(A)(iii). Er	iter the
5			tion operated for (b)(1)(A)(iv). (Co	r the benefit of a colle mplete Part II.)	ge or uni	versity ov	wned or o	operated	by a gov	emmenta	l unit desc	nbed in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v).		
7				y receives a substantia (1)(A)(vi). (Complete F		its suppo	ort from a	governm	nental uni	t or from	the genera	l public
8				d in section 170(b)(1)		omplete	Part II)					
9	\checkmark	An organizat	ion that normally	receives: (1) more that	an 331/3 %	of its su	pport fro	m contrib	utions, m	nembershi	ip fees, and	d gross
		receipts from	n activities relate	ed to its exempt function	tions—su	bject to	certain ex	ceptions	, and (2)	no more	than 331/3 9	% of its
				ent income and unre after June 30, 1975.						1 511 tax)	from bus	ınesses
10	П	An organizat	ion organized a	nd operated exclusive	elv to test	t for publ	ic safety.	See sec	tion 509	(a)(4).		
11				and operated exclusiv							r to carry	out the
		purposes of	one or more pu	blicly supported organat describes the type	nizations	describe	d in secti	on 509(a))(1) or se	ction 509(a)(2). See s	ection
		a Type		_	П Тур				•	_	Type III-	
_		• •		tify that the organizat								
·	_	persons other		on managers and othe								
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type I	. Type II	. or Type	III suppoi	tina
			, check this box									. 🗀
g		Since Augus following per		the organization acce	epted any	gift or c	ontribution	on from a	iny of the	1		
			-	r indirectly controls, e		_		th persor	ns descri	oed in (11)		s No
		and (iii) b	elow, the gover	ning body of the sup	ported or	ganızatio	n? .				11g(i)	-
				erson described in (i) a							11g(ii)	1
				of a person described							11g(iii)	
<u>h</u>				ation about the support			ì			····		
(i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	ın col (i) lıs	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the non in col zed in the S?	(vii) Amor suppo	
				(000 1101 1010110))	Yes	No	Yes	No	Yes	No		
												
		·										
Γota	al											

Par	Support Schedule for Org (Complete only if you chec					and 170	0(b)(1)(A)(vi)
Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	-					
6	Public support. Subtract line 5 from line 4.		<u> </u>			,	
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09 (f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .		<u> </u>	<u> </u>	L		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		-	1, column (f))		14	
15	Public support percentage from 2008 Scl	· · · · · · · · · · · · · · · · · · ·	· ·			15	%
16a	33% % support test—2009. If the organization qualifies					% or more	e, check this box ► □
b	331/4 % support test 2008. If the organic	zation did not	check a box on	line 13 or 16a,	and line 15 is	33%% or	more, check this
	box and stop here. The organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets test—20 more, and if the organization meets	acts-and-circui	mstances" test,	check this box	and stop here.	Explain in	n Part IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. By supported or	Explain in ganization	Part IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55669	54779	44590	30407	23062	208507
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	8754	10564	27546	5497	7019	59380
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	64423	65343	72136	35904	30081	267887
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						267887
	tion B. Total Support					·	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	64423	65343	72136	35904	30081	267887
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1008	1206	1206	825	1602	5847
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1008	1206	1206	825	1602	5847
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						273734
14	First five years. If the Form 990 is for torganization, check this box and stop I	here			, or fifth tax ye	ear as a sectio	n 501(c)(3) ▶ □
	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by line	e 13, column (ft)	15	97.9 %
16 Soc	Public support percentage from 2008 S			· · · · ·	<u>· · · ·]</u>	16	98.5 %
	tion D. Computation of Investmen						24
17	Investment income percentage for 2009				olumn (f)) .	17	2.1 %
18	Investment income percentage from 20				l	18	1.5 %
19a	33%% support tests—2009. If the orga						
b	17 is not more than 33% %, check this be 33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	ization did not d	check a box on	line 14 or line	19a, and line 16	s more than	33/ ₃ %, and
20	Private foundation. If the organization						
	uic organization	and mot offect i	A DOV OUT HILE I	-, 13a, UT 19D	CHECK HIS DO	A and See mist	LUCTIONS P

Schedule A (Fo	orm 990 or	990-EZ) 2009																Page 4
Part IV	Supple Part II,			forma r 17b	ation. ; and	Con Part	plete III, line	this : 12.	part Pro	to p vide	rovid any	le the	expla additio	national i	ns red nform	quired ation.	by Pa See ir	art II, li nstruct	ne 10; ions.

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LEAGUE OF KENTUCKY SPORTSMEN 2009 FORM 990-EZ (4/30/10)

61-0516580

Part 1 - Pa Other Inc	age 1 - Line 8 ome	Attachment #2				
	Turkey & Deer Tag Misc Income	1363 1215				
Line 8	Other Income		3018			
Part 1 - Pa	age 1 - Line 16					
Other Exp	penses					
	Advertising	100				
	Travel Expense (Officers, etc.)	10261				
	Merchant Fees (Bank)	523				
	Filing Fee	9				
	Office Supplies	141				
	Office Phone	148				
	Sales Tax	762				
	Trophies & Plaques	869				
	Quail Tracking Program	560				
	Dues & Subscriptions	127				
	Miscellaneous	757				
Line 16	Other Expenses		14257			

Part 1 - Page 1 - Line 20 Other Changes in Net Assets/Fund Balances

Cash from General Checking was used to increase Money Market Account and to purchase additional Certificate of Deposit

LEAGUE OF KENTUCKY SPORTSMEN

61-0516580

2009 FORM 990-EZ (4/30/10)

Part 1 - Page 1 - Line 6

Attachment #1

Special Events & Activities (attach schedule)

Gross Revenue

Auctions/Raffles 907 Conventions 3040 Advertising 54

Line 6a

Total Revenue

4001

Less: Direct Expenses

Conventions2444Internet/Website164Internet PayPal Account10Squirrel Rifle Shoots446Meeting Expense44

Line 6b

Total Direct Expenses

3108

Line 6c

Net Income (Loss)

893.00

LEAGUE OF KENTUCKY SPORTSMEN 2009 FORM 990-EZ (4/30/10)

61-0516580

Attachment #3

Part III Statement of Organization's Primary Exempt Purpose

To develop, promote and support a Comprehensive Educational Program based on scientific study and technical research for the advancement, restoration, wise use, management, and conservation of wildlife and other natural resources. To coordinate all agencies, societies, clubs and individuals into a permanent, unified, active agency for the purpose of securing adequate public recognition of the needs and values of wildlife resources and other natural resources. To stimulate a proper public attitude and appreciation regarding sportsmanship and the wise use and management of all natural resources. To promote, through education of the members and the general public, an understanding of the importance of of the good sportmanship and the conservation and wise use of the fish, wildlife, and other natural resources of the state of Kentucky, the United States of America, as well as the rest of North America and the world.