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Short Form

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization PIONEER SPORTSMEN, INC.	D Employer identification number 02-6012548	
Number and street (or P O box, if mail is not delivered to street address) PO BOX 403	Room/suite _____	
City or town CONCORD	state or country NH	ZIP + 4 03302
F Group Exemption Number ►		

G Accounting Method Cash Accrual Other (specify) ► _____I Website: ► www.pioneersportsman.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **54,591**

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

Check if the organization used Schedule O to respond to any question in this Part I X

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	17,569
	3 Membership dues and assessments	3	36,974
	4 Investment income	4	48
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
	c Less: direct expenses from gaming and fundraising events	6d	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less cost of goods sold	7c	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe in Schedule O)	9	54,591
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	
	10 Grants and similar amounts paid (list in Schedule O)	11	
Net Assets	11 Benefits paid to or for members	12	
	12 Salaries, other compensation, and employee benefits	13	459
	13 Professional fees and other payments to independent contractors	14	28,428
	14 Occupancy, rent, utilities, and maintenance	15	
	15 Printing, publications, postage, and shipping	16	13,952
	16 Other expenses (describe in Schedule O)	17	42,839
	17 Total expenses. Add lines 10 through 16	18	11,752
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	96,593
	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)	20	
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	108,345
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2012)

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	55,831	22 68,665
23 Land and buildings	40,762	23 39,680
24 Other assets (describe in Schedule O)		24
25 Total assets	96,593	25 108,345
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,593	27 108,345

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

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

28 TO PROVIDE A SAFE FACILITY FOR ARCHERY AND TARGET SHOOTING FOR THE 200 MEMBERS OF THE ORGANIZATION

(Grants \$) If this amount includes foreign grants, check here ► 28a 42,265

29

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses. (add lines 28a through 31a) ► 32 42,265

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MATTHEW POULIN				
PRESIDENT	Hr/WK 2.00			
CHRIS LEGROS				
VICE PRESIDENT	Hr/WK 2.00			
BILL KUCH				
SECRETARY	Hr/WK 2.00			
AL VITALE				
TREASURER	Hr/WK 2.00			
ARNOLD BARNES				
EXECUTIVE OFFICER	Hr/WK 2.00			
DENNIS CRAWFORD				
DIRECTOR	Hr/WK 2.00			
MIKE MICHAELS				
DIRECTOR	Hr/WK 2.00			
JUD DURANT				
DIRECTOR	Hr/WK 2.00			
MIKE PAGE				
DIRECTOR	Hr/WK 2.00			
ANDY NASH				
DIRECTOR	Hr/WK 2.00			
JOHN BATES JR				
DIRECTOR	Hr/WK 2.00			
MARK MAYNARD				
ALT DIRECTOR	Hr/WK 2.00			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No	
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X	
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X	
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X	
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	X	
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a		
b Did the organization file Form 1120-POL for this year?	37b	X	
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 tax year covered by this return?	38a	X	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 Section 501(c)(7) organizations Enter:	39a		
a Initiation fees and capital contributions included on line 9	39b	5,264	
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		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c		
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		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40e		
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		
41 List the states with which a copy of this return is filed ► NH	41		
42 a The organization's books are in care of ► AL VITALE	Telephone no ► (908) 370-1015		
Located at ► PO BOX 403	City CONCORD	ST NH	ZIP + 4 ► 03302
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. ►	42b	X	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	X	
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42d		
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	43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X	
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X	
c Did the organization receive any payments for indoor tanning services during the year?	44c	X	
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X	
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	47	
48	48	
49 a	49a	
b	49b	
50		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

 b If "Yes," was the related organization a section 527 organization?

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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
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		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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	<i>Alfred J. Vitale</i>		Date 3/1/13
	Signature of officer <i>ALFRED J. VITALE, TREASURER</i>	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Eric Rowley	Preparer's signature <i>Eric Rowley</i>	Date 2/7/2013	Check <input type="checkbox"/> if self-employed	PTIN P00581700
	Firm's name ► ROWLEY AND ASSOCIATES, PC	Firm's EIN ► 02-0522619			
	Firm's address ► 6A HILLS AVE, CONCORD, NH 03301	Phone no (603)228-5400			

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

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012
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Name of the organization

PIONEER SPORTSMEN, INC

Employer identification number

02-6012548

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 2,373

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone 406

Form 990-EZ, Part I, Line 16, Other Expenses: Depletion 1,082

Form 990-EZ, Part I, Line 16, Other Expenses Discipline expenses 3,007

Form 990-EZ, Part I, Line 16, Other Expenses Donations 2,020

Form 990-EZ, Part I, Line 16, Other Expenses Membership fees 330

Form 990-EZ, Part I, Line 16, Other Expenses Insurance: NRA 2,314

Form 990-EZ, Part I, Line 16, Other Expenses: AED expense 758

Form 990-EZ, Part I, Line 16, Other Expenses: Bank service charges 115

Form 990-EZ, Part I, Line 16, Other Expenses Family fun day: 630

Form 990-EZ, Part I, Line 16, Other Expenses: Reimbursements 450

Form 990-EZ, Part I, Line 16, Other Expenses Awards: 467

Form 990-EZ Part III EXEMPT PURPOSE To promote all phases and disciplines of target shooting

and to instruct youngsters in the use of firearms

Name of the organization

PIONEER SPORTSMEN, INC

Employer identification number

02-6012548

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Page 1 of 1 of Part IV

Name of Organization

PIONEER SPORTSMEN, INC

Employer identification number

02-6012548