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Short Form Return of Organization Exempt From Income Tax

2013

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

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable

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

C Name of organization

PINK SUPPER HOUSE INC

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

Room/suite

506 S NORWOOD STREET

City or town, state or province, country, and ZIP or foreign postal code

Wallace, NC 28466

D Employer identification number

56-2220408

E Telephone number

(910) 285-3743

F Group Exemption Number

G Accounting Method

Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) 4947(a)(1) or 527

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

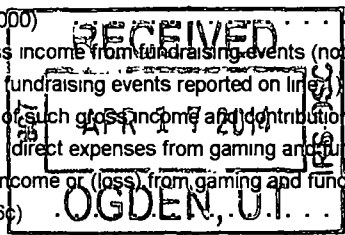
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 155,931

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Investment income, Gross amount from sale of assets, Gaming and fundraising events, Gross sales of inventory, Other revenue, Total revenue, Grants and similar amounts paid, Salaries, Professional fees, Occupancy, Printing, Other expenses, Total expenses, Excess or (deficit) for the year, Net assets at beginning/end of year.

SCANNED MAY 13 2014



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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

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

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? COMMUNITY GROWTH

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)

Table with 2 columns: Description, Expenses. Rows include: 28 CREATED JOBS THROUGH RESTAURANT; 29 HELPING FAMILIES WHO HAVE BEEN IN ACCIDENTS; 30; 31 Other program services; 32 Total program service expenses.

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: EUNICE ENGLISH, TREASURER, 40, 0, 0, 0.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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 46 Yes No 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

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
49a 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."

Table with 5 columns: (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.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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 EUNICE ENGLISH Signature of officer 04-14-2014 Date EUNICE ENGLISH, TREASURER Type or print name and title

Paid Preparer Use Only Sean C Knowles Print/Type preparer's name Sean C Knowles Preparer's signature 04-14-2014 Date Check [X] if self-employed PTIN P00829937 Firm's name Knowles Accounting Firm's EIN Firm's address 506 S Norwood St Wallace NC 28466 Phone no 910-285-3743

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

PINK SUPPER HOUSE INC

56-2220408

01. Description of other revenue (Part I, line 8)

Description	Amount
RESTAURANT SALES	155,931

02. Description of other expenses (Part I, line 16)

Description	Amount
SUPPLIES	1,162
PAYROLL TAXES	6,397
INTEREST	625
FUEL	5
OFFICE SUPPLIES	123

Name(s) as shown on return

PINK SUPPER HOUSE INC

FEIN

56-2220408

Description	Amount
LP GAS	\$ 3,987
ELECTRICITY	5,909
WATER	609
TELEPHONE	646
TRASH PICKUP	1,484
REPAIRS	4,101
Total:	\$ 16,736

Description	Amount
BANK CHARGES	\$ 121
CC FEES	1,150
Total:	\$ 1,271