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Short Form

Return of Organization Exempt From Income Tax

2013

Department of the Treasury
Internal Revenue Service

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.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection**A**

For the 2013 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

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

PO BOX 403

Room/suite

City or town

State

ZIP code

CONCORD

NH

03302

Foreign country name

Foreign province/state/county

Foreign postal code

D Employer identification number

02-6012548

E Telephone number

(908) 370-1015

F Group Exemption

Number ►

G Accounting Method Cash Accrual

Other (specify) ►

I Website: ► www.pioneersportsman.org**J** Tax-exempt status (check only one) — 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527**H** Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Form of organization Corporation Trust Association Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

77,004

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 35,432
	3 Membership dues and assessments	3 41,511
	4 Investment income	4 61
	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	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	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)	6b
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 77,004
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10
	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	13 449
	14 Occupancy, rent, utilities, and maintenance	14 33,834
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 33,555
	17 Total expenses. Add lines 10 through 16	17 67,838
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 9,166
	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)	19 108,345
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 117,511

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2013)

13

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	68,665	22
23	Land and buildings	39,680	23
24	Other assets (describe in Schedule O)		24
25	Total assets	108,345	25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	108,345	27
			117,511

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 ► <input type="checkbox"/>	28a	67,385
29			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)		32	67,385

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 TESSIER				
VICE PRESIDENT	Hr/WK 2 00			
JIM DOOLITTLE				
SECRETARY	Hr/WK 2 00			
TIM ROGERS				
TREASURER	Hr/WK 2 00			
ARNOLD BARNES				
EXECUTIVE OFFICER	Hr/WK 2 00			
DOUG KIMBALL				
EXECUTIVE OFFICER	Hr/WK 2 00			
DENNIS CRAWFORD				
DIRECTOR	Hr/WK 2 00			
MARK MAYNARD				
DIRECTOR	Hr/WK 2 00			
MIKE GADOURY				
DIRECTOR	Hr/WK 2 00			
MIKE MICHAELS				
DIRECTOR	Hr/WK 2 00			
TOM WILCZEK				
DIRECTOR	Hr/WK 2 00			
JON WOLFE				
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.

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
 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
 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 6,142
 b Gross receipts, included on line 9, for public use of club facilities

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a , section 4912 ► 40b , section 4955 ► 40c

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 40d
 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 40e X
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f
 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 40g

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

42 a The organization's books are in care of ► TIM ROGERS 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.

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. ► 42c X

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

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 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	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 title of each employee	(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				

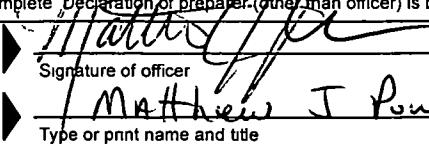
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

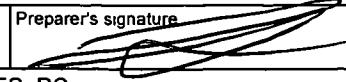
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
d Total number of other independent contractors each receiving over \$100,000		

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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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			Date 05/15/14
	Signature of officer	Type or print name and title Matthew J. Rowley President	

Paid Preparer Use Only	Print/Type preparer's name Eric Rowley	Preparer's signature 	Date 5/12/2014	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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Form 990-EZ (2013)			

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

PIONEER SPORTSMEN, INC

Employer identification number

02-6012548

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

Form 990-EZ, Part I, Line 16, Other Expenses Discipline expenses 21,389

Form 990-EZ, Part I, Line 16, Other Expenses Donations 293

Form 990-EZ, Part I, Line 16, Other Expenses Membership fees 1,502

Form 990-EZ, Part I, Line 16, Other Expenses Insurance NRA 2,349

Form 990-EZ, Part I, Line 16, Other Expenses Administration 2,737

Form 990-EZ, Part I, Line 16, Other Expenses Bank service charges 60

Form 990-EZ, Part I, Line 16, Other Expenses Family fun day 1,324

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 1,215

Form 990-EZ, Part I, Line 16, Other Expenses Annual Cleanup 1,604

Form 990-EZ, Part III, Section 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

► 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 instructions)	1
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
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4
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

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
9 Tentative deduction Enter the smaller of line 5 or line 8	9
10 Carryover of disallowed deduction from line 13 of your 2012 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
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13

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 2013	17	1,082
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 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property			25 yrs	MM	S/L	
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property						
h Residential rental property			27 5 yrs	S/L		
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

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
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 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