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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2023

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.

THIS IS NOT A FILEABLE COPY *****

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning , 2023, and ending

OMB No. 1545-0047

Department of the Treasury

Form 8879-TF

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer BRAZOS VALLEY REHABILITATION CENTER 74-1298551 ALINA FIFER Name and title of officer or person subject to tax CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 2,380,865. Form 990 check here 1a 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b 9a **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tay preparation entry for powers of the federal tayon and a this action and the entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only <u>129</u>85 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 74785405890 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. MILBERGER, NESBITT & ASK, L.L.P. 05/30/24 ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Form **8868** (Rev. January 2024)

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Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpaver identification number (TIN) Print 74-1298551 BRAZOS VALLEY REHABILITATION CENTER File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1318 MEMORIAL DRIVE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. BRYAN, TX 77802 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Return Application Is For Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of THE ORGANIZATION 1318 MEMORIAL DRIVE - BRYAN, TX 77802 Telephone No. 979-776-2872 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions.

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u> </u>	רטו נוופ	e 2023 calendar year, or tax year beginning and	enaing	-	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	BRAZOS VALLEY REHABILITATION CENTER			
	Name chang	Doing business as		74-12985	51
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	<u> </u>
	Final return	1318 MEMORIAL DRIVE		979-776-	2872
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,421,154.
Ļ	Ameno return	BRIAN, IX 17002		H(a) Is this a group re	
	Application pendir			for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
_		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) te: BRAZOSTHERAPY • ORG	or 527	1 ′	list. See instructions
	Websit		I Veer	H(c) Group exemption	
	art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: ZUI/ N	1 State of legal domicile: TX
		Briefly describe the organization's mission or most significant activities: REHA	DTT.TMA	TTON CEDVIC	דכ הט התב
Activities & Governance		DISABLED.	ртптти	TION SERVIC	ES TO THE
rna	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.
ove	3			3	12
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			12
စ္တ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			22
ij	1	Total number of volunteers (estimate if necessary)			0
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		·····	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		311,014.	324,104.
Revenue		Program service revenue (Part VIII, line 2g)		1,640,408.	1,947,707.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		786.	13,834.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		105,154.	95,220.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,057,362.	2,380,865.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		875,343.	840,951.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		918,944.	1,098,350.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 26,7		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	39.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		307,093.	316,699.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,101,380.	2,256,000.
	19	Revenue less expenses. Subtract line 18 from line 12		-44,018.	124,865.
Net Assets or Find Balances	8		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,403,244.	1,518,048.
t As	21	Total liabilities (Part X, line 26)		53,035.	42,974.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		1,350,209.	1,475,074.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of when the complete is the complete.	hich preparer	has any knowledge.	
		Signature of officer		Doto	
Sig				Date	
He	re	ALINA FIFER, CEO Type or print name and title			
		31 1		Date Check	PTIN
Da'	4	Print/Type preparer's name Preparer's signature Preparer's Signature		E /20 /24 #	
Pai		RUSSELL ARMAGOST RUSSELL ARMAGOS	. 10	5/30/24 self-employe	
	parer	Firm's name MILBERGER, NESBITT & ASK, L.L.P.		Firm's EIN 7	4-2075264
USE	Only	Firm's address 3833 S TEXAS AVE, STE 240			70\ 000 0175
_		BRYAN, TX 77802		Phone no. (9	79)-822-0175
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

	990 (2		98551	Page 2
Pa	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u> L</u>
1		y describe the organization's mission:		
		IONPROFIT PROVIDER OF SERVICES TO PERSONS WITH DISABILITIES SEPTING ANY DISABLED PERSON WHO CAN BE HELPED REGARDLESS OF		
		LITY TO PAY.	TUETK	
	AD	LUIII 10 IAI.		
2	Did tl	ne organization undertake any significant program services during the year which were not listed on the		
_		Form 990 or 990-EZ?	Yes	X No
		s," describe these new services on Schedule O.		
3	Did tl	ne organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
		s," describe these changes on Schedule O.		
4	Desc	ribe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses	i.
	Secti	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, a	and
	rever	ue, if any, for each program service reported.	1 520	01.4
4a	(Code:	(Expenses \$ 2,108,619 · including grants of \$ 840,951 ·) (Revenue \$	L,539,	<u>914.</u>)
	PH	SICAL, OCCUPATIONAL AND SPEECH THERAPIES		
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)

including grants of \$2,108,619.

Form **990** (2023)

Total program service expenses

4d Other program services (Describe on Schedule O.)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			$ _{\mathbf{x}}$
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 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	э		122
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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	<u> </u>		
Ū	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	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			٠,,
	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			,
	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			x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZa	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,			\ _{3,7}
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 *
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	C			

332003 12-21-23

	Checklist of Required Schedules (continue	1
Parity	Checklist of Beduired Schedules (continue	חנ

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-110
	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			177
04-	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			177
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			l
	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,			
_	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?//			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			l
	contributions? If "Yes," complete Schedule M	30		X
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	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
-		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ᆜ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8 Enter the number of Forms W 2G included on line 1a. Enter 0 if not applicable			
b	Litter the number of Forms W-2d included of fine 1a. Litter -0-11 not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(garrowing) withings to prize without:	l IC		

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a face the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, 166 for the calendary year ending with or within the year covered by the return 175 by 185					Yes	No
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X X X X X X X X X	2a					
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 'has it fied a Form 800 for the high year? If 'Ne' to line 3b, provide an explanation on Schedule O 3ch If Yes, 'en a theat a Form 800 for the high year? If 'Ne' to line 3b, provide an explanation or other authority over, a financial account in a foreign country guche as a bain's account, securities account, or other financial accounts? 4ch If Yes, 'end the harmed of the foreign country 5country (and any taxable party notify the organization than a more than the special provided and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of exhibitations and provided and the provided and provided and the provided and the provided and the provided and provided						v
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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.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12			
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth	er			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct super	vision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.,)			
		r		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia	tes,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<u> </u>	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			37	
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	37
14	Did the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independ	lent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				v
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation of the organization o	ition			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		401		
800	exempt status with respect to such arrangements?		16b		
17 10		tion F01/-\/0\	. o n l - 3	\ over!!	oblo
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec	.ion 501(0)(3)8	only)	avalla	aule
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Value Upon request Other (explain on Schedule	()			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest.	,	l fino-	ncial	
19	statements available to the public during the tax year.	as policy, and	ımar	ıcıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and recor	rde			
20	THE ORGANIZATION - 979-776-2872	us			
	1318 MEMORIAL DRIVE, BRYAN, TX 77802				

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, box 6 of 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 organizate (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	-	_				,	from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC/	from the
	related	tee or	stee			en sa te		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
(1) 70,500 00 00 00 00 00 00 00 00 00 00 00 00	line) 2 • 0 0	릴	lus	₩	Ke	e Fig	휸			
(1) JOSEPH BRIERS	2.00	x		x				0.	0.	0
PRESIDENT	2.00	^		^		\vdash		0.	0.	0
(2) MARIA ORTEGA	2.00	x		x				0.	0.	0
SECRETARY	2.00	^		^		-		0.	0.	U
(3) JUDD MOODY	2.00	x		x				0.	0.	0
TREASURER (4) MARK SCARBOROUGH	2.00	^		^	\vdash	\vdash	\vdash	0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0
(5) JAMIE LYNN JOHNSON	2.00	^				\vdash		0.	0.	0
DIRECTOR	2.00	X						0.	0.	0
(6) ZAHRA BROWN	2.00	123				\vdash		0.	•	
DIRECTOR	2.00	x						0.	0.	0
(7) CARRIE HINES	2.00								•	
DIRECTOR		x						0.	0.	0
(8) RAYNE KNIGHT	2.00	 				\vdash		•	•	
DIRECTOR		X						0.	0.	0
(9) CRYSTAL GARCIA-WILLIAMS	2.00	<u> </u>								
DIRECTOR		x						0.	0.	0
		1								
		1								
		1								
						$oxed{oxed}$				
						$oxed{oxed}$				
]								
						$oxed{igspace}$				

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	ition more rson i	than	one h an	(D) Reportable	(E) Reportable compensation from related		(F) stimat nount other	of
	(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)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org an	npensa rom th paniza d rela anizat	ne tion ted
1b Subtotal								0.	0.			0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								0.	0.			0.
2 Total number of individuals (including but								received more than \$100	0,000 of reportable	1		
compensation from the organization											Yes	0 No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>			кеу е					ghest compensated emp		3	100	Х
4 For any individual listed on line 1a, is the			-					fanan annala imalinialnal	-			X
and related organizations greater than \$1Did any person listed on line 1a receive o									idual for services	4		
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or s	uch _i	pers	son .				5		X
Section B. Independent Contractors 1 Complete this table for your five highest of	compensated in	done	ande	ent c	ontr	racto	ore t	that received more than	\$100,000 of company	eation	from	
the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·	sation	110111	
(A) Name and busines	ss address	NC	ONE	3				(B) Description of s	ervices ((Compe	C) nsatio	on
							_					

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2 :	b c d e f g h a b c d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f THERAPY SERVICES		324,104. 1,947,707.	1,947,707.		sections 512 - 514
		g	Total. Add lines 2a-2f		1,947,707.			
	3 4 5		Investment income (including dividends, intereditors similar amounts) Income from investment of tax-exempt bond propalties	proceeds	13,834.			13,834.
	6 a	a b	Gross rents 6a	(ii) Personal				
	,	d a	Gross amount from sales of (i) Securities	(ii) Other				
Revenue		b	assets other than inventory Less: cost or other basis and sales expenses					
Other Rev	(d a	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	101,163.				
		b c	Less: direct expenses 8b Net income or (loss) from fundraising events Gross income from gaming activities. See	40,289.	60,874.			60,874.
		b	Part IV, line 19 9a Less: direct expenses 9b Net income or (loss) from gaming activities					
	ı	b	Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b Net income or (loss) from sales of inventory					
			THE THEOTHE OF (1033) HOTH Sales OF HIVEHOLY	Business Code				
Miscellaneous Revenue	ı	b	OIL & GAS ROYALTIES MISCELLANEOUS	621400 621400	19,630. 14,716.	19,630. 14,716.		
Sce		C	All other ways are	<u> </u>				
Σ			All other revenue		34,346.			
	12		Total revenue See instructions		2.380.865.	1 982 053.	0.	74.708.

332009 12-21-23

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

D-	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	L
	not include amounts reported on lines 6b, 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	840,951.	840,951.		
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,				
J	trustees, and key employees	987,929.	899,014.	69,156.	19,759
6	Compensation not included above to disqualified	00.7020	000,0220	00 / 2001	
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7					
8	Other salaries and wages				
3	section 401(k) and 403(b) employer contributions)	12,477.	11,354.	873.	250
9	Other employee benefits	24,243.	22,061.	1,698.	484
9 10		73,701.	67,069.	5,159.	1,473
10 11	Payroll taxes Fees for services (nonemployees):	75,701.	07,000.	3,133.	1,413
	` ' ' '				
a	Management				
b	Legal				
C	Accounting				
d	, <u> </u>				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	62,064.	37,238.	24 026	
	column (A), amount, list line 11g expenses on Sch O.)	02,004.	31,230.	24,826.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	05 002	78,172.	6 012	1 710
16	Occupancy	85,902.	/0,1/2.	6,012.	1,718
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	60 222	EC 702	4 264	1 046
22	Depreciation, depletion, and amortization	62,333.	56,723.	4,364.	1,246
23	Insurance	28,097.	25,568.	1,967.	562
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 O.)				
а	MISCELLANEOUS	62,351.	56,740.	4,364.	1,247
b	GENERAL SUPPLIES	13,070.	10,847.	2,223.	
С	EQUIPMENT RENTAL	2,882.	2,882.	-	
d		<u>.</u>	-		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,256,000.	2,108,619.	120,642.	26,739
<u> </u>	Joint costs. Complete this line only if the organization	, , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, -	- ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Ра	ILA	balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part XI			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			854,710.	1	887,728.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			110,677.	4	115,661.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua	lified per	rsons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			27,180.	8	25,605.
Ä	9	Prepaid expenses and deferred charges			6,609.	9	7,699.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,941,729.			
	b	Less: accumulated depreciation	10b	2,492,116.	352,109.	10c	449,613.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	51,959.	15	31,742.		
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 3	3)	1,403,244.	16	1,518,048.
	17	Accounts payable and accrued expenses	53,035.	17	42,974.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial c	contributor, or 35%			
ja B		controlled entity or family member of any of the	se perso	ons		22	
_	23	Secured mortgages and notes payable to unre	ated thir	rd parties		23	
	24	Unsecured notes and loans payable to unrelate		_		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D		·····	E2 02E	25	12 071
	26	Total liabilities. Add lines 17 through 25		77	53,035.	26	42,974.
S		Organizations that follow FASB ASC 958, ch	eck ner	e 🕰			
ŭ	07	and complete lines 27, 28, 32, and 33.			1,350,209.	07	1,475,074.
Sala	27	Net assets with depay restrictions			1,330,203.	27	1,4/3,0/4.
βE	28	Net assets with donor restrictions				28	
Ξ		Organizations that do not follow FASB ASC s	958, cne	eck nere			
ō	200	and complete lines 29 through 33.				20	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29 30	
٩ss	30	Paid-in or capital surplus, or land, building, or e				31	
et/	31 32	Retained earnings, endowment, accumulated in			1,350,209.	32	1,475,074.
Z	33	Total net assets or fund balances Total liabilities and net assets/fund balances			1,403,244.	33	1,518,048.
	<u> </u>	TOTAL HADHILLES AND HEL ASSELS/TUND DAIANCES			1,400,044.	აა	T, 510, 040.

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		38		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,25		
3	Revenue less expenses. Subtract line 2 from line 1	3				65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	.,35	<u>0,2</u>	<u>09.</u>
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	.,47	5,0	74.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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 Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			
	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 th	e audit	t,			
	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 Sch	nedule	O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

BRAZOS VALLEY REHABILITATION CENTER

Employer identification number 74-1298551

Pa	rt I	Reason for Public (Charity Status. (All organizations must o	omplete th	nis part.) S	ee instructions.			
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative		•		//b)/1)/A)/ii	ii).			
4		A medical research organiz					-	the hospital's name		
•		city, and state:	anon operated in con	njarrotion with a ricopita	. 400011500			the hoopital o haine,		
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in		
3				nege of utiliversity owner	u or opera	ted by a g	overnmentar unit descrit	Ded III		
_		section 170(b)(1)(A)(iv). (Complete Part II.)								
6	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
7				ntial part of its support i	rom a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8	Н	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or		
		university:								
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membership fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a		ively to test for public sa	afety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on		
		lines 12a through 12d that	~							
а		Type I. A supporting orga				•	, ,	, aivina		
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•					
		organization. You must o			jo			, a p p a g		
b		Type II. A supporting org	-		tion with it	e sunnorti	ed organization(s) by ha	avina		
~		control or management o	· ·					-		
		organization(s). You mus			arric perse	ons that oc	ontrol of manage the sup	pported		
_		Type III functionally inte			in connoc	tion with	and functionally intograt	od with		
·		its supported organization					• •	ea with,		
d		Type III non-functionally		•				ization(a)		
u								• •		
		that is not functionally int	-	-	•		-	iveriess		
		requirement (see instruct	•	-						
е		Check this box if the orga					i Type i, Type ii, Type iii			
	C.a.t.a	functionally integrated, or				zation.				
f		r the number of supported or ride the following information		d organization(s)						
g		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	•	organization	(-,	(described on lines 1-10	in your governi Yes	ng document?	support (see instructions)	support (see instructions)		
				above (see instructions))	165	140				
Tota										

Part II 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.)

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
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)						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	, ,	` ,	, ,	, ,	, ,	.,
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
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,	etc. (see instruction	ons)			12	
13 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
organization, check this box and stop						<u></u>
Section C. Computation of Publi	c Support Pe	rcentage				
14 Public support percentage for 2023 (lin					14	%
15 Public support percentage from 2022					15	%
16a 33 1/3% support test - 2023. If the or	•		•		•	
stop here. The organization qualifies a	as a publicly supp	orted organization				
b 33 1/3% support test - 2022. If the or	-					
and stop here. The organization qualit	ies as a publicly s	supported organization	ation			
17a 10% -facts-and-circumstances test	- 2023. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
meets the facts-and-circumstances tes	st. The organization	on qualifies as a pu	ublicly supported	organization		
b 10% -facts-and-circumstances test	-					10% or
more, and if the organization meets the				-		
organization meets the facts-and-circu						
18 Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	sL

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	, <u>, , , , , , , , , , , , , , , , , , </u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	281,722.	603,485.	654,530.	377,717.	384,978.	2,302,432.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	759,148.	738,376.	803,072.	765,065.	1,106,756.	4,172,417.
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	1,040,870.	1,341,861.	1,457,602.	1,142,782.	1,491,734.	6,474,849.
	Amounts included on lines 1, 2, and	, , ,	, , -	, , ,	, , ,	, , ,	, , -
	3 received from disqualified persons						0.
k	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.)						6,474,849.
	ction B. Total Support						, , ,
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1,040,870.	1,341,861.	1,457,602.	1,142,782.	1,491,734.	6,474,849.
	Gross income from interest,	_ / \ _ \ / \ \ \					7 - 1 - 7 1 - 2
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	543.	11,839.	882.	786.	13,834.	27,884.
ŀ	Unrelated business taxable income	9 20 1			7 0 0 0		
•	(less section 511 taxes) from businesses						
	acquired after June 20, 1075						
,	Add lines 10a and 10b	543.	11,839.	882.	786.	13,834.	27,884.
	Net income from unrelated business	9 20 1			7 0 0 0		
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
_	or loss from the sale of capital	62,260.	30,292.	67,913.	38,451.	34,346.	233,262.
13	assets (Explain in Part VI.)	1,103,673.	1,383,992.	1,526,397.	1,182,019.	1,539,914.	6,735,995.
	First 5 years. If the Form 990 is for the		· · ·				
	check this box and stop here	· ·				or (c)(o) organizat	lori,
Sec	ction C. Computation of Publ						
	Public support percentage for 2023 (I			column (fl)		15	96.12 %
	Public support percentage from 2022		•			16	96.21 %
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13. column (fl)		17	.41 %
	Investment income percentage from 2					18	•22 %
	33 1/3% support tests - 2023. If the			on line 14 and line			
136	more than 33 1/3%, check this box a						X
L	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization			•		•	·····

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	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		
Sect	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 office			
	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 suppor 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		
	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		
	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		
Sect	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		
	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			
	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			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruc	tions).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3a		
	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.	3b		L

332025 12-21-23

Sche	dule A	(Form 990) 2023	BRAZOS	VALLEY	KEHABILIT	AT.TO	N CENTER	/4-1298551 Page	
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations								
1		Check here if the organiza	tion satisfied th	ne Integral Par	rt Test as a qualifyir	g trust o	n Nov. 20, 1970 (e <i>xplain</i>	in Part VI). See instructions	
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sect	ection A - Adjusted Net Income (A) Prior Year (b) Current Year (optional)								
1	Net s	hort-term capital gain				1			
	1								

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	tion 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		
e	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	tion 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		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting org	ganization (see

Schedule A (Form 990) 2023

instructions).

	441071 (1 51111 555) 2525	REHABILITATIO		-7	4-1298551 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continue}	ed)	
Sect	ion 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 exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pri	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 t	the organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	;	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
7	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
-5	Remaining underdistributions for years prior to 2023, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990) 2023

a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

BRAZOS VALLEY REHABILITATION CENTER

74-1298551

Organiz	ation type (check on	ne):						
Filers of	:	Sectio	:					
Form 99	0 or 990-EZ	X s	01(c)(3) (enter nui	mber) organization				
			47(a)(1) nonexempt	charitable trust not t	reated as a private	foundation		
			?7 political organizati	on				
Form 99	0-PF	501(c)(3) exempt private foundation						
			47(a)(1) nonexempt	charitable trust treat	ed as a private fou	ndation		
			1(c)(3) taxable privat	e foundation				
			by the General Rule (10) organization car		th the General Rule	e and a Special Rul	le. See instructions.	
General	Rule							
X							\$5,000 or more (in money or s total contributions.	
Special	Rules							
	sections 509(a)(1) a contributor, during	and 170 the yea)(1)(A)(vi), that check	ted Schedule A (Forn f the greater of (1) \$5	n 990), Part II, line	13, 16a, or 16b, and	test of the regulations under d that received from any one form 990, Part VIII, line 1h;	
	contributor, during to	the yea onal purp	d in section 501(c)(7 total contributions o oses, or for the preve of the contributor nar	f more than \$1,000 ention of cruelty to ch	exclusively for religionals. On the contract of the contract o	ous, charitable, scie	entific,	
	year, contributions of is checked, enter he purpose. Don't com	<i>exclusiv</i> ere the nplete a	<i>ly</i> for religious, charit tal contributions tha	able, etc., purposes, t were received durir the General Rule ap	but no such contr ng the year for an e pplies to this organi	ibutions totaled mo xclusively religious, zation because it re	eceived nonexclusively	9
answer "	No" on Part IV, line	2, of its	•	ne box on line H of its		,	orm 990), but it must Part I, line 2, to certify	

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

BRAZOS VALLEY REHABILITATION CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NINA ASTIN WINKLER CHARITABLE TRUST WELLS FARGO WEALTH MGMT, 100 N MAIN STREET WINSTON-SALEM, NC 27101	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LUCILLE AND JOHN B DOUGHERTY TRUST WELLS FARGO WEALTH MGMT, 100 N MAIN STREET WINSTON-SALEM, NC 27101	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CLIFTON C AND HENRYETTA C DOAK CHARITABLE TRUST WELLS FARGO WEALTH MGMT, 100 N MAIN STREET WINSTON-SALEM, NC 27101	\$ 20,000.	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
4	WALDON AND ADELLE ORR TRUST WELLS FARGO WEALTH MGMT, 100 N MAIN STREET WINSTON-SALEM, NC 27101	\$ 20,000.	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
5	GILBERT AND THYRA PLASS CHARITABLE TRUST WELLS FARGO WEALTH MGMT, 100 N MAIN STREET WINSTON-SALEM, NC 27101	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	EUGENE EDGE III CHARITABLE TRUST WELLS FARGO WEALTH MGMT, 100 N MAIN STREET	\$\$	Person X Payroll Noncash
	WINSTON-SALEM, NC 27101		(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page 2

Name of organization

Employer identification number

BRAZOS VALLEY REHABILITATION CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	CARL AND LENA ORR TRUST WELLS FARGO WEALTH MGMT, 100 N MAIN STREET WINSTON-SALEM, NC 27101	\$\$	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 WELLS FARGO WEALTH MGMT, 100 N MAIN STREET WINSTON-SALEM, NC 27101	\$6,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	L B DANFORD CHARITABLE TRUST WELLS FARGO WEALTH MGMT, 100 N MAIN STREET WINSTON-SALEM, NC 27101	\$10,000.	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 WELLS FARGO WEALTH MGMT, 100 N MAIN STREET WINSTON-SALEM, NC 27101	\$60,000.	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		
11	LESLIE ALEXANDER FOUNDATION 110 E ATLANTIC AVE STE 320 DELRAY BEACH, FL 33444	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	DORIS FLOYD THOMAS TRUST WELLS FARGO WEALTH MGMT, 100 N MAIN STREET	\$\$	Person X Payroll Noncash		
323452 12-2	WINSTON-SALEM, NC 27101		(Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

BRAZOS VALLEY REHABILITATION CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JAMES D ORR CHARITABLE TRUST WELLS FARGO WEALTH MGMT, 100 N MAIN STREET WINSTON-SALEM, NC 27101	\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	COMMUNITY FOUNDATION OF THE BRAZOS VALLEY 1733 BRIARCREST DRIVE, SUITE 209 BRYAN, TX 77802	\$6,730.	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
15	UNITED WAY OF THE BRAZOS VALLEY 1716 BRIARCREST DRIVE, SUITE 155 BRYAN, TX 77802	\$18,333.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	CNB PO BOX 1 AMARILLO, TX 79105	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	WARE FOUNDATION PO BOX 1 AMARILLO, TX 79105	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BRAZOS VALLEY REHABILITATION CENTER

	Noncash Property (see instructions). Use duplicate copies of Pa	art 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. 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2023)

Name of organization **Employer identification number** 74-1298551 BRAZOS VALLEY REHABILITATION CENTER Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship 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, and ZIP + 4 Relationship 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, and ZIP + 4 Relationship 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, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			• •
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes N
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that g	rant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	onferring
	impermissible private benefit?			
Pai		-	·	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	` ' ' '	7	
	Preservation of land for public use (for example, recrea	ation or education)	7	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualiday of the tax year.	fied conservation contrib	oution in the form o	f a conservation easement on the last Held at the End of the Tax Yea
_				
a	Total number of conservation easements			
D	Total acreage restricted by conservation easements Number of conservation easements on a certified historic str			
	Number of conservation easements included on line 2c acqu			
u	on a historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, re			
Ū	year	nodoba, oxungalonoa, or	torrimated by the	organization daming the tax
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe		ction, handling of	
	violations, and enforcement of the conservation easements i			Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and e	nforcing conservati	on easements during the year
_				(4)(5)(2)
8	Does each conservation easement reported on line 2d above			
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati balance sheet, and include, if applicable, the text of the footi		=	
	organization's accounting for conservation easements.	note to the organization	S III Iai ICiai Statei ile	ins that describes the
Pai	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		•	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its re	venue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education	n, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenu	ue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	or research in furthe	erance of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u> </u>
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre	easures, or other similar	assets for financial	gain, provide
	the following amounts required to be reported under FASB ${\mbox{\it A}}$			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining C	ollections of A					r Similar	Asse	ts (contin		age Z
3			-						,		
	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).										
а	Public exhibition	c		Loan or exc	change progra	am					
b	Scholarly research	e		Other	9- 19						
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how t	hev further	the organizati	on's exer	mpt purpose	in Parl	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma							. \square	Yes		No
Pai	t IV Escrow and Custodial Arran								ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary fo	r contributio	ons or other as	ssets not	included				
	on Form 990, Part X?							\square	Yes		□No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo							L	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.]
Pai	t V Endowment Funds Complete if		swered	"Yes" on Fo	rm 990, Part						
		(a) Current year	(b) F	Prior year	(c) Two year	rs back ((d) Three years	s back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	lg, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	and administe	red for th	ne		_		
	organization by:									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 S	Schedule R?	?				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answered	d "Yes" on Form 990	0, Part I	V, line 11a.	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Ac	cumulated		(d) Book	valu	е
		basis (investr	ment)		(other)	dep	reciation				
1a	Land				0,143.				150),1	43.
	Buildings			1,89	94,265.	1,7	770,467	•	123	3,7	98.
	Leasehold improvements										
d	Equipment										
	Other			89	7,321.	7	721,649	•			72.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 1	10c, columi	n (B))				449	6,6	13.
							Cak	ماييام	D (Form	000	ເວດວວ

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 BRAZOS VALLI	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	e 11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost 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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line	15.
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	(. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(Q)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2023

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number Name of the organization BRAZOS VALLEY REHABILITATION CENTER 74-1298551 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

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 gr	oss income on Form 990	FEZ, III les Tario 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 SPECIAL EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	101,163.			101,163.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	101,163.			101,163.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	40,289.			40,289.
		Direct expense summary. Add lines 4 through				40,289.
Pa	rt I	Net income summary. Subtract line 10 from light Gaming. Complete if the organization		n 990. Part IV. line 19. or		00,074.
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., ,	bingo/progressive bingo		col. (a) through col. (c))
Re	1	Gross revenue				
	Ė	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
]	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	∟ No	∟ No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
		The garming meetine carminary. Castract mile	Tom into 1, column (a)			<u> </u>
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				Yes No
D	IT "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 BRAZOS VALLEY REHABILITATION CENTER 74-1	L298551	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
		••	
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	daming managor information.		
	Name		
	- Trainio		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Enployee Entrependent contractor		
17	Mandatory distributions:		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•	retain the state gaming license?	Yes	□ No
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	— 103	110
L	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III lings 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ii t iii, iii 163 3,	30, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	BRAZOS VALLEY	REHABILITATION	CENTER	74-1298551	Page 4
Part IV	(Form 990) Supplemental Inform	rmation (continued)				
		,				
-						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BRAZOS VA	ALLEY REHA	BILITATION	CENTER				Employer identification number $74-1298551$
Part I General Information on Grants	and Assistance						
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's presented. 	istance?						tion X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
Name and address of organization or government	(b) EIN	(c) IRC section (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 Enter total number of section 501(c)(3)	<u>I</u> and government or	<u>I</u> ganizations listed in th	I ne line 1 table	<u> </u>			

3 Enter total number of other organizations listed in the line 1 table

(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
UNCOMPENSATED SERVICES	U	0.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
IT IS THE MISSION AND POLICY OF	THE ORGANI	ZATION THA	T PROGRAM	SERVICE FEES	
BE CHARGED TO INSURANCE COMPANII	ES, THIRD-PA	ARTY PURCH	ASERS OF S	ERVICES AND	
INDIVIDUALS AND HAS ESTABLISHED	PAYMENT PL	ANS FOR QU	ALIFIED CL	IENTS FOR	
WHOM NO FUNDING SOURCE EXISTS.					

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BRAZOS VALLEY REHABILITATION CENTER

Employer identification number 74-1298551

Didizor vinder Remidiation Content 74 1230331
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.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	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.				0.	0.		0.	0.
	BUILDING														
4	BUILDING	12/31/84	SL	40.00	1	16	1,750,796.				1,750,796.	1,659,611.		43,770.	1,703,381.
5	BUILDING	10/17/94	SL	40.00	1	16	4,791.				4,791.	3,369.		120.	3,489.
6	JM PORTABLE BUILDINGS	01/28/02	SL	7.00	1	16	2,740.				2,740.	2,740.		0.	2,740.
7	FULLY DEPRECIATED	06/30/92	SL	5.00	1	16	1,790.				1,790.	1,790.		0.	1,790.
	* 990 PAGE 10 TOTAL - BUILDING						1,760,117.				1,760,117.	1,667,510.		43,890.	1,711,400.
	BUILDING IMPROVEMENTS														
9	BUILDING IMPROVEMENTS	06/01/90	SL	40.00	1	16	5,177.				5,177.	4,195.		129.	4,324.
10	A/C COMPRESSOR	08/31/94	SL	40.00	1	16	3,587.				3,587.	2,541.		90.	2,631.
11	ELEVATOR	05/29/96	SL	40.00	1	16	2,795.				2,795.	1,854.		70.	1,924.
12	A/C COMPRESSOR	08/23/96	SL	40.00	1	16	6,500.				6,500.	4,279.		163.	4,442.
13	CARPET	08/18/97	SL	40.00	1	16	14,300.				14,300.	9,039.		358.	9,397.
14	REPLACE COMPRESSOR	10/19/01	SL	40.00	1	16	6,157.				6,157.	3,272.		154.	3,426.
15	HORSE ARENA	12/04/01	SL	40.00	1	16	6,000.				6,000.	3,188.		150.	3,338.
16	SPRINKLER SYSTEM REPAIR	12/06/05	SL	15.00	1	16	1,750.				1,750.	1,745.		0.	1,745.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 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	1	16	1,100.				1,100.	1,091.		0.	1,091.
18	BVRC AC REPAIR	07/06/09	SL	10.00	1	16	2,263.				2,263.	2,242.		0.	2,242.
19	BUILDING IMPROVEMENTS	07/01/11	SL	10.00	1	16	47,170.				47,170.	46,777.		0.	46,777.
20	AUTISM CLASSROOM IMPROVEMENTS	05/01/11	SL	10.00	1	16	4,075.				4,075.	4,046.		0.	4,046.
21	PLAYGROUND CONCRETE	08/08/12	SL	10.00	1	16	6,768.				6,768.	6,713.		0.	6,713.
22	REMODEL ECI ROOMS	01/24/15	SL	10.00	1	16	4,000.				4,000.	3,133.		400.	3,533.
23	REMODEL ECI ROOMS	02/18/15	SL	10.00	1	16	10,276.				10,276.	7,967.		1,028.	8,995.
24	STANLEY ACCESS BV DOORS	08/31/15	SL	10.00	1	16	16,505.				16,505.	11,970.		1,651.	13,621.
25	NEW BOILER/REPAIRS	12/12/16	SL	40.00	1	16	29,776.				29,776.	4,464.		744.	5,208.
26	COMPRESSOR	05/06/17	SL	10.00	1	16	22,000.				22,000.	12,283.		2,200.	14,483.
28	NEW COMPRESSOR - AREAWIDE	05/22/02	SL	40.00	1	16	6,937.				6,937.	3,604.		173.	3,777.
29	NEW A/C UNIT	05/22/06	SL	40.00	1	16	57,449.				57,449.	23,694.		1,436.	25,130.
32	HVAC SYSTEM REPAIR	02/28/11	SL	10.00	1	16	2,456.				2,456.	2,439.		0.	2,439.
38	HVAC SYSTEM	05/30/20	SL	10.00	1	16	16,068.				16,068.	4,151.		1,607.	5,758.
39	NEW CHILLER	06/30/23	SL	10.00	1	16	158,383.				158,383.			7,919.	7,919.
	* 990 PAGE 10 TOTAL - BUILDING IMPROVEMENTS						431,492.				431,492.	164,687.		18,272.	182,959.
	EQUIPMENT														
30	FULLY DEPRECIATED			.000	нү1	16	581,743.				581,743.	581,043.		0.	581,043.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine 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
31	WATER DAMAGE RESTORATION	01/17/11	SL	7.00	1	.6	1,725.				1,725.	1,703.		0.	1,703.
33	TOTAL GYM	03/27/11	SL	7.00	1	.6	2,790.				2,790.	2,760.		0.	2,760.
34	EQUIPMENT	06/26/11	SL	7.00	1	.6	2,515.				2,515.	2,484.		0.	2,484.
35	THERAPUETIC EQUIPMENT	09/30/13	SL	7.00	1	.6	1,643.				1,643.	1,625.		0.	1,625.
36	DELL COMPUTERS/ECI	09/30/14	SL	5.00	1	.6	6,357.				6,357.	6,250.		0.	6,250.
37	DELL SERVER	09/30/14	SL	5.00	1	.6	1,751.				1,751.	1,722.		0.	1,722.
40	SOUTHPAW OT EQUIPMENT	05/31/23	SL	5.00	1	.6	1,453.				1,453.			170.	170.
	* 990 PAGE 10 TOTAL - EQUIPMENT						599,977.				599,977.	597,587.		170.	597,757.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,941,729.				2,941,729.	2,429,784.		62,332.	2,492,116.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,200,150.			0.	2,200,150.	1,848,741.			1,902,984.
	ACQUISITIONS						741,579.			0.	741,579.	581,043.			589,132.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,941,729.			0.	2,941,729.	2,429,784.			2,492,116.
	ENDING ACCUM DEPR											2,492,116.			
	ENDING BOOK VALUE											449,613.			

⁽D) - Asset disposed

^{*} 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	L			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.	1,659,611.		43,770.
		101794	SL	40.00	16	4,791.			4,791.	3,369.		120.
	JM PORTABLE BUILDINGS	012802	SL	7.00	16	2,740.			2,740.	2,740.		0.
7	FULLY DEPRECIATED * 990 PAGE 10 TOTAL	063092	SL	5.00	16	1,790.			1,790.	1,790.		0.
	- BUILDING					1,760,117.		0.	1,760,117.	1,667,510.		43,890.
	BUILDING IMPROVEMENTS											
	BUILDING IMPROVEMENTS	060190	SL	40.00	16	5,177.			5,177.	4,195.		129.
10	A/C COMPRESSOR	083194	SL	40.00	16	3,587.			3,587.	2,541.		90.
11	ELEVATOR	052996	SL	40.00	16	2,795.			2,795.	1,854.		70.
12	A/C COMPRESSOR	082396	SL	40.00	16	6,500.			6,500.	4,279.		163.
13	CARPET	081897	SL	40.00	16	14,300.			14,300.	9,039.		358.
14	REPLACE COMPRESSOR	101901	SL	40.00	16	6,157.			6,157.	3,272.		154.
		120401	SL	40.00	16	6,000.			6,000.	3,188.		150.
		120605	SL	15.00	16	1,750.			1,750.	1,745.		0.

- 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.	46,777.		0.
	AUTISM CLASSROOM IMPROVEMENTS	050111	SL	10.00	16	4,075.			4,075.	4,046.		0.
21	PLAYGROUND CONCRETE	080812	SL	10.00	16	6,768.			6,768.	6,713.		0.
22	REMODEL ECI ROOMS	012415	SL	10.00	16	4,000.			4,000.	3,133.		400.
	REMODEL ECI ROOMS STANLEY ACCESS BV	021815	SL	10.00	16	10,276.			10,276.	7,967.		1,028.
		083115	SL	10.00	16	16,505.			16,505.	11,970.		1,651.
25	NEW BOILER/REPAIRS	121216	SL	40.00	16	29,776.			29,776.	4,464.		744.
	COMPRESSOR NEW COMPRESSOR -	050617	SL	10.00	16	22,000.			22,000.	12,283.		2,200.
		052202	SL	40.00	16	6,937.			6,937.	3,604.		173.
29	NEW A/C UNIT	052206	SL	40.00	16	57,449.			57,449.	23,694.		1,436.
32	HVAC SYSTEM REPAIR	022811	SL	10.00	16	2,456.			2,456.	2,439.		0.
38	HVAC SYSTEM	053020	SL	10.00	16	16,068.			16,068.	4,151.		1,607.
39		063023	SL	10.00	16	158,383.			158,383.			7,919.
	* 990 PAGE 10 TOTAL - BUILDING IMPROVE					431,492.		0.	431,492.	164,687.		18,272.
	EQUIPMENT											
30	FULLY DEPRECIATED			.000	16	581,743.			581,743.	581,043.		0.

- CURRENT YEAR FEDERAL - BRAZOS VALLEY REHABILITATION CENTER

Asset No.	Description	Date Acquire	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	WATER DAMAGE RESTORATION	0117	.1SL	7.00	16	1,725.			1,725.	1,703.		0.
33	TOTAL GYM	0327	.1SL	7.00	16	2,790.			2,790.	2,760.		0.
	EQUIPMENT THERAPUETIC	0626	.1SL	7.00	16	2,515.			2,515.	2,484.		0.
		0930	.3SL	7.00	16	1,643.			1,643.	1,625.		0.
36	DELL COMPUTERS/ECI	0930	.4SL	5.00	16	6,357.			6,357.	6,250.		0.
	DELL SERVER SOUTHPAW OT	0930	.4SL	5.00	16	1,751.			1,751.	1,722.		0.
	EQUIPMENT	0531	3SL	5.00	16	1,453.			1,453.			170.
	* 990 PAGE 10 TOTAL - EQUIPMENT					599,977.		0.	599,977.	597,587.		170.
	* GRAND TOTAL 990 PAGE 10 DEPR					2,941,729.		0.	2,941,729.	2,429,784.		62,332.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					2,200,150.		0.	2,200,150.	1,848,741.		
	ACQUISITIONS					741,579.		0.	741,579.	581,043.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					2,941,729.		0.	2,941,729.	2,429,784.		

- 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
2	LAND	030181	LL		150,143.		150,143.		0.
	LAND								
	BUILDING								
	BUILDING	12 31 84		40.00	, ,		1,750,796.		
	BUILDING	10 17 94		40.00	•		4,791.		
	JM PORTABLE BUILDINGS	012802		7.00	2,740.		2,740.		
	FULLY DEPRECIATED	063092	2SL	5.00	1,790.		1,790.	1,790.	
	* 990 PAGE 10 TOTAL - BUILDING				1,760,117.		1,760,117.	1,711,400.	43,890.
	BUILDING IMPROVEMENTS								
	BUILDING IMPROVEMENTS	060190		40.00			5,177.		129.
	A/C COMPRESSOR	083194		40.00	•		3,587.		90.
	ELEVATOR	05 29 96		40.00			2,795.		70.
	A/C COMPRESSOR	08 23 96		40.00			6,500.		163.
	CARPET	081897		40.00	•		14,300.		
	REPLACE COMPRESSOR	10 19 01		40.00			6,157.		154.
	HORSE ARENA	120401		40.00			6,000.	3,338.	150.
	SPRINKLER SYSTEM REPAIR	120605	SL	15.00			1,750.		0.
	HVAC SYSTEM REPAIR	082808	SL	10.00			1,100.		0.
	BVRC AC REPAIR	070609	SL	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	SL	10.00			6,768.		0.
	REMODEL ECI ROOMS	012415	SL	10.00			4,000.		400.
	REMODEL ECI ROOMS	021815	SL	10.00			10,276.		1,028.
	STANLEY ACCESS BV DOORS	083115	SL	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	2SL	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.
	HVAC SYSTEM	05 30 20		10.00			16,068.		1,607.
39	NEW CHILLER	063023	BSL	10.00	158,383.		158,383.	7,919.	15,838.
	* 990 PAGE 10 TOTAL - BUILDING								
	IMPROVEMENTS				431,492.		431,492.	182,959.	26,191.

⁽D) - Asset disposed

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

- NEXT YEAR FEDERAL - BRAZOS VALLEY REHABILITATION CENTER

Asset No.	Description	Da Acqı	ite Jired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
30 31 33 34 35 36	EQUIPMENT FULLY DEPRECIATED WATER DAMAGE RESTORATION TOTAL GYM EQUIPMENT THERAPUETIC EQUIPMENT DELL COMPUTERS/ECI DELL SERVER SOUTHPAW OT EQUIPMENT * 990 PAGE 10 TOTAL - EQUIPMENT * GRAND TOTAL 990 PAGE 10 DEPR		711 711 611 013 014	SL SL SL SL SL	Life .000 7.00 7.00 7.00 5.00 5.00 5.00	581,743. 1,725. 2,790. 2,515. 1,643. 6,357. 1,751. 1,453. 599,977. 2,941,729.	Basis	Depreciation 581,743. 1,725. 2,790. 2,515. 1,643. 6,357.	Depreciation 581,043. 1,703. 2,760. 2,484. 1,625. 6,250. 1,722. 170. 597,757.	Depreciation 0. 0. 0. 0. 0. 291. 291.