

**Federal  
Tax Return**

**PERMIAN BASIN REABILITY CENTER**

**2023**

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November 12, 2024

PERMIAN BASIN REHABILITATION CENTER  
620 N. ALLEGHANEY  
ODESSA, TX 79761

Dear Kim and Karla,

I have prepared the Center's 2023 Form 990 based on the audited financial statements and other information provided by the Center. Please review the enclosed copy and contact me if any records need correcting before being e-filed.

If you have any questions about the return(s) or about PERMIAN BASIN REHABILITATION CENTER's tax situation during the year, please do not hesitate to call me at (432) 580-0204. I appreciate this opportunity to serve you.

Sincerely,

RANDY SILHAN  
RANDY SILHAN, CPA, CFE

**Privacy Notice**

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Form header section A-M containing organization name, address, EIN, and other identifying information.

Part I Summary

Table with 22 rows detailing financial and operational data, including revenue, expenses, and net assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer and preparer information, including names, titles, and dates.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
Improving Lives by providing exceptional and compassionate therapy services.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

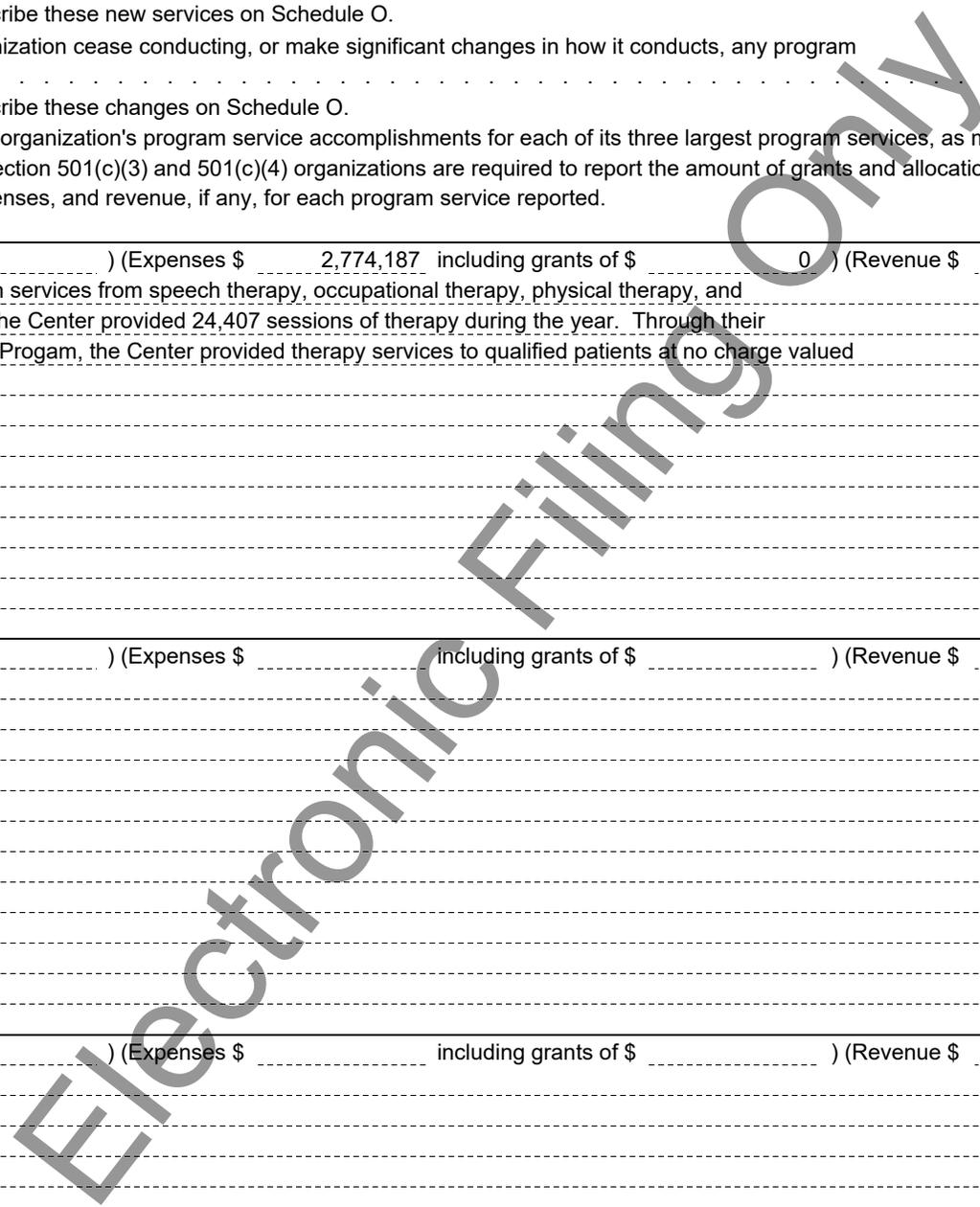
**4a** (Code: ) (Expenses \$ 2,774,187 including grants of \$ 0 ) (Revenue \$ 2,114,879 )  
Rehabilitation services from speech therapy, occupational therapy, physical therapy, and audiology. The Center provided 24,407 sessions of therapy during the year. Through their Sponsorship Program, the Center provided therapy services to qualified patients at no charge valued at \$236,815.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses 2,774,187



**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 . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
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 . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		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 . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
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 . . . . .	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
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 . . . . .		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		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 . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
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 . . . . .		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 . . . . .		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 . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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? <i>If "Yes," complete Schedule J.</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part 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.

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	43		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>			

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]

Section A. Governing Body and Management

Table with 5 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of forms, and disclosure of governing documents.

**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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kim Ortega ----- EXECUTIVE DIRECTOR	40.00 ----- 0.00			X			115,073	0	12,996	
(2) Mary Blain ----- FINANCE DIRECTOR	40.00 ----- 0.00			X			103,712	0	12,118	
(3) Brian Carter ----- President	4.00 ----- 0.00	X		X			0	0	0	
(4) Jason Hahn ----- Vice President	4.00 ----- 0.00	X		X			0	0	0	
(5) Tammy Montgomery ----- Immediate Past President	4.00 ----- 0.00	X		X			0	0	0	
(6) Lisa Hill ----- Treasurer	4.00 ----- 0.00	X		X			0	0	0	
(7) Julie Garrett ----- Secretary	3.00 ----- 0.00	X					0	0	0	
(8) Shane Bebout ----- Executive Committee	3.00 ----- 0.00	X					0	0	0	
(9) Daniel Bright ----- Executive Committee	3.00 ----- 0.00	X					0	0	0	
(10) Ann Volker ----- Executive Committee	3.00 ----- 0.00	X					0	0	0	
(11) Dustin Lee ----- Executive Committee	3.00 ----- 0.00	X					0	0	0	
(12) Joyce Medina ----- Executive Committee	2.00 ----- 0.00	X					0	0	0	
(13) Vonda Lucero ----- Executive Committee	2.00 ----- 0.00	X					0	0	0	
(14) Jeff Adams ----- Director	2.00 ----- 0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Steve Ashley Director	2.00 0.00	X						0	0	0
(16) Kaylie Banda Director	2.00 0.00	X						0	0	0
(17) Kendra Baxter Director	2.00 0.00	X						0	0	0
(18) Wesley Burnett Director	2.00 0.00	X						0	0	0
(19) Judd Campbell Director	2.00 0.00	X						0	0	0
(20) Cary Dobbs Director	2.00 0.00	X						0	0	0
(21) Cinda Garcia Director	2.00 0.00	X						0	0	0
(22) Ana Gonzalez Director	2.00 0.00	X						0	0	0
(23) Logan Hargrove Director	2.00 0.00	X						0	0	0
(24) Tony Hurt Director	2.00 0.00	X						0	0	0
(25) Ed Mendez Director	2.00 0.00	X						0	0	0
<b>1b Subtotal</b>								218,785	0	25,114
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								218,785	0	25,114

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a	0				
	b	Membership dues . . . . .	1b	0				
	c	Fundraising events . . . . .	1c	1,144,554				
	d	Related organizations . . . . .	1d	0				
	e	Government grants (contributions) . . . . .	1e	45,372				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	739,375				
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 0				
	h	<b>Total.</b> Add lines 1a-1f . . . . .		1,929,301				
	Program Service Revenue	2a	THERAPY SERVICES	Business Code	624100	2,114,879	2,114,879	
b		-----			0			
c		-----			0			
d		-----			0			
e		-----			0			
f		All other program service revenue . . . . .			0			
g		<b>Total.</b> Add lines 2a-2f . . . . .			2,114,879			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .			29,519		29,519	
	4	Income from investment of tax-exempt bond proceeds . . . . .			0			
	5	Royalties . . . . .			0			
	6a	Gross rents . . . . .	(i) Real	(ii) Personal				
			6a					
			6b					
	6c	Rental income or (loss) . . . . .	0	0				
	d	Net rental income or (loss) . . . . .			0			
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
			7a	0	0			
			7b	0	0			
	7c	Gain or (loss) . . . . .	0	0				
	d	Net gain or (loss) . . . . .			0			
	8a	Gross income from fundraising events (not including \$ 1,144,554 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
			8a	84,458				
8b			201,245					
c	Net income or (loss) from fundraising events . . . . .			-116,787				
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .							
		9a	34,673					
		9b	10,341					
c	Net income or (loss) from gaming activities . . . . .			24,332				
10a	Gross sales of inventory, less returns and allowances . . . . .							
		10a	0					
		10b	0					
c	Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue	11a	-----	Business Code		0	0		
	b	-----			0			
	c	-----			0			
	d	All other revenue . . . . .			0			
	e	<b>Total.</b> Add lines 11a-11d . . . . .			0			
12	<b>Total revenue.</b> See instructions . . . . .			3,981,244	2,114,879	0	29,519	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	218,785	0	218,785	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	2,159,743	1,728,956	307,881	122,906
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	88,663	60,069	23,868	4,726
9	Other employee benefits . . . . .	243,275	183,924	57,713	1,638
10	Payroll taxes . . . . .	182,528	132,697	40,394	9,437
11	Fees for services (nonemployees):				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	9,000	0	9,000	0
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	1,063	0	1,063	0
12	Advertising and promotion . . . . .	43,577	5,451	7,604	30,522
13	Office expenses . . . . .	265,045	209,171	22,241	33,633
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	48,933	48,933	0	0
17	Travel . . . . .	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	39,658	16,580	23,078	0
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	198,454	178,609	19,845	0
23	Insurance . . . . .	43,851	35,244	8,607	0
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.)				
a	----- THERAPY SUPPLIES, HEARING AIDS -----	146,699	146,699	0	0
b	----- PROFESSIONAL DUES AND SUBSCRIPTIONS -----	32,782	27,854	3,192	1,736
c	----- ----- -----	0			
d	----- ----- -----	0			
e	All other expenses -----	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	3,722,056	2,774,187	743,271	204,598
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,664,437	<b>1</b>	1,002,735
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	2,529,519
	<b>3</b> Pledges and grants receivable, net . . . . .	488,450	<b>3</b>	23,513
	<b>4</b> Accounts receivable, net . . . . .	110,123	<b>4</b>	89,787
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	2,603	<b>8</b>	3,128
	<b>9</b> Prepaid expenses and deferred charges . . . . .	45,231	<b>9</b>	51,116
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,922,528		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,827,346	2,235,287	<b>10c</b> 2,095,182
	<b>11</b> Investments—publicly traded securities . . . . .	547,758	<b>11</b>	612,646
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	6,093,889	<b>16</b>	6,407,626	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	37,450	<b>17</b>	23,080
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	5,864	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	43,314	<b>26</b>	23,080
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	5,746,065	<b>27</b>	5,902,936
	<b>28</b> Net assets with donor restrictions . . . . .	304,510	<b>28</b>	481,610
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	
	<b>32 Total net assets or fund balances.</b> . . . . .	6,050,575	<b>32</b>	6,384,546
<b>33 Total liabilities and net assets/fund balances.</b> . . . . .	6,093,889	<b>33</b>	6,407,626	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,981,244
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,722,056
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	259,188
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	6,050,575
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	74,783
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,384,546

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	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?		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

# Continuation Sheet for Form 990

Name of the Organization

PERMIAN BASIN REHABILITATION CENTER

Employer identification number

75-0866501

**Part VII Section A**

**Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Austin Reynolds Director	2.00 0.00	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(27) Robison Sherry Director	2.00 0.00	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(28) Ashlee Thompson Director	2.00 0.00	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(29) Chris Withrow Director	2.00 0.00	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(30)										
(31)										
(32)										
(33)										
(34)										
(35)										
(36)										
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**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization PERMIAN BASIN REHABILITATION CENTER	Employer identification number 75-0866501
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) - 0.00%; 15 Public support percentage from 2022 Schedule A, Part II, line 14 - 0.00%; 16a 33 1/3% support test—2023; b 33 1/3% support test—2022; 17a 10%-facts-and-circumstances test—2023; b 10%-facts-and-circumstances test—2022; 18 Private foundation.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,347,981	2,145,880	2,391,126	1,690,987	1,929,301	9,505,275
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	1,996,664	1,606,911	2,056,395	2,094,906	2,114,879	9,869,755
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	204,358	21,225	33,530	35,155	34,673	328,941
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	3,549,003	3,774,016	4,481,051	3,821,048	4,078,853	19,703,971
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> 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
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						19,703,971

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . . .	3,549,003	3,774,016	4,481,051	3,821,048	4,078,853	19,703,971
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	0	0			29,519	29,519
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	29,519	29,519
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	3,549,003	3,774,016	4,481,051	3,821,048	4,108,372	19,733,490
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.85%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	100.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.15%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

- 19a 33 1/3% support tests—2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (PERMIAN BASIN REHABILITATION CENTER) and Employer identification number (75-0866501)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$

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

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	2T Partnership LTD P.O. BOX 1149 PECOS TX 79772 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	4D Excavating, Inc. 6495 Interstate 20 Service Rd ODESSA TX 79763 Foreign State or Province: _____ Foreign Country: _____	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Abell-Hanger Foundation 112 CORPORATE DR. MIDLAND TX 79705 Foreign State or Province: _____ Foreign Country: _____	\$ 56,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Aghorn Energy, Inc. P.O. BOX 12663 ODESSA TX 79768 Foreign State or Province: _____ Foreign Country: _____	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	All American Chevrolet of Midland 4100 W. WALL MIDLAND TX 79703 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	American Momentum Bank 600 N. Marienfeld, Ste. 200 MIDLAND TX 79701 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Apollo Perforators, Inc. ----- 12818 W. I20 E ----- ODESSA TX 49765 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Barnhart Bolt & Special Fasteners, Inc ----- 2306 W 42ND ST ----- ODESSA TX 79764 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BCM and Associates, Inc. ----- P.O. BOX 13077 ----- ODESSA TX 79768 Foreign State or Province: ----- Foreign Country: -----	\$ 72,461	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Ben and Tammy Montgomery ----- P.O. BOX 13077 ----- ODESSA TX 79768 Foreign State or Province: ----- Foreign Country: -----	\$ 40,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BICO Drilling Tools ----- 3707 S County Rd 1210 ----- MIDLAND TX 79706 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Bobby Cox Companies, Inc ----- 5000 Overton Plaza, Ste 300 ----- FT. WORTH TX 76109 Foreign State or Province: ----- Foreign Country: -----	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Buffalo Oilfield Services 3809 S County Rd 1161 MIDLAND TX 79706 Foreign State or Province: _____ Foreign Country: _____	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Calian 8180 LAKEVIEW CENTER ODESSA TX 79765 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Carl B. & Florence E. King Foundation 6688 N Central Expy Ste.275 DALLAS TX 75206 Foreign State or Province: _____ Foreign Country: _____	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Carl C. Anderson Sr. and Marie Jo Anderson Charitabl 114 W. 7TH St #1200 AUSTIN TX 78701 Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Champion Truck & Trailer 1321 E Interstate 20 ODESSA TX 79766 Foreign State or Province: _____ Foreign Country: _____	\$ 17,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Community National Bank P.O. BOX 3903 MIDLAND TX 79702 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Crystal Ball Foundation ----- P.O. BOX 13786 ----- ODESSA TX 79760 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 52,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Culpepper, Shem-1 ----- 7060 SLEEPY HOLLOW ----- ODESSA TX 79762 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 9,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Daniels, Lance ----- 6833 ISLAND DR. ----- MIDLAND TX 79707 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Dickson, Clark & Anne ----- 6 SANTA DOMINGO DR. ----- ODESSA TX 79765 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Dobbs Law Firm ----- 601 N. WASHINGTON ----- ODESSA TX 79761 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 10,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Downhole Well Solutions, LLC ----- 18300 Strack Dr Ste 900 ----- SPRING TX 77379 ----- Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	First Basin Credit Union ----- 2740 N County Road West ----- Odessa TX 79764 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	G. F. Elite Real Estate Holdings, Ltd. ----- 2903 W Wall St. ----- MIDLAND TX 79701 Foreign State or Province: ----- Foreign Country: -----	\$ 10,520	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	Genesis Endeavors, LLC ----- P.O. BOX 10148 ----- LONGVIEW TX 75608 Foreign State or Province: ----- Foreign Country: -----	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Harlow Sammons of Odessa Inc. ----- P.O. BOX 13184 ----- ODESSA TX 79768 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Helen Greathouse Charitable Trust ----- MAC D4001-065, 100 N. Main St. ----- WINSTON-SALEM NC 27101 Foreign State or Province: ----- Foreign Country: -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Hill, Bro & Mary ----- 35 TROON DR ----- ODESSA TX 79762 Foreign State or Province: ----- Foreign Country: -----	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Holeva, Patrick & Jenifer ----- 5524 Cypress Court ----- MIDLAND TX 79707 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	Innovex, Inc. ----- 9513 W County Road 143 ----- MIDLAND TX 79706 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	J. C. Ferguson Foundation ----- 3800 E. 42ND, STE 401 ----- ODESSA TX 79762 Foreign State or Province: ----- Foreign Country: -----	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	James A. Buddy Davidson Charitable Foundation ----- 515 Tradewinds Blvd ----- MIDLAND TX 79706 Foreign State or Province: ----- Foreign Country: -----	\$ 240,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	Ken W. Davis Foundation ----- P.O. Box 3419 ----- FT. WORTH TX 76113 Foreign State or Province: ----- Foreign Country: -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	Kent Distributors, Inc. ----- P.O. BOX 908001 ----- MIDLAND TX 79708 Foreign State or Province: ----- Foreign Country: -----	\$ 86,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Key Energy ----- 4909 E Highway 80 ----- MIDLAND TX 79706 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	Knighten Industries ----- 3800 E 42nd Street, Suite 333 ----- ODESSA TX 79762 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Landon Brockman ----- 5550 Link Road ----- SAN ANGELO TX 76935 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	Leeco Energy & Investments, Inc. ----- 3501 BILLY HEXT RD. ----- ODESSA TX 79765 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	Les and Beth Littlejohn ----- 15 CIBOLA CT ----- ODESSA TX 79765 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	LLH Properties ----- 16 Mission Santiago Drive ----- ODESSA TX 79765 Foreign State or Province: ----- Foreign Country: -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	Lozoya General Contractors, LLC ----- 2903 W Wall St. ----- MIDLAND TX 79701 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	Manning Interests, LTD ----- P.O. BOX 1906 ----- ODESSA TX 79760 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	Minka and Scott Sibert ----- 1 LA PAZ CIRCLE ----- ODESSA TX 79765 Foreign State or Province: ----- Foreign Country: -----	\$ 75,020	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	Odessa Marriott Hotel and Conference Center ----- 305 E. 5th ----- ODESSA TX 79761 Foreign State or Province: ----- Foreign Country: -----	\$ 7,118	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	Paloma Pressure Control ----- 9518 W County Rd 160 ----- MIDLAND TX 79706 Foreign State or Province: ----- Foreign Country: -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	Permian Machinery Movers, Inc. ----- P.O. BOX 11281 ----- ODESSA TX 79760 Foreign State or Province: ----- Foreign Country: -----	\$ 10,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Pevehouse Family Foundation ----- 3300 N. A ST., BLDG 1-201 ----- MIDLAND TX 79705 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	ProPetro ----- 1706 S Midkiff Rd Ste B ----- MIDLAND TX 79701 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	Quail Tools, LP ----- 11916 W County Rd 100 ----- ODESSA TX 79765 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	REXtax, LLC ----- P.O. Box 4148 ----- ODESSA TX 79760 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	Rino - K and K Compression, Inc. ----- P.O. BOX 61710 ----- MIDLAND TX 79711 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	RK Supply ----- 11400 WEST COUNTY RD 30 ----- MIDLAND TX 79707 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Rock Tool Company ----- 2672 OREGON ST. ----- ODESSA TX 79764 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	Saulsbury Family Foundation Inc ----- P.O. BOX 12770 ----- ODESSA TX 79768 Foreign State or Province: ----- Foreign Country: -----	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	Scott Thane Ditching Service, Ltd. ----- P.O. BOX 13888 ----- ODESSA TX 79768 Foreign State or Province: ----- Foreign Country: -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	Sewell Family of Companies ----- 4400 Parks Legado Rd ----- ODESSA TX 79765 Foreign State or Province: ----- Foreign Country: -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	Slater Controls, Inc. ----- P.O. BOX 61007 ----- MIDLAND TX 79711 Foreign State or Province: ----- Foreign Country: -----	\$ 17,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	Sondra and Toby Eoff ----- 74 CIBOLA CT. ----- ODESSA TX 79765 Foreign State or Province: ----- Foreign Country: -----	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	Southwest Bank ----- 4800 E. 42ND ST. ----- ODESSA TX 79762 Foreign State or Province: ----- Foreign Country: -----	\$ 9,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	Standard Sales Company, L.P. ----- 4800 E. 42ND ST. STE 400 ----- ODESSA TX 79762 Foreign State or Province: ----- Foreign Country: -----	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	Star Electric ----- P.O. BOX 4577 ----- ODESSA TX 79760 Foreign State or Province: ----- Foreign Country: -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	Tash, Heather ----- 6600 W. County Rd. 41 ----- MIDLAND TX 79707 Foreign State or Province: ----- Foreign Country: -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	TDI Industries ----- 1501 W Francis Ave ----- MIDLAND TX 79701 Foreign State or Province: ----- Foreign Country: -----	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	Texas Tactical Jeep Club, Inc. ----- 16249 S Klondyke Ave ----- ODESSA TX 79766 Foreign State or Province: ----- Foreign Country: -----	\$ 5,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	Trident Process Systems, LLC 2300 N. I 35 GAINESVILLE TX 76240 Foreign State or Province: _____ Foreign Country: _____	\$ 10,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	U.S. Treasury 1500 Pennsylvania Avenue, NW Washington DC 20220 Foreign State or Province: _____ Foreign Country: _____	\$ 45,372	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	Warbonnet, Inc. 1613 Pelican Lakes Point, Ste 102 WINDSOR CO 80550 Foreign State or Province: _____ Foreign Country: _____	\$ 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	Warren Charitable Foundation 808 W. WALL MIDLAND TX 79701 Foreign State or Province: _____ Foreign Country: _____	\$ 21,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	Wayne and Jo Ann Moore Charitable Foundation 403 N. MARIENFELD MIDLAND TX 79701 Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	Wood Family Foundation, Inc. 3501 FAUDREE RD. ODESSA TX 79765 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PERMIAN BASIN REHABILITATION CENTER</b>	Employer identification number <b>75-0866501</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	Yoakum National Bank 301 W Grand Ave Yoakum TX 77995 Foreign State or Province: _____ Foreign Country: _____	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

Name of the organization: PERMIAN BASIN REHABILITATION CENTER; Employer identification number: 75-0866501

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Multiple choice and table questions regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Questions 1a-2b regarding reporting of art and historical treasures with dollar amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 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).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 0      |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                | 0      |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	547,758	572,065	501,734	483,815	409,144
b Contributions		100,000			
c Net investment earnings, gains, and losses	35,023	-105,696	88,171	36,165	92,970
d Grants or scholarships					
e Other expenditures for facilities and programs		18,611	17,840	18,246	18,299
f Administrative expenses					
g End of year balance	582,781	547,758	572,065	501,734	483,815

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100%
  - b Permanent endowment %
  - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | X   |    |
| (ii) Related organizations  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	282,056		282,056
b Buildings	0	792,583	294,911	497,672
c Leasehold improvements	0	2,418,087	1,212,392	1,205,695
d Equipment	0	297,908	201,790	96,118
e Other	0	131,894	118,253	13,641

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 2,095,182

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely held equity interests . . . . .	0	
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)).	0	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)).	0	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)).	0

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)).	0

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	4,281,863
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	74,783
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	14,250
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	211,586
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	300,619
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	3,981,244
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	3,981,244

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	3,947,892
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	14,250
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	211,586
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	225,836
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	3,722,056
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	3,722,056

**Part XIII Supplemental Information.**

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

Part V Line 4 Endowment funds are invested with the intent of long term growth to provide  
 -----  
 perpetual investment income to enable the Center to continue providing quality therapy  
 -----  
 services.  
 -----

Part XI Line 2d Special event expenses are reported in the statement of functional  
 -----  
 expenses on the audit report and are reported in Schedule G, net of revenue on the 990.  
 -----

Part XII Line 2d Special event expenses are reported in the statement of functional  
 -----  
 expenses on the audit report and are reported in Schedule G, net of revenue on the 990.  
 -----

-----  
 -----  
 -----  
 -----  
 -----



**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Telethon (event type)	Steakout (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	587,196	340,902	300,914	1,229,012
	2	Less: Contributions . . . . .	587,196	316,627	240,731	1,144,554
	3	Gross income (line 1 minus line 2) . . . . .	0	24,275	60,183	84,458
Direct Expenses	4	Cash prizes . . . . .	10,100		0	10,100
	5	Noncash prizes . . . . .		4,995	4,400	9,395
	6	Rent/facility costs . . . . .		7,058	28,259	35,317
	7	Food and beverages . . . . .	1,484	26,074	0	27,558
	8	Entertainment . . . . .		9,023	28,260	37,283
	9	Other direct expenses . . . . .	63,063	16,576	1,953	81,592
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 201,245)
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-116,787

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .			34,673
Direct Expenses	2	Cash prizes . . . . .				0
	3	Noncash prizes . . . . .			3,816	3,816
	4	Rent/facility costs . . . . .			784	784
	5	Other direct expenses . . . . .			5,741	5,741
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 50.00% <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 10,341)	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				24,332	

9 Enter the state(s) in which the organization conducts gaming activities: TX

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2023**

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

PERMIAN BASIN REHABILITATION CENTER

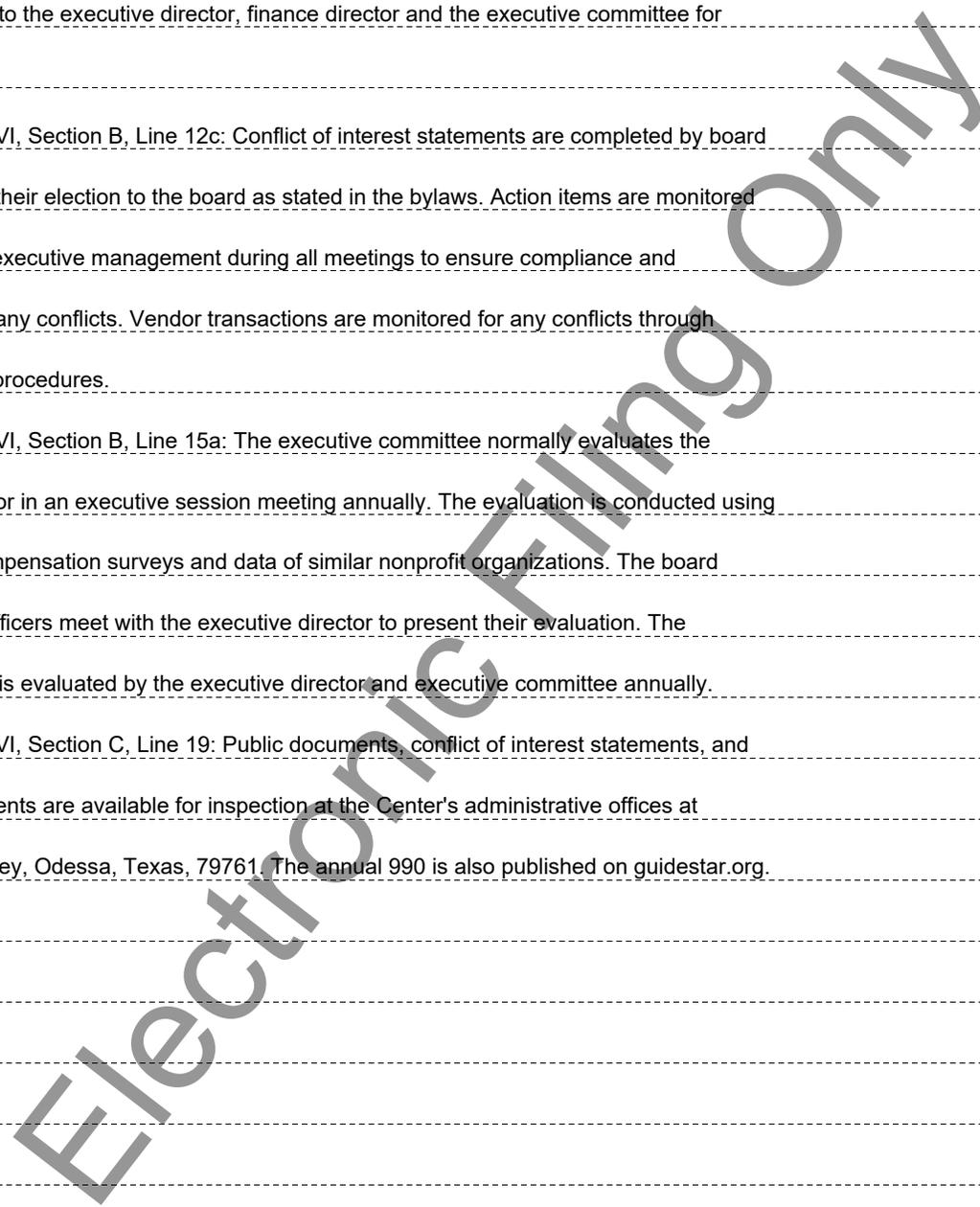
75-0866501

Form 990, Part VI, Section B, Line 11b: The 990 is presented along with the annual financial statement audit to the executive director, finance director and the executive committee for approval.

Form 990, Part VI, Section B, Line 12c: Conflict of interest statements are completed by board members upon their election to the board as stated in the bylaws. Action items are monitored by officers and executive management during all meetings to ensure compliance and identification of any conflicts. Vendor transactions are monitored for any conflicts through internal control procedures.

Form 990, Part VI, Section B, Line 15a: The executive committee normally evaluates the executive director in an executive session meeting annually. The evaluation is conducted using comparable compensation surveys and data of similar nonprofit organizations. The board president and officers meet with the executive director to present their evaluation. The finance director is evaluated by the executive director and executive committee annually.

Form 990, Part VI, Section C, Line 19: Public documents, conflict of interest statements, and financial statements are available for inspection at the Center's administrative offices at 620 N. Alleghaney, Odessa, Texas, 79761. The annual 990 is also published on [guidestar.org](http://guidestar.org).



Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for calculations and 13 rows for property details (a-c)

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance and other depreciation

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions and election to group assets

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year, Basis, Recovery period, Convention, Method, Depreciation deduction

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Recovery period, Convention, Method, Depreciation deduction

Part IV Summary (See instructions.)

Table with 3 rows for summary of listed property and total depreciation

For Paperwork Reduction Act Notice, see separate instructions.

# 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](http://www.irs.gov/Form8868) for the latest information.

**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](http://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 instructions.

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 Print  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>PERMIAN BASIN REHABILITATION CENTER</b>	Taxpayer identification number (TIN) <b>75-0866501</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>620 N. ALLEGHANEY</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ODESSA, TX 79761</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return 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
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• 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 PERMIAN BASIN REHABILITATION CENTER  
 Telephone No. (432) 332-8244 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 box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 20 24, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Form 4562 Statement - 990**

12/31/2023

PERMIAN BASIN REHABILITATION CENTER 75-0866501

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2023 Deprec.	2023 Accum. Deprec.
<b>Depreciation Detail</b>																
<b>MACRS deductions for prior years (Line 17)</b>																
77	DONATED BLDG	6/10/2009	R-5	100.00%	750,000	0	0	0	0	750,000	39.0	SL/GDS	MM	260,423	19,230	279,653
107	BLDG IMPR - REMODEL	12/31/2010	R-7	100.00%	142,809	0	0	0	0	142,809	15.0	SL/GDS	MM	114,644	9,521	124,165
123	BLDG IMPR - REMODEL	11/28/2011	R-7	100.00%	372,002	0	0	0	0	372,002	15.0	SL/GDS	MM	275,900	24,801	300,701
146	ADMIN: 40 Ton Chiller	12/2/2014	R-7	100.00%	94,311	0	0	0	0	94,311	15.0	SL/GDS	MQ4	51,101	6,281	57,382
153	CLINIC: Gym Renovation	10/4/2016	R-7	100.00%	29,080	0	0	0	0	29,080	20.0	SL/GDS	FM	9,088	1,454	10,542
152	Surveillance System	11/1/2016	R-5	100.00%	42,583	0	0	0	0	42,583	20.0	SL/GDS	FM	13,129	2,129	15,258
158	Elevator	5/15/2018	R-13	100.00%	91,383	0	0	0	0	91,383	15.0	SL/GDS	HY	27,423	6,095	33,518
157	Outdoor Therapy Center Projec	6/1/2018	R-13	100.00%	8,385	0	0	0	0	8,385	15.0	SL/GDS	FM	2,515	559	3,074
159	Outdoor therapy center	6/1/2018	R-13	100.00%	992,044	0	0	0	0	992,044	15.0	SL/GDS	HY	297,711	66,169	363,880
162	ADMIN 3 Microsoft Surface Pr	6/1/2018	F-5	100.00%	2,877	0	0	0	0	2,877	5.0	SL/GDS	FM	2,636	240	2,876
163	Delll Power Edge Server	6/19/2018	F-5	100.00%	11,553	0	0	0	0	11,553	5.0	SL/GDS	FM	10,592	961	11,553
164	Dellll monitor	7/12/2018	F-5	100.00%	2,596	0	0	0	0	2,596	5.0	SL/GDS	FM	2,336	260	2,596
165	Scanner	8/1/2018	F-6	100.00%	943	0	0	0	0	943	5.0	SL/GDS	FM	835	108	943
166	DEVELOPMENT - Printer	8/1/2018	F-6	100.00%	90	0	0	0	0	90	5.0	SL/GDS	FM	80	10	90
167	3 Microsoft Surface Pros	8/9/2018	F-5	100.00%	2,877	0	0	0	0	2,877	5.0	SL/GDS	FM	2,540	336	2,876
168	2 Microsoft Surface Pros	10/9/2018	F-5	100.00%	1,618	0	0	0	0	1,618	5.0	SL/GDS	FM	1,377	241	1,618
169	Conference table	10/23/2018	F-11	100.00%	559	0	0	0	0	559	7.0	SL/GDS	FM	340	80	420
170	ADMIN - Dell computer	12/11/2018	F-5	100.00%	2,178	0	0	0	0	2,178	5.0	SL/GDS	FM	1,780	398	2,178
187	DEV scanner	3/11/2019	F-6	100.00%	880	0	0	0	0	880	5.0	SL/GDS	FM	675	176	851
171	ADMIN Dell latitude 3590 lapto	3/15/2019	F-5	100.00%	861	0	0	0	0	861	5.0	SL/GDS	FM	659	172	831
173	ADMIN 8 Dell optiplex 5050 de	3/19/2019	F-5	100.00%	8,959	0	0	0	0	8,959	5.0	SL/GDS	FM	6,869	1,792	8,661
174	DEV 2 Dell optiplex 5050 desk	3/19/2019	F-5	100.00%	2,240	0	0	0	0	2,240	5.0	SL/GDS	FM	1,717	448	2,165
175	ST 4 Dell optiplex 5050 deskto	3/19/2019	F-5	100.00%	4,480	0	0	0	0	4,480	5.0	SL/GDS	FM	3,435	896	4,331
176	PT 4 Dell optiplex 5050 deskto	3/19/2019	F-5	100.00%	4,480	0	0	0	0	4,480	5.0	SL/GDS	FM	3,435	896	4,331
177	OT 3 Dell optiplex 5050 deskto	3/19/2019	F-5	100.00%	3,360	0	0	0	0	3,360	5.0	SL/GDS	FM	2,576	672	3,248
178	AUD 3 Dell optiplex 5050 desk	3/19/2019	F-5	100.00%	3,360	0	0	0	0	3,360	5.0	SL/GDS	FM	2,576	672	3,248
172	ADMIN Dell latitude 3590 lapto	4/11/2019	F-5	100.00%	861	0	0	0	0	861	5.0	SL/GDS	FM	645	172	817
179	PT/OT 2 channel combo therap	4/11/2019	F-10	100.00%	2,096	0	0	0	0	2,096	7.0	SL/GDS	FM	1,122	299	1,421
180	PT/OT 4 channel combo therap	4/11/2019	F-10	100.00%	2,895	0	0	0	0	2,895	7.0	SL/GDS	FM	1,552	414	1,966
181	PT/OT Ultrasound therapy cart	4/11/2019	F-10	100.00%	338	0	0	0	0	338	7.0	SL/GDS	FM	180	48	228
188	Patient Waiting Room Educ Ce	5/1/2019	F-10	100.00%	5,023	0	0	0	0	5,023	7.0	SL/GDS	FM	2,632	718	3,350
182	PT/OT Omega 4 multi station,c	6/11/2019	F-10	100.00%	11,798	0	0	0	0	11,798	7.0	SL/GDS	FM	6,038	1,685	7,723
184	ST 2 Microsoft surface pros	6/19/2019	F-5	100.00%	1,718	0	0	0	0	1,718	5.0	SL/GDS	FM	1,232	344	1,576
183	ADMIN Dell power edge server	8/13/2019	F-5	100.00%	3,415	0	0	0	0	3,415	5.0	SL/GDS	FM	2,334	683	3,017
189	OTC sign WIP (installed 3.18.2	8/13/2019	R-13	100.00%	6,000	0	0	0	0	6,000	15.0	SL/GDS	FM	1,200	400	1,600
161	2018-19 Bldg Renovations, Te	8/31/2019	R-13	100.00%	234,362	0	0	0	0	234,362	15.0	SL/GDS	FM	53,382	15,624	69,006
185	OT 2 Microsoft surface pros	11/25/2019	F-5	100.00%	2,552	0	0	0	0	2,552	5.0	SL/GDS	FM	1,615	510	2,125
186	OT 2 Microsoft surface pros	11/25/2019	F-5	100.00%	2,552	0	0	0	0	2,552	5.0	SL/GDS	FM	1,615	510	2,125
160	Washington St parking lot	12/31/2019	R-13	100.00%	34,700	0	0	0	0	34,700	15.0	SL/GDS	FM	6,939	2,313	9,252
192	OTC Parking lot paving	1/15/2020	R-13	100.00%	3,600	0	0	0	0	3,600	15.0	SL/GDS	FM	720	240	960
190	OTC Parking lot sign	3/18/2020	R-13	100.00%	7,464	0	0	0	0	7,464	15.0	SL/GDS	FM	1,411	498	1,909
191	OTC Landscaping	4/16/2020	R-13	100.00%	8,200	0	0	0	0	8,200	15.0	SL/GDS	FM	1,504	547	2,051
196	PT Wheelchair and accessorie	6/10/2020	F-10	100.00%	4,220	0	0	0	0	4,220	7.0	SL/GDS	FM	1,558	603	2,161
195	ST Small Chair Rolller	7/1/2020	F-10	100.00%	2,472	0	0	0	0	2,472	7.0	SL/GDS	FM	883	353	1,236
197	PT Pediatric stabilization seat	7/1/2020	F-10	100.00%	2,400	0	0	0	0	2,400	7.0	SL/GDS	FM	857	343	1,200
198	AUD Real Ear Hearing Measur	10/6/2020	F-10	100.00%	8,049	0	0	0	0	8,049	7.0	SL/GDS	FM	2,587	1,150	3,737
193	OTC Improvements and landsc	11/17/2020	R-13	100.00%	159,569	0	0	0	0	159,569	15.0	SL/GDS	FM	23,049	10,638	33,687
194	OTC Parking signs	12/16/2020	R-13	100.00%	3,936	0	0	0	0	3,936	15.0	SL/GDS	FM	546	262	808

**Form 4562 Statement - 990**

12/31/2023

PERMIAN BASIN REHABILITATION CENTER 75-0866501

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2023 Deprec.	2023 Accum. Deprec.
202	PT: Bariatric table	1/18/2021	F-10	100.00%	2,330	0	0	0	0	2,330	7.0	SL/GDS	FM	666	333	999
206	DEV: Dell desktop	1/19/2021	F-5	100.00%	2,030	0	0	0	0	2,030	5.0	SL/GDS	FM	812	406	1,218
200	ST: Speakers	4/13/2021	F-6	100.00%	1,003	0	0	0	0	1,003	5.0	SL/GDS	FM	351	201	552
203	PT: Speakers	4/13/2021	F-6	100.00%	1,003	0	0	0	0	1,003	5.0	SL/GDS	FM	351	201	552
199	ADMIN: Bldg improvements	8/17/2021	R-13	100.00%	13,167	0	0	0	0	13,167	15.0	SL/GDS	FM	1,244	878	2,122
205	PT: Mini treadmill	12/8/2021	F-10	100.00%	4,045	0	0	0	0	4,045	7.0	SL/GDS	FM	626	578	1,204
201	ST: Ipads	12/10/2021	F-5	100.00%	2,465	0	0	0	0	2,465	5.0	SL/GDS	FM	534	493	1,027
204	PT: Ipads	12/10/2021	F-5	100.00%	2,734	0	0	0	0	2,734	5.0	SL/GDS	FM	593	547	1,140
210	PT - Port switch	3/1/2022	F-5	100.00%	1,125	0	0	0	0	1,125	5.0	SL/GDS	FM	187	225	412
211	ST - Port switch	3/1/2022	F-5	100.00%	1,125	0	0	0	0	1,125	5.0	SL/GDS	FM	187	225	412
212	OT - Port switch	3/1/2022	F-5	100.00%	1,125	0	0	0	0	1,125	5.0	SL/GDS	FM	187	225	412
213	PT - Spirit MT 200 Gait Treadn	6/7/2022	F-10	100.00%	7,952	0	0	0	0	7,952	7.0	SL/GDS	FM	663	1,136	1,799
207	ADMIN- A/C, panel, software	7/6/2022	R-13	100.00%	16,055	0	0	0	0	16,055	15.0	SL/GDS	HY	535	1,071	1,606
208	ADMIN- Phone system	11/1/2022	F-10	100.00%	27,168	0	0	0	0	27,168	7.0	SL/GDS	FM	647	3,881	4,528
209	ADMIN - IT network cable wirir	12/13/2022	F-10	100.00%	2,770	0	0	0	0	2,770	7.0	SL/GDS	FM	33	396	429
Total MACRS deductions for prior years (Line 17)					3,170,825	0	0	0	0	3,170,825				1,217,609	193,747	1,411,356
<b>GDS 5-year property (Line 19b)</b>																
216	ST - Surface Pro	3/15/2023	F-5	100.00%	996	0	0	0	0	996	5.0	SL/GDS	FM	0	166	166
217	OT - Surfaco Pro	3/15/2023	F-5	100.00%	996	0	0	0	0	996	5.0	SL/GDS	FM	0	166	166
218	PT - Surface Pro	3/15/2023	F-5	100.00%	996	0	0	0	0	996	5.0	SL/GDS	FM	0	166	166
220	ADMIN - 2 Dell Optiplex desktc	8/1/2023	F-5	100.00%	2,257	0	0	0	0	2,257	5.0	SL/GDS	FM	0	188	188
221	ADMIN - Dell 27in business mc	11/28/2023	F-5	100.00%	552	0	0	0	0	552	5.0	SL/GDS	FM	0	18	18
222	ADMIN - Dell Optiplex 7000+m	11/28/2023	F-5	100.00%	1,640	0	0	0	0	1,640	5.0	SL/GDS	FM	0	55	55
Total GDS 5-year property (Line 19b)					7,437	0	0	0	0	7,437				0	759	759
<b>GDS 7-year property (Line 19c)</b>																
214	PT - bubble tubes	2/13/2023	F-10	100.00%	3,292	0	0	0	0	3,292	7.0	SL/GDS	FM	0	431	431
219	PT - Litegait 300D Harness	3/1/2023	F-10	100.00%	15,144	0	0	0	0	15,144	7.0	SL/GDS	FM	0	1,803	1,803
215	AUDIO- Otoport Adv ABR testi	3/7/2023	F-10	100.00%	14,050	0	0	0	0	14,050	7.0	SL/GDS	FM	0	1,673	1,673
Total GDS 7-year property (Line 19c)					32,486	0	0	0	0	32,486				0	3,907	3,907
<b>GDS 15-year property (Line 19e)</b>																
223	Building improv, wiring, electric	11/28/2023	R-13	100.00%	4,926	0	0	0	0	4,926	15.0	SL/GDS	MQ4	0	41	41
Total GDS 15-year property (Line 19e)					4,926	0	0	0	0	4,926				0	41	41
<b>Subtotal Depreciation</b>					3,215,674	0	0	0	0	3,215,674				1,217,609	198,454	1,416,063

**Listed Property**

**Listed property with more than 50% business use (Line 25 and 26)**

150	OT EQUIP - Hi Lo Mat Table	5/16/2016	F-15	100.00%	3,046	0	0	0	0	3,046	5.0	SL/GDS	FM	3,045	0	3,045
149	PT EQUIP - Hi Lo Mat Table	5/16/2016	F-15	100.00%	3,046	0	0	0	0	3,046	5.0	SL/GDS	FM	3,045	0	3,045
154	PT EQUIP - Treadmill (Perf He	11/28/2017	F-15	100.00%	6,743	0	0	0	0	6,743	5.0	SL/GDS	FM	6,743	0	6,743
Total listed prop with > 50% business use					12,835	0	0	0	0	12,835				12,833	0	12,833
<b>Subtotal Listed Property</b>					12,835	0	0	0	0	12,835				12,833	0	12,833

**Form 4562 Statement - 990**

12/31/2023

PERMIAN BASIN REHABILITATION CENTER 75-0866501

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2023 Deprec.	2023 Accum. Deprec.
<b>Total Depreciation and Amortization</b>					3,228,509	0	0	0	0	3,228,509				1,230,442	198,454	1,428,896

# Detail Report - 990

12/31/2023

PERMIAN BASIN REHABILITATION CENTER 75-0866501

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2023 Current Deprec.	2023 Accum. Deprec.
8	BLDG IMPR-PAINT & DOORS	8/31/2007	100.00%	55,315	55,315	15.0	SL/GDS	HY	55,315	0	55,315
9	BLDG IMPR - FURNITURE	8/31/2007	100.00%	105,000	105,000	15.0	SL/GDS	HY	105,000	0	105,000
34	REAL ESTATE	8/27/2002	100.00%	83,125	83,125	10.0	SL/GDS	HY	83,125	0	83,125
62	BLDG IMPR - CABINETS	9/28/2007	100.00%	1,921	1,921	15.0	SL/GDS	HY	1,920	0	1,920
64	BLDG IMPR - WIRING	11/15/2007	100.00%	2,175	2,175	15.0	SL/GDS	HY	2,174	0	2,174
65	BLDG IMPR - FLOORING & P.	11/15/2007	100.00%	26,623	26,623	15.0	SL/GDS	HY	26,622	0	26,622
67	BLDG IMPR - WINDOWS, DO	12/5/2007	100.00%	9,577	9,577	15.0	SL/GDS	HY	9,577	0	9,577
68	BLDG IMPR - SLIDING AUTO	12/5/2007	100.00%	6,932	6,932	15.0	SL/GDS	HY	6,930	0	6,930
70	BLDG IMPR - MIRRORS	12/28/2007	100.00%	2,476	2,476	15.0	SL/GDS	HY	2,475	0	2,475
71	BLDG IMPR - SIGNS	12/28/2007	100.00%	1,393	1,393	15.0	SL/GDS	HY	1,393	0	1,393
73	BLDG IMPR - SPECIAL FLOO	4/30/2008	100.00%	6,557	6,557	15.0	SL/GDS	HY	6,557	0	6,557
77	DONATED BLDG	6/10/2009	100.00%	750,000	750,000	39.0	SL/GDS	MM	260,423	19,230	279,653
106	LAND - WASHINGTON	10/18/2010	100.00%	141,053	141,053	0			0	0	0
107	BLDG IMPR - REMODEL	12/31/2010	100.00%	142,809	142,809	15.0	SL/GDS	MM	114,644	9,521	124,165
123	BLDG IMPR - REMODEL	11/28/2011	100.00%	372,002	372,002	15.0	SL/GDS	MM	275,900	24,801	300,701
126	LAND - 621 WASHINGTON	12/20/2011	100.00%	138,863	138,863	0			0	0	0
134	Sensory gym - PT, OT, ST, AU	12/9/2013	100.00%	86,082	86,082	7.0	SL/GDS	FM	86,080	0	86,080
141	Land Impr: Boundary and Topc	12/2/2014	100.00%	2,140	2,140	0			0	0	0
142	Sensory Garden-PT,OT,ST,AL	4/1/2014	100.00%	5,106	5,106	7.0	SL/GDS	FM	5,103	0	5,103
145	ADMIN: Commercial Ice Machi	6/30/2014	100.00%	1,875	1,875	7.0	SL/GDS	FM	1,875	0	1,875
146	ADMIN: 40 Ton Chiller	12/2/2014	100.00%	94,311	94,311	15.0	SL/GDS	MQ4	51,101	6,281	57,382
149	PT EQUIP - Hi Lo Mat Table	5/16/2016	100.00%	3,046	3,046	5.0	SL/GDS	FM	3,045	0	3,045
150	OT EQUIP - Hi Lo Mat Table	5/16/2016	100.00%	3,046	3,046	5.0	SL/GDS	FM	3,045	0	3,045
151	ADMIN - Dell Desktop - Financ	8/29/2016	100.00%	774	774	5.0	SL/GDS	FM	774	0	774
152	Surveillance System	11/1/2016	100.00%	42,583	42,583	20.0	SL/GDS	FM	13,129	2,129	15,258
153	CLINIC: Gym Renovation	10/4/2016	100.00%	29,080	29,080	20.0	SL/GDS	FM	9,088	1,454	10,542
154	PT EQUIP - Treadmill (Perf He	11/28/2017	100.00%	6,743	6,743	5.0	SL/GDS	FM	6,743	0	6,743
155	ADMIN - Dell desktop compute	2/1/2017	100.00%	1,757	1,757	5.0	SL/GDS	FM	1,755	0	1,755
156	ADMIN - Dell desktop compute	3/9/2017	100.00%	1,775	1,775	5.0	SL/GDS	FM	1,775	0	1,775
157	Outdoor Therapy Center Proje	6/1/2018	100.00%	8,385	8,385	15.0	SL/GDS	FM	2,515	559	3,074
158	Elevator	5/15/2018	100.00%	91,383	91,383	15.0	SL/GDS	HY	27,423	6,095	33,518
159	Outdoor therapy center	6/1/2018	100.00%	992,044	992,044	15.0	SL/GDS	HY	297,711	66,169	363,880
160	Washington St parking lot	12/31/2019	100.00%	34,700	34,700	15.0	SL/GDS	FM	6,939	2,313	9,252
161	2018-19 Bldg Renovations, Te	8/31/2019	100.00%	234,362	234,362	15.0	SL/GDS	FM	53,382	15,624	69,006
162	ADMIN 3 Microsoft Surface Pr	6/1/2018	100.00%	2,877	2,877	5.0	SL/GDS	FM	2,636	240	2,876
163	Delll Power Edge Server	6/19/2018	100.00%	11,553	11,553	5.0	SL/GDS	FM	10,592	961	11,553
164	Delll monitor	7/12/2018	100.00%	2,596	2,596	5.0	SL/GDS	FM	2,336	260	2,596
165	Scanner	8/1/2018	100.00%	943	943	5.0	SL/GDS	FM	835	108	943
166	DEVELOPMENT - Printer	8/1/2018	100.00%	90	90	5.0	SL/GDS	FM	80	10	90
167	3 Microsoft Surface Pros	8/9/2018	100.00%	2,877	2,877	5.0	SL/GDS	FM	2,540	336	2,876
168	2 Microsoft Surface Pros	10/9/2018	100.00%	1,618	1,618	5.0	SL/GDS	FM	1,377	241	1,618
169	Conference table	10/23/2018	100.00%	559	559	7.0	SL/GDS	FM	340	80	420
170	ADMIN - Dell computer	12/11/2018	100.00%	2,178	2,178	5.0	SL/GDS	FM	1,780	398	2,178
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172	ADMIN Dell latitude 3590 lapto	4/11/2019	100.00%	861	861	5.0	SL/GDS	FM	645	172	817
173	ADMIN 8 Dell optiplex 5050 de	3/19/2019	100.00%	8,959	8,959	5.0	SL/GDS	FM	6,869	1,792	8,661
174	DEV 2 Dell optiplex 5050 desk	3/19/2019	100.00%	2,240	2,240	5.0	SL/GDS	FM	1,717	448	2,165
175	ST 4 Dell optiplex 5050 deskto	3/19/2019	100.00%	4,480	4,480	5.0	SL/GDS	FM	3,435	896	4,331
176	PT 4 Dell optiplex 5050 deskto	3/19/2019	100.00%	4,480	4,480	5.0	SL/GDS	FM	3,435	896	4,331
177	OT 3 Dell optiplex 5050 deskto	3/19/2019	100.00%	3,360	3,360	5.0	SL/GDS	FM	2,576	672	3,248
178	AUD 3 Dell optiplex 5050 desk	3/19/2019	100.00%	3,360	3,360	5.0	SL/GDS	FM	2,576	672	3,248

# Detail Report - 990

12/31/2023

PERMIAN BASIN REHABILITATION CENTER 75-0866501

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2023 Current Deprec.	2023 Accum. Deprec.
179	PT/OT 2 channel combo theraj	4/11/2019	100.00%	2,096	2,096	7.0	SL/GDS	FM	1,122	299	1,421
180	PT/OT 4 channel combo theraj	4/11/2019	100.00%	2,895	2,895	7.0	SL/GDS	FM	1,552	414	1,966
181	PT/OT Ultrasound therapy cart	4/11/2019	100.00%	338	338	7.0	SL/GDS	FM	180	48	228
182	PT/OT Omega 4 multi station,c	6/11/2019	100.00%	11,798	11,798	7.0	SL/GDS	FM	6,038	1,685	7,723
183	ADMIN Dell power edge servei	8/13/2019	100.00%	3,415	3,415	5.0	SL/GDS	FM	2,334	683	3,017
184	ST 2 Microsoft surface pros	6/19/2019	100.00%	1,718	1,718	5.0	SL/GDS	FM	1,232	344	1,576
185	OT 2 Microsoft surface pros	11/25/2019	100.00%	2,552	2,552	5.0	SL/GDS	FM	1,615	510	2,125
186	OT 2 Microsoft surface pros	11/25/2019	100.00%	2,552	2,552	5.0	SL/GDS	FM	1,615	510	2,125
187	DEV scanner	3/11/2019	100.00%	880	880	5.0	SL/GDS	FM	675	176	851
188	Patient Waiting Room Educ Ce	5/1/2019	100.00%	5,023	5,023	7.0	SL/GDS	FM	2,632	718	3,350
189	OTC sign WIP (installed 3.18.2	8/13/2019	100.00%	6,000	6,000	15.0	SL/GDS	FM	1,200	400	1,600
190	OTC Parking lot sign	3/18/2020	100.00%	7,464	7,464	15.0	SL/GDS	FM	1,411	498	1,909
191	OTC Landscaping	4/16/2020	100.00%	8,200	8,200	15.0	SL/GDS	FM	1,504	547	2,051
192	OTC Parking lot paving	1/15/2020	100.00%	3,600	3,600	15.0	SL/GDS	FM	720	240	960
193	OTC Improvements and landsc	11/17/2020	100.00%	159,569	159,569	15.0	SL/GDS	FM	23,049	10,638	33,687
194	OTC Parking signs	12/16/2020	100.00%	3,936	3,936	15.0	SL/GDS	FM	546	262	808
195	ST Small Chair Roller	7/1/2020	100.00%	2,472	2,472	7.0	SL/GDS	FM	883	353	1,236
196	PT Wheelchair and accessorie	6/10/2020	100.00%	4,220	4,220	7.0	SL/GDS	FM	1,558	603	2,161
197	PT Pediatric stabilization seat	7/1/2020	100.00%	2,400	2,400	7.0	SL/GDS	FM	857	343	1,200
198	AUD Real Ear Hearing Measur	10/6/2020	100.00%	8,049	8,049	7.0	SL/GDS	FM	2,587	1,150	3,737
199	ADMIN: Bldg improvments	8/17/2021	100.00%	13,167	13,167	15.0	SL/GDS	FM	1,244	878	2,122
200	ST: Speakers	4/13/2021	100.00%	1,003	1,003	5.0	SL/GDS	FM	351	201	552
201	ST: Ipads	12/10/2021	100.00%	2,465	2,465	5.0	SL/GDS	FM	534	493	1,027
202	PT: Bariatric table	1/18/2021	100.00%	2,330	2,330	7.0	SL/GDS	FM	666	333	999
203	PT: Speakers	4/13/2021	100.00%	1,003	1,003	5.0	SL/GDS	FM	351	201	552
204	PT: Ipads	12/10/2021	100.00%	2,734	2,734	5.0	SL/GDS	FM	593	547	1,140
205	PT: Mini treadmill	12/8/2021	100.00%	4,045	4,045	7.0	SL/GDS	FM	626	578	1,204
206	DEV: Dell desktop	1/19/2021	100.00%	2,030	2,030	5.0	SL/GDS	FM	812	406	1,218
207	ADMIN- A/C, panel, software	7/6/2022	100.00%	16,055	16,055	15.0	SL/GDS	HY	535	1,071	1,606
208	ADMIN- Phone system	11/1/2022	100.00%	27,168	27,168	7.0	SL/GDS	FM	647	3,881	4,528
209	ADMIN - IT network cable wirir	12/13/2022	100.00%	2,770	2,770	7.0	SL/GDS	FM	33	396	429
210	PT - Port switch	3/1/2022	100.00%	1,125	1,125	5.0	SL/GDS	FM	187	225	412
211	ST - Port switch	3/1/2022	100.00%	1,125	1,125	5.0	SL/GDS	FM	187	225	412
212	OT - Port switch	3/1/2022	100.00%	1,125	1,125	5.0	SL/GDS	FM	187	225	412
213	PT - Spirit MT 200 Gait Treadn	6/7/2022	100.00%	7,952	7,952	7.0	SL/GDS	FM	663	1,136	1,799
214	PT - bubble tubes	2/13/2023	100.00%	3,292	3,292	7.0	SL/GDS	FM	0	431	431
215	AUDIO- Otoport Adv ABR testi	3/7/2023	100.00%	14,050	14,050	7.0	SL/GDS	FM	0	1,673	1,673
216	ST - Surface Pro	3/15/2023	100.00%	996	996	5.0	SL/GDS	FM	0	166	166
217	OT - Surfaco Pro	3/15/2023	100.00%	996	996	5.0	SL/GDS	FM	0	166	166
218	PT - Surface Pro	3/15/2023	100.00%	996	996	5.0	SL/GDS	FM	0	166	166
219	PT - Litegait 300D Harness	3/1/2023	100.00%	15,144	15,144	7.0	SL/GDS	FM	0	1,803	1,803
220	ADMIN - 2 Dell Optiplex desktr	8/1/2023	100.00%	2,257	2,257	5.0	SL/GDS	FM	0	188	188
221	ADMIN - Dell 27in business mc	11/28/2023	100.00%	552	552	5.0	SL/GDS	FM	0	18	18
222	ADMIN - Dell Optiplex 7000+m	11/28/2023	100.00%	1,640	1,640	5.0	SL/GDS	FM	0	55	55
223	Building improv, wiring, electric	11/28/2023	100.00%	4,926	4,926	15.0	SL/GDS	MQ4	0	41	41
224	HVAC Renovation - WIP	11/28/2023	100.00%	13,500	13,500	0			0	0	0
SubTotals				3,922,528	3,922,528				1,628,892	198,454	1,827,346
Less: Disposed Assets				( 0)	( 0)				( 0)	( 0)	( 0)
Ending Totals				<u>3,922,528</u>	<u>3,922,528</u>				<u>1,628,892</u>	<u>198,454</u>	<u>1,827,346</u>