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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	
	BRAZOS VALLEY REHABILITATION CENTER 1318 MEMORIAL DRIVE BRYAN, TX 77802
Prepared by	MILBERGER, NESBITT & ASK, L.L.P. 3833 S TEXAS AVE, STE 240 BRYAN, TX 77802
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 8879-TE	IRS e-f fo	ile Signatur r a Tax Exe	e Authorization mpt Entity	n -	OMB No. 1545-0047
	For calendar year 2021, or fiscal year b	peginning	, 2021, and ending	, 20	2021
Department of the Treasury	-		Keep for your records.		
Internal Revenue Service Name of filer	Go to www	v.irs.gov/Form88791	E for the latest information	on. EIN or SSN	
	VALLEY REHABIL	TATION CEN	TER	74-129	8551
Name and title of officer or pe	son subject to tax ALINA	FIFER			
	CEO				
	Return and Return Infor				
Form 5330 filers may enter or 10a below, and the amo	n for which you are using this dollars and cents. For all other unt on that line for the return b ank (do not enter -0-). But, if yo	r forms, enter whole o being filed with this for	Iollars only. If you check the rm was blank, then leave lin	e box on line 1a, 2a, 3a, le 1b, 2b, 3b, 4b, 5b, 6b	4a, 5a, 6a, 7a, 8a, 9a, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere > X b Total r	evenue, if any (Form	990, Part VIII, column (A), lii	ne 12) 1k	2,184,382.
2a Form 990-EZ che	ck here 🕨 📃 🛛 b Total r	evenue, if any (Form	990-EZ, line 9)	2t	
3a Form 1120-POL of			ine 22)		
4a Form 990-PF che			n come (Form 990-PF, Part)		
5a Form 8868 check	here b Balanc	e due (Form 8868, lir	ne 3c)		
6a Form 990-T check	there b Total ta	ax (Form 990-T, Part I	III, line 4)		
7a Form 4720 check			II, line 1)		
8a Form 5227 check9a Form 5330 check		e (Form 5330, Part II,	k year (Form 5227, Item D)	8b 9b	-
10a Form 8038-CP ch			requested (Form 8038-CP,		
	ion and Signature Auth				
	I declare that X I am an offi				to (name
of entity)			, (EIN)		amined a copy of the
financial institution to debi later than 2 business days payment of taxes to receiv	tion account indicated in the ta the entry to this account. To r prior to the payment (settleme e confidential information nece ber (PIN) as my signature for th	evoke a payment, I m nt) date. I also author ssary to answer inqui	nust contact the U.S. Treasurize the financial institutions iries and resolve issues relations relations and resolve issues and resolve issues relations and res	ury Financial Agent at 1 involved in the process ted to the payment. I ha	888-353-4537 no ing of the electronic ave selected a
PIN: check one box only					10005
X I authorize MI	LBERGER, NESBITT		L.P.	to enter my PIN	
		ERO firm name			Enter five numbers, but do not enter all zeros
with a state age	on the tax year 2021 electronic icy(ies) regulating charities as p isclosure consent screen.	•			-
return. If I have i	person subject to tax with respondicated within this return that rogram, I will enter my PIN on the time of time of the time of time of the time of time of time of time of the time of time	a copy of the return i	s being filed with a state ag	-	rities as part of the
Signature of officer or person subje	tion and Authentication	- My		Date 🕨	06/14/2022
		/			
	ur six-digit electronic filing iden your five-digit self-selected PIN		7478540 Do not enter		
	neric entry is my PIN, which is cordance with the requirement				
ERO's signature 🕨 MIL	BERGER, NESBITT	& ASK, L.L	• P• Date ►	05/24/22	
			rm - See Instructions S Unless Requested		
LHA For Privacy act and	Paperwork Reduction Act No				orm 8879-TE (2021)
102521 01-11-22					

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eilo a	congrato	application	for on	ch roturn
Flie a	Sevarate	application		cii i etui ii.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	or Name of exempt organization or other filer, see instructions.			Taxpaye	ridentificatio	n number (TIN)	
print	BRAZOS VALLEY REHABILITATION CENTER				74-1298551		
File by the due date for filing your return. See	due date for Number, street, and room or suite no. If a P.O. box, see instructions.						
instruction		oreign add	Iress, see instructions.				
Enter th	e Return Code for the return that this application is for (fi	le a separa	ate application for each return)			01	
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	00 or Form 990-EZ	01	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	00-PF	04	Form 5227			10	
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	00-T (trust other than above)	06	Form 8870			12	
Form 99	00-T (corporation) THE ORGANIZATI	07					
• If this box 1 Ir th	e organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until e organization named above. The extension is for the org $\boxed{\mathbf{X}}$ calendar year 2021 or $\boxed{\mathbf{x}}$ calendar year beginning the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta NOVEJ ganization's	emption Number (GEN) uch a list with the names and TINs o <u>MBER 15, 2022</u> , to file s return for: d ending	f this is fo f all memb	r the whole o ers the exten npt organizat 	nsion is for.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	9, enter the	e tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	9. enter an	v refundable credits and		Ť		
	stimated tax payments made. Include any prior year over			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa						
	sing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.	
Cautior instructi	a: If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8	453-TE ar	nd Form 8879	9-TE for payment	
	For Privacy Act and Paperwork Beduction Act Notice	see instr	uctions.		Form 8	868 (Rev 1-2022)	

Form	990
FOIIII	000

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax 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 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

A	For th	e 2021 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identific	cation number
	Addre chang	BRAZOS VALLEY REHABILITATION CENTER			F 1
	Name chang	Doing business as		74-12985	
	Initial returr Final returr		Room/suite	E Telephone number 979-776-2	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,213,128.
	Amer returr			H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: ALINA FIFER		for subordinates	? Yes X No
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
11	Tax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1)	or 527	If "No," attach a	list. See instructions
٦١	Websi	te: BRAZOSTHERAPY.ORG		H(c) Group exemptior	n number 🕨
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2017 N	State of legal domicile: TX
		Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: REHA	BILITA	TION SERVIC	ES TO THE
'nai	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets
Nel	3	Number of voting members of the governing body (Part VI, line 1a)			12
	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
s S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			20
Activities &	6	Total number of volunteers (estimate if necessary)			0
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>			Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		547,876.	599,415.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,426,059.	1,461,057.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,839.	882.
ň	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		85,901.	123,028.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,071,675.	2,184,382.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		687,683.	657,985.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		948,640.	857,447.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	·····	0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25) > 22, 3	06.		
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		274,556.	344,432.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,910,879.	1,859,864.
		Revenue less expenses. Subtract line 18 from line 12		160,796.	
or	1.0		Be	ginning of Current Year	End of Year
ets lanc	20	Total assets (Part X, line 16)		1,140,725.	1,430,501.
Ass Ba	21	Total liabilities (Part X, line 26)		71,016.	36,274.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,069,709.	1,394,227.
Pa	art II	Signature Block	·····	, ,	, , , •
		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is
	•	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi			, ,
<u>.</u>		Signature of officer		Date	

Sign	Signature of officer	Date						
Here	🔪 ALINA FIFER, CEO							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature	Date Check PTIN						
Paid	RUSSELL ARMAGOST RUSSELL ARMAG							
Preparer	Firm's name MILBERGER, NESBITT & ASK, L.L	• P • Firm's EIN ► 74-2075264						
Use Only	Firm's address 3833 S TEXAS AVE, STE 240							
	BRYAN, TX 77802	Phone no. (979) -822-0175						
May the IF	lay the IRS discuss this return with the preparer shown above? See instructions 🛛 🛄 🛛 🚺 🔀							
132001 12-0	19-21 LHA For Paperwork Reduction Act Notice, see the separate instr	uctions. Form 990 (2021)						

	990 (2021) BRAZOS VALLEY REHABILITATION CENTER 74-1298551 Page	2
Pa	t III Statement of Program Service Accomplishments	٦
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: A NONPROFIT PROVIDER OF SERVICES TO PERSONS WITH DISABILITIES,	
	ACCEPTING ANY DISABLED PERSON WHO CAN BE HELPED REGARDLESS OF THEIR	—
	ABILITY TO PAY.	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?)
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
3	If "Yes," describe these changes on Schedule O.	,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,727,703. including grants of \$ 657,985.) (Revenue \$ 1,461,057.)
	PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES	_
		_
		—
		—
		_
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		_
		—
		—
		—
		_
		_
		<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		—
		—
		_
		_
		—
4d	Other program services (Describe on Schedule O.)	—
-tu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,727,703.	—
	Form 990 (202	1)
13200	12-09-21	,
	3	

09330524 767526 129855 2021.03050 BRAZOS VALLEY REHABILITATIO 129855_1

Eorm	000	(2021)
Form	990	(2021)

 Form 990 (2021)
 BRAZOS
 VALLEY
 REHABILITATION
 CENTER

 Part IV
 Checklist of Required Schedules
 Center
 Center

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
•	If "Yes," complete Schedule A	1	X X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	<u>^</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
132003	12-09-21		990	(2021)

132003 12-09-21

2021.03050 BRAZOS VALLEY REHABILITATIO 129855_1

4

Form 990 (VALLEY	
Part IV	Ch	ecklist of Required Sc	hedules (co	ntinued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		- 23
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			-
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)
	5			

2021.03050 BRAZOS VALLEY REHABILITATIO 129855_1

2021)	BRAZOS	VALLEY	REHABILITATION	CENTER
Statements	Regarding C	Other IRS F	ilings and Tax Complia	nce (continued)

					Yes	Ν
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		Z
• -	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			0-		2
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule			3a 3b		-
	At any time during the calendar year, did the organization have an interest in, or a signature or other			30		
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		2
b	If "Yes," enter the name of the foreign country	accou		τu		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		2
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		2
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts			
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v					Ι.
	to file Form 8282?			7c		
	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer					
~				8		
	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b		
	Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		-		
1	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
~	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forn		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	L				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		Γ
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		
b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun		or			
b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eratior		15		
b		eratior		15		
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun excess parachute payment(s) during the year?	eratior		15 16		
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	eratior				
b 15 16	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investme	eratior nt inco				
b 5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investme If "Yes," complete Form 4720, Schedule O.	eratior nt inco n any	me?			

Form 990 (2021)

Part V

Form 990	(2021))
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BRAZOS VALLEY REHABILITATION CENTER

Check if Schedule O contains a response or note to any line in this Part VI

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

		1.	1 10)	Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	12	1		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1.			
	Enter the number of voting members included on line 1a, above, who are independent	-	12	1		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	-	•			L
	officer, director, trustee, or key employee?			2		╀
	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		╀
	Did the organization make any significant changes to its governing documents since the prior Form			4		╀
	Did the organization become aware during the year of a significant diversion of the organization's a			5		╀
	Did the organization have members or stockholders?			6		╉
	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					l
	persons other than the governing body?			7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y		•			
	The governing body?			8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?			8b	X	ļ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			1		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		1
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)			-
					Yes	4
	Did the organization have local chapters, branches, or affiliates?			10a		ļ
	If "Yes," did the organization have written policies and procedures governing the activities of such					I
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		+
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody befo	ore filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	I
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X X	╀
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		╀
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ' on Schedule O how this was done			12c	x	
	Did the organization have a written whistleblower policy?			13	X	\dagger
	Did the organization have a written document retention and destruction policy?			13	<u></u>	\dagger
	Did the process for determining compensation of the following persons include a review and appro			14		\dagger
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		aependent			I
2	The organization's CEO, Executive Director, or top management official			15a		I
	Other officers or key employees of the organization			15a		\dagger
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			150		\dagger
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ementv	with a			I
				16a		I
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			104		t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		•			I
	exempt status with respect to such arrangements?			16b		I
	tion C. Disclosure	<u></u>				1
	List the states with which a copy of this Form 990 is required to be filed NONE					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	0-T (section 501(c)(3)s only) avail	la
	for public inspection. Indicate how you made these available. Check all that apply.			, ···y	, <u>.</u>	
.			,	nd fine	noial	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tay year	CONNICT	or interest policy, al	iu iinal	lloidi	
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b		ad rocarda 🕨			
0	THE ORGANIZATION - 979-776-2872	JUUKS al				
	1.5 NEMORIAL DRIVE. BRYAN. TX //802					
2000	1318 MEMORIAL DRIVE, BRYAN, TX 77802			Form	1 990	1

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	not c	Pos heck	more than one			Reportable	Reportable	Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)				is bot	h an	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ited		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	ipen sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	lual tr	tional		nploye	st com yee		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) JUDD MOODY	2.00									
PRESIDENT		X		Х				0.	0.	0.
(2) MARIA ORTEGA	2.00									
SECRETARY		Х		Х				0.	0.	0.
(3) ZAHRA BROWN	2.00								_	_
TREASURER		Х		х				0.	0.	0.
(4) JOSEPH BRIERS	2.00									
PRESIDENT ELECT		х						0.	0.	0.
(5) MARK SCARBOROUGH	2.00								0	0
DIRECTOR		X						0.	0.	0.
(6) CRYSTAL GARCIA WILLIAMS	2.00	.,							0	0
DIRECTOR		X						0.	0.	0.
(7) JORDAN JANUSE	2.00							0	0	0
DIRECTOR	2.00	X						0.	0.	0.
(8) PHIL SHACKELFORD	2.00	x						0.	0.	0.
DIRECTOR (9) ERICA FISHER	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(10) JAMIE LYNN JOHNSON	2.00							0.	•	0.
DIRECTOR	2.00	x						0.	0.	0.
		-								
		<u> </u>		<u> </u>						
		-								
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Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)					
	Name and title Average hours per week			hours per (do not check more than one box, unless person is both an					(D) Reportable compensation from	(E) Reportable compensation from related					
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa rom the anizat d relat anizatio	e ion ed	
	Subtatal								0.		0.			0.	
с	Subtotal Total from continuation sheets to Part VI	I, Section A							0.		0.			0.	
2	Total (add lines 1b and 1c)							no re	•••	l),000 of reportab	-			0	
	compensation from the organization	-1'											Yes	No	
3 4	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	uch individual							· · · · · ·	•		3		X	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual	-		4		Х	
	rendered to the organization? If "Yes," com tion B. Independent Contractors	-				-			-			5		Х	
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation	from		
	(A) (B) Name and business address NONE Description of services								services	С) ompe	C) nsatio	n		
								-							
2	Total number of independent contractors (i \$100,000 of compensation from the organia	•	ot li	mite	d to		se li:)	stec	d above) who received n	nore than					
	¥											Form	990 (2	2021)	

	n 990 (Y REHABIL	ITATION C	ENTER	74-1298	551 Page 9
Pa	rt VII	I Statement of Re	venue					
		Check if Schedule O c	contains a response	e or note to any li		(5)	/20	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue		from tax under
(0.10)								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns			-			
Gra		Membership dues			-			
ts, An		Fundraising events			-			
Gif	d	Related organizations	1d	100 100	-			
ns, Sim		Government grants (contri		186,128.				
er S	f	All other contributions, gifts, (44.0.005				
Jth		similar amounts not included		413,287.	4			
ont od (-	Noncash contributions included in			F00 41F			
<u>a</u> C	h	Total. Add lines 1a-1f			599,415	•		
			AAA	Business Code		1 4 6 1 0 5 5		
ice	2 a	THERAPY SERVI	CES	621400	1,461,057	.1,461,057.		
erv ue	b							
n S /en	С							
Program Service Revenue	d							
roç	е							
		All other program service			1,461,057			
		Total. Add lines 2a-2f			1,401,057	•		
	3	Investment income (includ	•		882			882.
	4	other similar amounts) Income from investment o			002	•		002.
	4 5	Royalties	-	-				
	5	noyalles	(i) Real	(ii) Personal				
	6 a	Gross rents	6a	(
		Less: rental expenses	6b					
		Rental income or (loss)	6c					
		Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·				
		Gross amount from sales of	(i) Securities					
		assets other than inventory	7a					
	b	Less: cost or other basis						
anı		and sales expenses	7b					
venue	с	Gain or (loss)	7c		1			
Re	d	Net gain or (loss)		►				
Other R	8 a	Gross income from fundraisin	ng events (not					
đ		including \$	of					
		contributions reported on						
		Part IV, line 18		83,861.				
		Less: direct expenses		b 28,746.				
		Net income or (loss) from t		▶	55,115	•		55,115.
	9 a	Gross income from gaming	•					
	_	Part IV, line 19						
		Less: direct expenses		b				
		Net income or (loss) from g	~ ~ _	>				
	iu a	Gross sales of inventory, le						
	h	and allowances						
		Net income or (loss) from s						
	C		Sales of inventory	Business Code				
snc	11 🤉	OIL & GAS ROY	ALTIES	621400	36,968			36,968.
nue		MISCELLANEOUS		621400	30,945			30,945.
Miscellaneous Revenue	c							
R.		All other revenue						
≥		Total. Add lines 11a-11d			67,913	•		
	12	Total revenue. See instructio				.1,461,057.	0.	123,910.
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Part IX Statement of Functional Expenses

BRAZOS VALLEY REHABILITATION CENTER

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	657,985.	657,985.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	762,078.	693,490.	53,346.	15,242
7	Other salaries and wages	,	,		,
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	18,277.	16.632.	1,279.	366
9	F F	14,072.	16,632. 12,806.	985.	281
	Other employee benefits	63,020.	57,348.	4,412.	1,260
0	Payroll taxes	05,020.	57,540.		1,200
11	Fees for services (nonemployees):				
	Management				
b					
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	F0 000	40.044	00 100	
	column (A), amount, list line 11g expenses on Sch 0.)	72,223.	43,041.	29,182.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	121,527.	110,591.	8,506.	2,430
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,039.		1,039.	
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	57,456.	52,285.	4,022.	1,149
23	Insurance	,	,	,	,
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.)	61,444.	55,914.	4,301.	1,229
a ⊾	INSURANCE	17,443.	15,873.	1,221.	349
b	GENERAL SUPPLIES	9,186.	7,624.	1,562.	545
c	EQUIPMENT RENTAL	4,114.	4,114.	1,502.	
d		4,114.	4,114.		
	All other expenses	1 050 064			
25	Total functional expenses. Add lines 1 through 24e	1,859,864.	1,727,703.	109,855.	22,306
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 22,221. 8 Inventories for sale or use 7,617. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 2,781,893. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 2,375,146. 464,203. 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 10,073. Other assets. See Part IV, line 11 15 1,140,725. 1,430,501. 16 Total assets. Add lines 1 through 15 (must equal line 33) 71,016. Accounts payable and accrued expenses 17 Grants payable 18 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 71,016. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 1,069,709. Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌

BRAZOS VALLEY REHABILITATION CENTER Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

(B)

End of year

746,032.

234,362.

23,652.

406,747.

10,073.

36,274.

36,274.

1,394,227.

1,394,227.

1,430,501.

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29

30

31

32

33

1,069,709.

1,140,725.

9,635.

(A)

Beginning of year

496,033.

140,578.

1

2

3

4

5

1

2

3

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6

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11 12

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20

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30 31

32

33

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

_iabilities

Net Assets or Fund Balances

Assets

	990 (2021) BRAZOS VALLEY REHABILITATION CENTER	74-12	98551	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,184		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,859		
3	Revenue less expenses. Subtract line 2 from line 1	3			18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,069	9,7	09.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,394	1,2	27.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Nam	e of t	the organization						Employer	identification number			
			OS VALLEY	REHABILITATI	ON CE	NTER		7	4-1298551			
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tł	his part.) S	See instruction	าร.				
The	organ	nization is not a private found	dation because it is: ((For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).					
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6		A federal, state, or local go	vernment or governr	mental unit described in a	section 17	70(b)(1)(A))(v).					
7		An organization that norma	ally receives a substa	antial part of its support f	rom a gov	ernmenta	l unit or from t	the general	public described in			
		section 170(b)(1)(A)(vi). (C										
8		A community trust describe										
9		An agricultural research org	-			-		-	-			
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	t the colleg	le or			
10	X	university:		the sec 0.0 1 /00/ of the second		+ - !! + ! -		h				
10	- 21	An organization that norma	•					-	•			
		activities related to its exer							-			
		income and unrelated busin		(less section 511 tax) in	om busine	esses acqu	lifed by the o	rganization	alter Julie 30, 1975.			
11		See section 509(a)(2). (Co An organization organized		ively to test for public sa	fety See	section 5	09(2)(4)					
12	\square	An organization organized	-	•	•			arry out the	e nurnoses of one or			
		more publicly supported or		-	-			-				
		lines 12a through 12d that										
а		Type I. A supporting orga				-		-	/ aivina			
		the supported organization	-	-	•							
		organization. You must o			, ,				11 5			
b		Type II. A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	aving			
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported			
		organization(s). You mus	st complete Part IV,	Sections A and C.								
с		Type III functionally interpretent of the second	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	Illy integrat	ed with,			
		its supported organizatio	on(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection \	with its suppo	rted organ	ization(s)			
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	equirement an	d an attent	iveness			
		requirement (see instruct	tions). You must cor	nplete Part IV, Sections	A and D,	, and Part	V.					
е		Check this box if the orga					а Туре I, Туре	e II, Type III				
		functionally integrated, o		onally integrated support	ing organi:	zation.						
f		er the number of supported										
g		vide the following information (i) Name of supported	n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other			
	``	organization	(1) 2.1 ((described on lines 1-10	in your governi Yes	ing document? No	support (see in	-	support (see instructions)			
				above (see instructions))	103							

A (Form 990) 2021 BRAZOS VALLEY REH	ABILITATION CENTER
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4					L	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stor			<u></u>			▶∟
-	ction C. Computation of Publ			(7)			
	Public support percentage for 2021 (14	%
	Public support percentage from 2020						%
168	33 1/3% support test - 2021. If the other have The experimentian evolution						
	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2020. If the c						
47-	and stop here. The organization qual						
1/2	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
L	meets the facts-and-circumstances to	•	• •		•	17a, and line 15 is	
Ľ	10% -facts-and-circumstances tes	-	-				
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization						
		and the officer a		a, 100, 17a, 01 17			(Form 990) 2021

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Schedule /

Part II

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Schedule A (Form 990) 2021

BRAZOS VALLEY REHABILITATION CENTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	193,692.	287,259.	281,722.	603,485.	654,530.	2,020,688
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	385,380.				803,072.	
~	organization's tax-exempt purpose	505,500.	1,072,000.	759,140.	750,570.	005,072.	4,338,882
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	579,072.	1,960,145.	1,040,870.	1,341,861.	1,457,602.	6,379,550,
	Amounts included on lines 1, 2, and	5757072.	1,500,145.	1,040,070.	1,511,001.	1,437,002.	0.
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						6,379,550
	ction B. Total Support						, ,
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	579,072.	1,960,145.	1,040,870.	1,341,861.	1,457,602.	6,379,550
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	53.	1,643.	543.	11,839.	882.	
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	53.	1,643.	543.	11,839.	882.	14,960.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	799.	58,825.	62,260.	30,292.	67,913.	220,089
13	Total support. (Add lines 9, 10c, 11, and 12.)	579,924.	2,020,613.	1,103,673.	1,383,992.	1,526,397.	6,614,599
14	First 5 years. If the Form 990 is for the check this box and stop here	-			year as a section 5		ion, ▶□
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (I Public support percentage from 2020			column (f))		15 16	96.45 9 96.73 9
See	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.23 %
18	Investment income percentage from					18	.28 %
19a	a 33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a						N V
b	33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	
20	Private foundation. If the organizatio						
	23 01-04-22		<u>207 01 mo 14, 19</u>				(Form 990) 202
1320	20 01-04-22			16		Schedule P	. (i oi iii 330) 202

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021 BRAZOS VALLEY REHABILITATION CENTER

11	rt IV Supporting Organizations (continued)			
11			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	· ·		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	• •			
<u> Sor</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions			

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
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Schedule A (Form 990) 2021

Yes No

2a

2b

За

3b

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	(Form 990) 2021
Part V	Type III Non-F

(Form 990) 2021 BRAZOS VALLEY REHABILITATION CENTER Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-				/

L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 BRAZOS VALLE

BRAZOS VALLEY REHABILITATION CENT

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
0	and 4c. Breakdown of line 7:				
8					
	Excess from 2017				
	Excess from 2018				
-	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

2028 01-04-22		21		Schedule A (Form 5	55_1
32028 01-04-22				Schedule A (Form 9	90) 204
(See instructions.)					
line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8;	and Part V, Section E, lines 2	lines 1c, 2a, 2b, 3a, and 3	3b; Part V, line 1; Part \	V, Section B, line 1e; Pa	rt V,
	γ 3h 3c h h h c 5a 6 9a 9h	YC 112 110 200 11C P2			
Art VI Supplemental Inform Part IV, Section A, lines 1, 2	ation. Provide the explanati	ons required by Part II, line	e IU; Part II, line 17a ol	r 170; Part III, line 12;	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

74-1298551

BRAZOS	VALLEY	REHABILITATION	CENTER	

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

123452 11-11-21

09330524 767526 129855

Schedule B (Form 990) (2021) Name of organization

Part I

(a)

BRAZOS VALLEY REHABILITATION CENTER

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 NINA ASTIN WINKLER CHARITABLE TRUST X Person Payroll 10,000. 3000 BRIARCREST Noncash \$ (Complete Part II for BRYAN, TX 77802 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X LUCILLE AND JOHN B DOUGHERTY TRUST Person Payroll 15,000. 3000 BRIARCREST Noncash (Complete Part II for BRYAN, TX 77802 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution CLIFTON C AND HENRYETTA C DOAK CHARITABLE TRUST 3 X Person Payroll 3000 BRIARCREST 20,000. Noncash (Complete Part II for BRYAN, TX 77802 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 WALDON AND ADELLE ORR TRUST Х Person Payroll 3000 BRIARCREST 20,000. Noncash \$ (Complete Part II for TX 77802 BRYAN, noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution GILBERT AND THYRA PLASS CHARITABLE 5 TRUST X Person Payroll 3000 BRIARCREST 5,000. Noncash (Complete Part II for BRYAN, TX 77802 noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 EUGENE EDGE III CHARITABLE TRUST X Person Pavroll 3000 BRIARCREST 25,000. Noncash \$ (Complete Part II for BRYAN, TX 77802 noncash contributions.) Schedule B (Form 990) (2021) 23 2021.03050 BRAZOS VALLEY REHABILITATIO 129855_1

(d)

Employer identification number

74-1298551

(c)

Name of organization

Employer identification number

74-1298551

BRAZOS VALLEY REHABILITATION CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CARL AND LENA ORR TRUST 3000 BRIARCREST BRYAN, TX 77802	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	VIRGINIA KRUG GRONEMAN AND CHRISTIAN HAROLD GRONEMAN TRUST 3000 BRIARCREST BRYAN, TX 77802	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	LB DANFORD CHARITABLE TRUST 3000 BRIARCREST BRYAN, TX 77802	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	NINA HEARD ASTIN TRUST 3000 BRIARCREST BRYAN, TX 77802	\$64,423.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	LESLIE ALEXANDER FOUNDATION 110 E ATLANTIC AVE STE 320 DELRAY BEACH, FL 33444	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	SCOTT & ELIZABETH DRAPER		Person X
	19002 MIRROR POND COURT	\$5,000.	Payroll Noncash (Complete Part II for
100/50 11	COLLEGE STATION, TX 77845		noncash contributions.)
123452 11-1	1-21		Schedule B (Form 990) (2021)

2021.03050 BRAZOS VALLEY REHABILITATIO 129855_1

123452 11-11-21

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Schedule B (Form 990) (2021)

Name of organization

Part I

(a)

BRAZOS VALLEY REHABILITATION CENTER

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 DORIS THOMAS X Person WELLS FARGO WEALTH MGMT, 100 N MAIN Payroll 20,466. STREET Noncash \$ (Complete Part II for WINSTON-SALEM, NC 27101 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 14 PETERS FAMILY FOUNDATION X Person WELLS FARGO WEALTH MGMT, 100 N MAIN Payroll 8,000. STREET Noncash \$ (Complete Part II for WINSTON-SALEM, NC 27101 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 JAMES D ORR X Person WELLS FARGO WEALTH MGMT, 100 N MAIN Payroll STREET 16,500. Noncash (Complete Part II for WINSTON-SALEM, NC 27101 noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) 25

Employer identification number

(d)

74-1298551

(c)

Name of organization

74-1298551

BRAZOS VALLEY REHABILITATION CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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2021.03050 BRAZOS VALLEY REHABILITATIO 129855_1

ame of organi	zation			Employer identification n
	ALLEY REHABILITATION			74-1298551
fro cor	clusively religious, charitable, etc., contribu om any one contributor. Complete columns (a mpleting Part III, enter the total of exclusively religious, se duplicate copies of Part III if additiona	a) through (e) and the following line , charitable, etc., contributions of \$1,000	entry For organiza	ations
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
 		(e) Transfer of	 gift	
	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(a) Transfer of		
	Transferee's name, address, a	(e) Transfer of and ZIP + 4		nship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		(e) Transfer of	gift	
	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor to transferee
3454 11-11-21				Schedule B (Form 99

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

BRAZOS VALLEY REHABILITATION CENTER

Employer identification number 74-1298551

Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at and of your	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)		
3 4	Aggregate value of grants from (during year)		
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	inde
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	-	
	Preservation of land for public use (for example, recrea	tion or education)	torically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year 🕨		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ition easements during the year
7			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservation	easements during the year
8	\$	r_{0} potion 1.70 (b)(4)	
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
5	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021
132051	10-28-21	28	
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	dule D (Form 990) 2021 BRAZOS T	VALLEY REH						74 - 12			age 2
3	Using the organization's acquisition, accession								Geoma	iueu)	
Ŭ	collection items (check all that apply):				ionowing th		Signinount				
а	Public exhibition	d		an or excl	nange progr	am					
b	Scholarly research	е			0,0						
с	Preservation for future generations										
4	Provide a description of the organization's co	pllections and explai	n how the	y further th	ne organizat	ion's exe	empt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hist	orical treas	sures, or oth	ner simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the organi	zation's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	rganizatio	n answered	"Yes" or	n Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi		-						7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tal	ble:					Amount		
							4.		Amoun		
	Beginning balance										
	Additions during the year										
	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •]
Par	t V Endowment Funds. Complete it	f the organization an	swered "	/es" on Fo	rm 990, Par	t IV, line	10.				
		(a) Current year	(b) Prio	or year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance			a a lumana (a							
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end baland	% e (line 1g,	column (a	l)) heid as:						
	Permanent endowment	%									
		%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	•	ation that	are held a	nd administe	ered for t	he organiz	ation			
	by:	5					5		Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Scl	nedule R?					Зb		
4	Describe in Part XIII the intended uses of the		owment fu	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (ccumulate preciation	d	(d) Bool	k value	e
1a	Land				0,143.					0,14	
	Buildings			1,89	4,265.	1,	675,75	53.	218	8,51	12.
	Leasehold improvements										
d	Equipment										
	Other				7,485.		699,39	93.		8,09	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, columr	n (B), line 1	0c.)				40	6,74	47.

Schedule D (Form 990) 2021

132052 10-28-21

	EY REHABILITA	ATION CENTER	74-1298551 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11b. See Form 990. Part X. line	e 12
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line	e 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line	e 15
-	Description	, 11d. 000 1 0111 000, 1 art X, 111	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.		11	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e TTe or TTf. See Form 990, Par	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			atements that reports the
organization's liability for uncertain tax positions under		-	

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 BRAZOS VALLEY REHABILITATIO	N CENTER	74-1298551 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ints with Expenses per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		<u> </u>
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	
а	Donated services and use of facilities		4
b	Prior year adjustments		4
c	Other losses		4
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b		4c
	t XIII Supplemental Information.		5
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE G (Form 990)	Suppleme		OMB No. 1545-0047							
(Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								202 I	
Department of the Treasury Internal Revenue Service	► Go		Attach to Form 990 gov/Form990 for instr				ion.		Open to Public Inspection	
Name of the organization	n		REHABILITAT					Employer ide	entification number	
			the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
 Indicate whether the a Mail solicitation Mail solicitation Internet and Phone solicitation In-person solicitation Did the organization key employees list 	tions I email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	sed funds thr s or oral agreen art VII) or ent viduals or ent	f Solicitat g Special nent with any individual ity in connection with p itities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes		
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No					
3 List all states in wh			ed or licensed to solicit		bution	s or has been notified	d it is	exempt from r	egistration	
or licensing.										
LHA For Paperwork R	eduction Act Not	ice, see the	Instructions for Form	990 or	990-	EZ.		Schedule	e G (Form 990) 2021	

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Part II	гu
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 Schedule G (Form 990) 2021
 BRAZOS
 VALLEY
 REHABILITATION
 CENTER
 74-1298551
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gi			v .	ete greater triair pe,eeer
			(a) Event #1 SPECIAL EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
en			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	83,861.			83,861.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	83,861.			83,861.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	28,746.			28,746.
	10	Direct expense summary. Add lines 4 throug				28,746. 55,115.
Pa	11 	Net income summary. Subtract line 10 from Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.			·	
ue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9		ter the state(s) in which the organization cond the organization licensed to conduct gaming a		statos?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses r	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
13208	32 10	D-21-21			Sche	edule G (Form 990) 2021

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Sch	edule G (Form 990) 2021	BRAZOS	VALLEY	REHABILITATION	CENTER 74-	1298551	Page 3
11	Does the organization conduct ga	aming activities	with nonmen	ibers?		Yes	No
12	Is the organization a grantor, bene						
	to administer charitable gaming?					Yes	└── No
	Indicate the percentage of gaming						
	The organization's facility						<u>%</u>
	An outside facility Enter the name and address of th					130	70
••				sigunization o gaming, opeoiar e			
	Name 🕨						
	Address						
15-	Does the organization have a con	tract with a thir	d party from	whom the organization receive	s gaming royonyo?	Ves	
154	Does the organization have a con		u party nonn	whom the organization receive	s garning revenue?		
b	If "Yes," enter the amount of gam	ing revenue rec	eived by the	organization 🕨 \$	and the amount		
	of gaming revenue retained by the						
С	If "Yes," enter name and address	of the third par	ty:				
	Name						
	Address ►						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	► \$					
	Description of services provided						
	Description of services provided						
	Director/officer		9	Independent contractor			
	•••						
	Mandatory distributions:	catata law ta m	aka abaritabl	a distributions from the coming	a proceeda to		
d	Is the organization required under retain the state gaming license?					Yes	
b	Enter the amount of distributions						
	organization's own exempt activit	-			• ·		
Pa				nations required by Part I, line		Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	o provide an	y additional information. See in	structions.		
1320	83 10-21-21				Sche	dule G (Form	990) 2021
				34	20110	- (, 2021

09330524 767526 129855

Schedule G (Form 990)	BRAZOS VALLEY	REHABILITATION	CENTER	74-1298551 _{Ра}	age 4
Schedule G (Form 990) Part IV Supplemental II	nformation (continued)				
				Schedule G (Forr	n 990
132084 11-18-21					
		35			

SCHEDU (Form 99) Department of Internal Reve	D) of the Treasury	Gov	rants and Oth vernments, an ete if the organizatio ► Go to www.ir	n answered "Yes" Attach to For	ls in the Ŭn i ' on Form 990, Pa	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2021 Open to Public Inspection
Name of t	he organization							Employer identification number
			BILITATION	CENTER				74-1298551
Part I	General Information on Grants a							
	es the organization maintain records							
	eria used to award the grants or assi							X Yes No
1	cribe in Part IV the organization's pro		X				(
Part II	Grants and Other Assistance to recipient that received more than	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a)	Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ent	er total number of section 501(c)(3) a	nd government or	nanizations listed in th	e line 1 table				
	er total number of other organization							······
	r Paperwork Reduction Act Notice							Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

BRAZOS VALLEY REHABILITATION CENTER

74-1298551

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NCOMPENSATED SERVICES	0	0.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

IT IS THE MISSION AND POLICY OF THE ORGANIZATION THAT PROGRAM SERVICE FEES

BE CHARGED TO INSURANCE COMPANIES, THIRD-PARTY PURCHASERS OF SERVICES AND

INDIVIDUALS AND HAS ESTABLISHED PAYMENT PLANS FOR QUALIFIED CLIENTS FOR

WHOM NO FUNDING SOURCE EXISTS.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ

Go to www.irs.gov/Form990 for the latest information.

BRAZOS VALLEY REHABILITATION CENTER

Employer identification number 74-1298551

OMB No. 1545-0047

Open to Public

Inspection

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD HAS GIVEN THE CFO AUTHORITY TO REVIEW, APPROVE AND SIGN THE

ORGANIZATION'S FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS SIGNED

ANNUALLY BY BOARD MEMBERS AND STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S

OFFICE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

FORM 990 PAGE 10

FORM 5	90 PAGE 10	_	_					990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	LAND	03/01/81	L				150,143.				150,143.			0.	
	LAND														
	* 990 PAGE 10 TOTAL - LAND						0.				٥.	0.		0.	0.
	BUILDING														
4	BUILDING	12/31/84	SL	40.00	Ē	16	1,750,796.				1,750,796.	1,572,071.		43,770.	1,615,841.
5	BUILDING	10/17/94	SL	40.00		16	4,791.				4,791.	3,129.		120.	3,249.
6	JM PORTABLE BUILDINGS	01/28/02	SL	7.00	-	16	2,740.				2,740.	2,740.		0.	2,740.
7	FULLY DEPRECIATED	06/30/92	SL	5.00	í	16	1,790.				1,790.	1,790.		0.	1,790.
	* 990 PAGE 10 TOTAL - BUILDING						1,760,117.				1,760,117.	1,579,730.		43,890.	1,623,620.
	BUILDING IMPROVEMENTS														
9	BUILDING IMPROVEMENTS	06/01/90	SL	40.00	-	16	5,177.				5,177.	3,937.		129.	4,066.
10	A/C COMPRESSOR	08/31/94	SL	40.00	-	16	3,587.				3,587.	2,361.		90.	2,451.
11	ELEVATOR	05/29/96	SL	40.00	÷	16	2,795.				2,795.	1,714.		70.	1,784.
12	A/C COMPRESSOR	08/23/96	SL	40.00	ŕ	16	6,500.				6,500.	3,953.		163.	4,116.
13	CARPET	08/18/97	SL	40.00	Ē	16	14,300.				14,300.	8,323.		358.	8,681.
14	REPLACE COMPRESSOR	10/19/01	SL	40.00	í	16	6,157.				6,157.	2,964.		154.	3,118.
15	HORSE ARENA	12/04/01	SL	40.00	1	16	6,000.				6,000.	2,888.		150.	3,038.
16	SPRINKLER SYSTEM REPAIR	12/06/05	SL	15.00	-	16	1,750.				1,750.	1,745.		٥.	1,745.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

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0101 9.	90 PAGE 10	_						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
17	HVAC SYSTEM REPAIR	08/28/08	SL	10.00		16	1,100.				1,100.	1,091.		٥.	1,091.
18	BVRC AC REPAIR	07/06/09	SL	10.00		16	2,263.				2,263.	2,242.		0.	2,242.
19	BUILDING IMPROVEMENTS	07/01/11	SL	10.00		16	47,170.				47,170.	44,418.		2,359.	46,777.
20	AUTISM CLASSROOM IMPROVEMENTS	05/01/11	SL	10.00		16	4,075.				4,075.	3,910.		136.	4,046.
21	PLAYGROUND CONCRETE	08/08/12	SL	10.00		16	6,768.				6,768.	5,641.		677.	6,318.
22	REMODEL ECI ROOMS	01/24/15	SL	10.00		16	4,000.				4,000.	2,333.		400.	2,733.
23	REMODEL ECI ROOMS	02/18/15	SL	10.00		16	10,276.				10,276.	5,911.		1,028.	6,939.
24	STANLEY ACCESS BV DOORS	08/31/15	SL	10.00		16	16,505.				16,505.	8,668.		1,651.	10,319.
25	NEW BOILER/REPAIRS	12/12/16	SL	40.00		16	29,776.				29,776.	2,976.		744.	3,720.
26	COMPRESSOR	05/06/17	SL	10.00		16	22,000.				22,000.	7,883.		2,200.	10,083.
28	NEW COMPRESSOR - AREAWIDE	05/22/02	SL	40.00		16	6,937.				6,937.	3,258.		173.	3,431.
29	NEW A/C UNIT	05/22/06	SL	40.00		16	57,449.				57,449.	20,822.		1,436.	22,258.
32	HVAC SYSTEM REPAIR	02/28/11	SL	10.00		16	2,456.				2,456.	2,398.		41.	2,439.
38	HVAC SYSTEM	05/30/20	SL	10.00		16	16,068.				16,068.	937.		1,607.	2,544.
	* 990 PAGE 10 TOTAL - BUILDING IMPROVEMENTS						273,109.				273,109.	140,373.		13,566.	153,939.
	EQUIPMENT														
30	FULLY DEPRECIATED			.000	нү	16	581,743.				581,743.	581,043.		٥.	581,043.
31	WATER DAMAGE RESTORATION	01/17/11	SL	7.00		16	1,725.				1,725.	1,703.		0.	1,703.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

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A +															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
33 т	TOTAL GYM	03/27/11	SL	7.00		16	2,790.				2,790.	2,760.		٥.	2,760.
34 E	EQUIPMENT	06/26/11	SL	7.00		16	2,515.				2,515.	2,484.		٥.	2,484.
35 T	THERAPUETIC EQUIPMENT	09/30/13	SL	7.00		16	1,643.				1,643.	1,625.		0.	1,625.
36 I	DELL COMPUTERS/ECI	09/30/14	SL	5.00		16	6,357.				6,357.	6,250.		0.	6,250.
	DELL SERVER	09/30/14	SL	5.00		16	1,751.				1,751.	1,722.		٥.	1,722.
	* 990 PAGE 10 TOTAL - EQUIPMENT						598,524.				598,524.	597,587.		٥.	597,587.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,781,893.				2,781,893.	2,317,690.		57,456.	2,375,146.
c	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,200,150.			0.	2,200,150.	1,736,647.			1,794,103.
	ACQUISITIONS						581,743.			Ο.	581,743.	581,043.			581,043.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,781,893.			٥.	2,781,893.	2,317,690.			2,375,146.
	ENDING ACCUM DEPR											2,375,146.			
	ENDING BOOK VALUE											406,747.			

128111 04-01-21

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

- CURRENT YEAR FEDERAL -

BRAZOS VALLEY REHABILITATION CENTER

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	LAND	030181	г			150,143.			150,143.			0.
	LAND * 990 PAGE 10 TOTAL - LAND					0.		0.	0.	0.		0.
	BUILDING											
4	BUILDING	123184	SL	40.00	16	1,750,796.			1,750,796.	1,572,071.		43,770.
		101794	SL	40.00	16	4,791.			4,791.	3,129.		120.
	JM PORTABLE BUILDINGS	012802	SL	7.00	16	2,740.			2,740.	2,740.		0.
		063092	SL	5.00	16	1,790.			1,790.	1,790.		0.
	* 990 PAGE 10 TOTAL - BUILDING BUILDING IMPROVEMENTS					1,760,117.		0.	1,760,117.	1,579,730.		43,890.
	BUILDING	060190	SL	40.00	16	5,177.			5,177.	3,937.		129.
10	A/C COMPRESSOR	083194	SL	40.00	16	3,587.			3,587.	2,361.		90.
11	ELEVATOR	052996	SL	40.00	16	2,795.			2,795.	1,714.		70.
12	A/C COMPRESSOR	082396	SL	40.00	16	6,500.			6,500.	3,953.		163.
13	CARPET	081897	SL	40.00	16	14,300.			14,300.	8,323.		358.
14	REPLACE COMPRESSOR	101901	SL	40.00	16	6,157.			6,157.	2,964.		154.
		120401	SL	40.00	16	6,000.			6,000.	2,888.		150.
	SPRINKLER SYSTEM REPAIR	120605	SL	15.00	16	1,750.			1,750.	1,745.		0.

128102 04-01-21

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL -

BRAZOS VALLEY REHABILITATION CENTER

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
17	HVAC SYSTEM REPAIR	082808	SL	10.00	16	1,100.			1,100.	1,091.		0.
		070609	SL	10.00	16	2,263.			2,263.	2,242.		0.
19		070111	SL	10.00	16	47,170.			47,170.	44,418.		2,359.
	AUTISM CLASSROOM IMPROVEMENTS	050111	SL	10.00	16	4,075.			4,075.	3,910.		136.
21	PLAYGROUND CONCRETE	080812	SL	10.00	16	6,768.			6,768.	5,641.		677.
22	REMODEL ECI ROOMS	012415	SL	10.00	16	4,000.			4,000.	2,333.		400.
		021815	SL	10.00	16	10,276.			10,276.	5,911.		1,028.
	STANLEY ACCESS BV DOORS	083115	SL	10.00	16	16,505.			16,505.	8,668.		1,651.
25	NEW BOILER/REPAIRS	121216	SL	40.00	16	29,776.			29,776.	2,976.		744.
		050617	SL	10.00	16	22,000.			22,000.	7,883.		2,200.
	NEW COMPRESSOR - AREAWIDE	052202	SL	40.00	16	6,937.			6,937.	3,258.		173.
29	NEW A/C UNIT	052206	SL	40.00	16	57,449.			57,449.	20,822.		1,436.
32	HVAC SYSTEM REPAIR	022811	SL	10.00	16	2,456.			2,456.	2,398.		41.
38	HVAC SYSTEM	053020	SL	10.00	16	16,068.			16,068.	937.		1,607.
	* 990 PAGE 10 TOTAL - BUILDING IMPROVE					273,109.		0.	273,109.	140,373.		13,566.
	EQUIPMENT											
30	FULLY DEPRECIATED			.000	16	581,743.			581,743.	581,043.		0.
	WATER DAMAGE RESTORATION	011711	SL	7.00	16	1,725.			1,725.	1,703.		0.

128102 04-01-21

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL -

BRAZOS VALLEY REHABILITATION CENTER

Asset No.	Description	Da Acqi	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	TOTAL GYM	032	711	SL	7.00	16	2,790.			2,790.	2,760.		0.
	EQUIPMENT THERAPUETIC	062	611	SL	7.00	16	2,515.			2,515.	2,484.		0.
		093	013	SL	7.00	16	1,643.			1,643.	1,625.		0.
36	DELL COMPUTERS/ECI	093	014	SL	5.00	16	6,357.			6,357.	6,250.		0.
37	DELL SERVER * 990 PAGE 10 TOTAL	093	014	SL	5.00	16	1,751.			1,751.	1,722.		0.
	- EQUIPMENT * GRAND TOTAL 990						598,524.		0.	598,524.	597,587.		0.
	PAGE 10 DEPR						2,781,893.		0.	2,781,893.	2,317,690.		57,456.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						2,200,150.		0.	2,200,150.	1,736,647.		
	ACQUISITIONS						581,743.		0.	581,743.	581,043.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						2,781,893.		0.	2,781,893.	2,317,690.		

128102 04-01-21

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL -

BRAZOS VALLEY REHABILITATION CENTER

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	LAND	030181	L		150,143.		150,143.		0.
	LAND								
	BUILDING								
	BUILDING	123184		40.00			1,750,796.	1,615,841.	43,770.
	BUILDING	101794		40.00			4,791.	3,249.	120.
	JM PORTABLE BUILDINGS	012802		7.00	2,740.		2,740.		0.
	FULLY DEPRECIATED	063092	SL	5.00	1,790.		1,790.	1,790.	0.
	* 990 PAGE 10 TOTAL - BUILDING				1,760,117.		1,760,117.	1,623,620.	43,890.
	BUILDING IMPROVEMENTS								
	BUILDING IMPROVEMENTS	060190		40.00			5,177.		129.
	A/C COMPRESSOR	083194		40.00			3,587.		90.
	ELEVATOR	052996		40.00			2,795.		70.
	A/C COMPRESSOR	082396		40.00			6,500.		163.
	CARPET	081897		40.00			14,300.		358.
	REPLACE COMPRESSOR	101901		40.00	6,157.		6,157.		154.
	HORSE ARENA	120401		40.00			6,000.		150.
	SPRINKLER SYSTEM REPAIR	120605		15.00			1,750.		0.
	HVAC SYSTEM REPAIR	082808		10.00			1,100.		0.
	BVRC AC REPAIR	070609		10.00			2,263.		0.
	BUILDING IMPROVEMENTS	070111		10.00			47,170.		0.
	AUTISM CLASSROOM IMPROVEMENTS	050111		10.00	,		4,075.		0.
	PLAYGROUND CONCRETE	080812		10.00			6,768.		450.
	REMODEL ECI ROOMS	012415	SL	10.00			4,000.		400.
	REMODEL ECI ROOMS	021815		10.00			10,276.		1,028.
	STANLEY ACCESS BV DOORS	083115		10.00			16,505.		1,651.
	NEW BOILER/REPAIRS	121216		40.00			29,776.		744.
	COMPRESSOR	050617		10.00			22,000.		2,200.
	NEW COMPRESSOR - AREAWIDE	052202		40.00			6,937.		173.
	NEW A/C UNIT	052206		40.00			57,449.		1,436.
	HVAC SYSTEM REPAIR	022811		10.00			2,456.		0.
38	HVAC SYSTEM	053020	\mathtt{SL}	10.00	16,068.		16,068.	2,544.	1,607.
	* 990 PAGE 10 TOTAL - BUILDING								
	IMPROVEMENTS				273,109.		273,109.	153,939.	10,803.
	EQUIPMENT								

128103 04-01-21

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - BRAZOS VALLEY REHABILITATION CENTER

Asset No.	Description		Date quirec	ł	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
30	FULLY DEPRECIATED					.000	581,743.		581,743.	581,043.	0.
31	WATER DAMAGE RESTORATION	01: 03:	171	.1	SL	7.00	1,725.		1,725.	1,703.	0.
33	TOTAL GYM	03	271	.1	SL	7.00	2,790.		2,790.	2,760.	0.
34	EQUIPMENT	06	261	.1	SL	7.00	2,515.		2,515.	2,484.	0.
35	THERAPUETIC EQUIPMENT	06	301	. 3	SL	7.00	1,643.		1,643.	1,625.	0.
36	DELL COMPUTERS/ECI	09	301	. 4	SL	5.00	6,357.		6,357.	6,250.	0.
37	DELL SERVER	09	301	. 4	SL	5.00	1,751.		1,751.	1,722.	0.
	* 990 PAGE 10 TOTAL - EQUIPMENT						598,524.		598,524.	597,587.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,781,893.		2,781,893.	2,375,146.	54,693.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone