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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
B T U REST HOME  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO BOX 352  
  
City or town, state or province, country, and ZIP or foreign postal code  
BENNETTSVILLE, SC 29512

F Name and address of principal officer:  
MICHAEL CAIN  
2048 SALEM ROAD  
BENNETTSVILLE, SC 29512

D Employer identification number  
  
51-0161641  
  
E Telephone number  
  
(843) 479-9053  
  
G Gross receipts \$ 709,378

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1975

M State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
PROVIDING ROOM, BOARD, AND CARE FOR ELDERLY AND DISABLED PERSONS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .35

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .45

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . .537

6 Total number of volunteers (estimate if necessary) . . . . .60

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .7a0

b Net unrelated business taxable income from Form 990-T, line 39 . . . . .7b0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .85,146

9 Program service revenue (Part VIII, line 2g) . . . . .9770,310

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .100

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .110

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .12775,456

775,456709,378

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .130

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .140

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .15458,626

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .16a0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .17276,370

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .18734,996

19 Revenue less expenses. Subtract line 18 from line 12 . . . . .1940,460

295,077762,365-52,987

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .20582,942

21 Total liabilities (Part X, line 26) . . . . .21230,702

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .22352,240

Beginning of Current YearEnd of Year

557,410258,157299,253

Part II Signature Block

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.

\*\*\*\*\*  
Signature of officer  
MICHAEL CAIN ADMINISTRATOR  
Type or print name and title

2020-11-13  
Date

Paid Preparer Use Only

Print/Type preparer's namePreparer's signatureDate

Check ☐ if self-employedPTIN P00550996

Firm's name ▶ SCHMOYER AND COMPANY LLC CPA'SFirm's EIN ▶ 57-1163206

Firm's address ▶ PO BOX 11881COLUMBIA, SC 292111188Phone no. (803) 254-2050

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282YForm 990 (2019)