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## 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)

- 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

2009

Open to Public  
Inspection

## A For the 2009 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization

PIONEER SPORTSMEN, INC

Number and street (or P O box, if mail is not delivered to street address)

P O BOX 403

D Employer identification number

02-6012548

City, town, or country

CONCORD

State

NH

ZIP + 4

03302

E Telephone number

(603) 223-1674

F Group Exemption

Number ►

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method  
Other (specify) ► Cash  AccrualI Website: ► [www.pioneersportsman.org](http://www.pioneersportsman.org)H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) —  501(c) ( 7 ) (insert no)  4947(a)(1) or  527K Check ►  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

L 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 ► \$ 31,149

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	12,246
3	Membership dues and assessments	3	18,903
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	0
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6b	0
b	Less direct expenses other than fundraising expenses	6c	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	0
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe ► See Attached Statement)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	31,149
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	17,559
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► See Attached Statement)	16	7,061
17	Total expenses. Add lines 10 through 16	17	24,620
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,529
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	115,206
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	121,735

## Part II 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	42,038	22
23	73,168	23
24	0	24
25	115,206	25
26	0	26
27	115,206	27

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

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	TO PROVIDE A SAFE FACILITY FOR ARCHERY AND TARGET SHOOTING FOR THE 200 MEMBERS OF THE ORGANIZATION			
	(Grants \$ 0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	24,620	
29				
	(Grants \$ 0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	0	
30				
	(Grants \$ 0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	0	
31	Other program services (attach schedule)			
	(Grants \$ 0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	0	
32	<b>Total program service expenses.</b> (add lines 28a through 31a)		► 32	24,620

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CHRIS CURRIER 47 WINTER HILL ROAD GOFFSTOWN NH 03045	Title PRESIDENT Hr/WK 2.00	0	0	0
CHRIS LEGROS 102 CENTER STREET MANCHESTER NH 03101	Title VICE PRESIDENT Hr/WK 2.00	0	0	0
JUD DURANT 813 DOLLY ROAD HOPKINTON NH 03229	Title SECRETARY Hr/WK 3.00	0	0	0
TOM WILCZEK 33 RANGE ROAD GOFFSTOWN NH 03045	Title TREASURER Hr/WK 3.00	0	0	0
JEFF CUMMINGS 268 BEAR ROAD WARNER NH 03278	Title EXECUTIVE OFFICE Hr/WK 2.00	0	0	0
LEE HESS 206 COLBURN ROAD NEW BOSTON NH 03070	Title DIRECTOR Hr/WK 2.00	0	0	0
MIKE PAGE 19 WINTER STREET GOFFSTOWN NH 03045	Title DIRECTOR Hr/WK 2.00	0	0	0
ANDY NASH 213 5TH RANGE ROAD PEMBROKE NH 03275	Title DIRECTOR Hr/WK 2.00	0	0	0
ROBERT WESCOTT 578 FARRINGTON CORNER ROAD HOPKINTON NH	Title DIRECTOR Hr/WK 2.00	0	0	0
BRIAN HARDING 366 B TIRRELL HILL ROAD GOFFSTOWN NH 03045	Title DIRECTOR Hr/WK 2.00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0

## Part V Other Information (Note the statement requirements in the instructions for Part V)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33  Yes  No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34  Yes  No

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 35a  Yes  No

a 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? 35b  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36  Yes  No

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 37a  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b  Yes  No

b Did the organization file Form 1120-POL for this year? 38a  Yes  No

38 a 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? 38b  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a  Yes  No

39 Section 501(c)(7) organizations. Enter 39b  Yes  No

a Initiation fees and capital contributions included on line 9 0

b Gross receipts, included on line 9, for public use of club facilities 2,889

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_; section 4955 ► \_\_\_\_\_ 40b  Yes  No

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 40c  Yes  No

c 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 40d  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e  Yes  No

e 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 40f  Yes  No

41 List the states with which a copy of this return is filed ► NH

42 a The organization's books are in care of ► TOM WILCZEK Telephone no. ► (603) 497-3290  
Located at ► 33 RANGE ROAD City GOFFSTOWN ST NH ZIP + 4 ► 03045

b 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)?

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 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. ► \_\_\_\_\_

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 N/A44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44  Yes  No45 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  Yes  No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

		Yes	No
46	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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(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	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer	Date		
	THOMAS WILCZEK	7/20/10		
	Type or print name and title	Treasurer		
Paid Preparer's Use Only	Preparer's signature	Date 6/29/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) P00581700
	Firm's name (or yours if self-employed), address, and ZIP + 4	ROWLEY AND ASSOCIATES, PC 6A HILLS AVE, CONCORD, NH 03301	EIN 02-0522619	
			Phone no (603)228-5400	

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

## Depreciation and Amortization

OMB No 1545-0172

## (Including Information on Listed Property)

2009

Department of the Treasury  
Internal Revenue Service (99)Attachment  
Sequence No 67

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return PIONEER SPORTSMEN, INC	Business or activity to which this form relates 990EZ	Identifying number 02-6012548
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## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount. See the instructions for a higher limit for certain businesses	1 250,000
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation	3 800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4 0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5 250,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8 0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9 0
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12 0
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	► 13 0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>

## Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	11/30/2009	24,500	27.5 yrs	MM	S/L	
			39 yrs.	MM	S/L	105
				MM	S/L	

## Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

## Part IV Summary (See instructions.)

21 Listed property Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22 105
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

PART III, EXEMPT PURPOSE

TO PROMOTE ALL PHASES AND DISCIPLINES OF TARGET SHOOTING AND TO INSTRUCT YOUNGSTERS IN THE USE  
OF FIREARMS

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**Part I, Line 16 (990-EZ) - Other Expenses**

7,061

1 Travel	1
2 Meals and entertainment	2
3 Fundraising	3
4 Amortization	4
5 Conferences, conventions, and meetings	5
6 Depreciation	6
7 Depletion	7
8 Equipment rental and maintenance	8
9 Interest	9
10 Supplies	10
11 Telephone	11
12 Unrelated business income taxes	12
13 BANK CHARGES	13
14 NRA DUES	14
15 RANGE IMPROVEMENTS	15
16 INSURANCE	16
17 MISCELLANEOUS	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box. ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>PIONEER SPORTSMEN, INC</b>	Employer identification number <b>02-6012548</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. BOX 403</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>CONCORD</b>	NH      03302

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **TOM WILCZEK P.O. BOX 403 CONCORD NH 03302**

Telephone No ► **(603) 223-1674** FAX No ►   
 • If the organization does not have an office or place of business in the United States, check this box ►   
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **8/15/2010** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - calendar year **2009** or
  - tax year beginning , and ending
- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <b>0</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.