EXTENDED TO NOVEMBER 17, 2025

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

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

C Name of organization
SILVER HILL HOSPITAL, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 208 VALLEY ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code NEW CANAAN, CT 06840

F Name and address of principal officer: ANDREW GERBER, M.D., PHD
SAME AS C ABOVE

D Employer identification number
06-0655139

E Telephone number (203)-801-2230

G Gross receipts $ 70,648,056.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.SILVERHILLHOSPITAL.ORG

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

L Year of formation: 1934

M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: WE TRANSFORM THE LIVES OF PEOPLE IMPACTED BY MENTAL ILLNESS AND ADDICTION.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	543
6	Total number of volunteers (estimate if necessary)	6	90
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,033,101.	4,227,738.
9	Program service revenue (Part VIII, line 2g)	53,705,606.	58,479,540.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	569,891.	701,971.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,702,329.	4,435,673.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,010,927.	67,844,922.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	168,250.	80,510.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	39,304,172.	42,212,626.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 2,016,933.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,475,988.	23,251,101.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	62,948,410.	65,544,237.
19	Revenue less expenses. Subtract line 18 from line 12	1,062,517.	2,300,685.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	76,430,026.	96,356,662.
21	Total liabilities (Part X, line 26)	15,244,703.	31,787,822.
22	Net assets or fund balances. Subtract line 21 from line 20	61,185,323.	64,568,840.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

ANDREW GERBER, M.D., PHD, PRESIDENT & MEDICAL DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MARY-EVELYN ANTONETTI	MARY-EVELYN ANTONETT	11/17/25	☐	P00431862

Firm's name BAKER TILLY ADVISORY GROUP, LP — Firm's EIN 39-0859910

Firm's address 66 HUDSON BLVD E, SUITE 2200
NEW YORK, NY 10001 — Phone no. 212.697.6900

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SILVER HILL'S MISSION IS TO REDUCE SUFFERING FROM MENTAL ILLNESS AND ADDICTION. WE ACHIEVE THIS MISSION BY OFFERING ADVANCED AND PROVEN APPROACHES; RESPECTING EVERY PATIENT'S STORY, AND INDIVIDUALIZING TREATMENT; PARTNERING WITH, AND EDUCATING, FAMILIES; AND EMPOWERING A

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 $ 16,730,096. including grants of $) (Revenue $ 22,135,109.)
INPATIENT TREATMENT IS THE MOST INTENSIVE FORM OF CARE, INDICATED FOR A PHASE OF ILLNESS THAT REQUIRES A GREAT DEAL OF NURSING AND MEDICAL INTERVENTION. BECAUSE PATIENTS ARE USUALLY ACUTELY ILL DURING THIS PHASE OF CARE, OUR INPATIENT TREATMENT PLANS EMPHASIZE DIAGNOSTIC ASSESSMENT, SYMPTOM REDUCTION, AND STABILIZATION. THE HOSPITAL TREATED APPROXIMATELY 926 INPATIENTS DURING THE PERIOD OF 1/1/2024 TO 12/31/2024.

4b (Code:) (Expenses $ 20,219,987. including grants of $ 80,510.) (Revenue $ 26,109,485.)
THE HOSPITAL'S TRANSITIONAL LIVING PROGRAMS PROVIDE HIGHLY STRUCTURED INTENSIVE TREATMENT FOR PATIENTS WHO ARE READY FOR MORE PSYCHOLOGICAL AND BEHAVIORAL INTERVENTIONS. SET IN RESIDENTIAL, HOME-LIKE SETTINGS, THE TRANSITIONAL PROGRAMS HELP PATIENTS CONTINUE THEIR RECOVERY PROCESS UNTIL THEY ARE READY TO RETURN HOME FOR FURTHER COMMUNITY-BASED TREATMENTS. PATIENTS FOCUS ON DEVELOPING A PSYCHOLOGICAL UNDERSTANDING OF THEIR ILLNESS, OBTAINING INFORMATION ABOUT THEIR ILLNESS, AND DEVELOPING NEW BEHAVIORAL SKILLS TO MANAGE THEIR RECOVERY PROCESS. THE HOSPITAL TREATED APPROXIMATELY 468 TRANSITIONAL LIVING PATIENTS DURING THE PERIOD OF 1/1/2024 TO 9/25/2024. THE HOSPITAL'S TRANSITIONAL LIVING PROGRAM WAS RELICENSED TO A RESIDENTIAL PROGRAM ON SEPTEMBER 26TH OF 2024.

4c (Code:) (Expenses $ 7,160,988. including grants of $) (Revenue $ 9,474,499.)
THE HOSPITAL'S RESIDENTIAL PROGRAMS PROVIDE HIGHLY STRUCTURED INTENSIVE TREATMENT FOR ADULT AND ADOLESCENT PATIENTS WHO ARE READY FOR MORE PSYCHOLOGICAL AND BEHAVIORAL INTERVENTIONS. SET IN RESIDENTIAL, HOME-LIKE SETTINGS, THE RESIDENTIAL PROGRAMS HELP PATIENTS CONTINUE THEIR RECOVERY PROCESS UNTIL THEY ARE READY TO RETURN HOME FOR FURTHER COMMUNITY-BASED TREATMENTS. PATIENTS FOCUS ON DEVELOPING A PSYCHOLOGICAL UNDERSTANDING OF THEIR ILLNESS, OBTAINING INFORMATION ABOUT THEIR ILLNESS, AND DEVELOPING NEW BEHAVIORAL SKILLS TO MANAGE THEIR RECOVERY PROCESS. THE ADULT PROGRAMS ARE LICENSED BY THE DEPARTMENT OF PUBLIC HEALTH AND THE ADOLESCENT PROGRAM IS LICENSED BY THE DEPARTMENT FOR CHILDREN AND FAMILIES. THE HOSPITAL TREATED APPROXIMATELY 135 RESIDENTIAL PATIENTS DURING THE PERIOD OF 9/26/2024

4d Other program services (Describe on Schedule O.)
(Expenses $ 3,847,772. including grants of $) (Revenue $ 5,025,805.)

4e Total program service expenses 47,958,843.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	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*	3		X
4	**Section 501(c)(3) organizations.** 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*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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*	11a	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*	11b		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*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
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*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	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	1a	152		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 543			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	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)?	4a		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	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.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** 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.	17		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CT,NY,MA,FL,MD,PA,NJ,MI,IL,NC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

TODD COLWELL - (203)-801-2230

208 VALLEY ROAD, NEW CANAAN, CT 06840

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 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) ANDREW GERBER, M.D. PH.D.	40.00									
PRESIDENT & MEDICAL DIRECT	10.00	X		X				647,015.	0.	66,814.
(2) RYAN RICHARD WADE	40.00									
PHYSICIAN	0.00					X		558,991.	0.	9,728.
(3) MARK JACK RUSS	40.00									
CHIEF MEDICAL OFFICER	0.00				X			520,018.	0.	3,724.
(4) TIMOTHY DOUGHERTY	40.00									
CHIEF ADVANCEMENT OFFICER	0.00				X			412,726.	0.	53,719.
(5) RICK AMENT	40.00									
CHIEF OPERATING OFFICER	0.00			X				403,648.	0.	37,351.
(6) BRENT ANTHONY PENQUE	40.00									
PHYSICIAN	0.00					X		427,529.	0.	4,642.
(7) ANRI KISSILENKO	40.00									
PHYSICIAN	0.00					X		343,381.	0.	67,675.
(8) DONNA THERESE ANTHONY	40.00									
PHYSICIAN	0.00					X		366,315.	0.	2,507.
(9) CHRISTY AHERNE	40.00									
CHIEF PEOPLE OFFICE	0.00				X			316,569.	0.	50,155.
(10) PETRA M PILGRIM	40.00									
PHYSICIAN	0.00					X		335,788.	0.	27,231.
(11) LISA BENTON	0.00									
FORMER CHIEF QUALITY OFFICER	0.00						X	290,228.	0.	33,291.
(12) IMMACULA CANN	40.00									
CHIEF NURSING OFFICER	0.00				X			311,628.	0.	969.
(13) RICHARD CANNING	5.00									
CHAIR	2.00	X		X				0.	0.	0.
(14) PETER FONAGY	4.00									
DIRECTOR	3.00	X						0.	0.	0.
(15) MICHAEL HOLMES	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(16) LINDA AUTORE	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(17) WARD F. CLEARY, ESQ.	1.50									
CHAIR EMERITUS	0.50	X		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 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			
(18) RICHARD GANNON	3.00									
DIRECTOR, TREASURER	1.00	X		X				0.	0.	0.
(19) FRANCINE CONWAY	1.50									
DIRECTOR	0.50	X						0.	0.	0.
(20) BRUCE LEAVITT	1.50									
DIRECTOR	0.50	X						0.	0.	0.
(21) SUSAN SALICE	2.00									
VICE CHAIR	1.00	X		X				0.	0.	0.
(22) CHERYL WIESENFELD	1.50									
SECRETARY	0.50	X		X				0.	0.	0.
(23) PETER ORTHWEIN	1.50									
CHAIR EMERITUS	0.50	X		X				0.	0.	0.
(24) DEBORAH SHABECOFF	1.50									
DIRECTOR	0.50	X						0.	0.	0.
(25) ELLEN BRESLOW NEWHOUSE	1.50									
DIRECTOR (FROM 5/2024)	0.50	X						0.	0.	0.
(26) ROBERT L. MILLER	1.50									
DIRECTOR (FROM 5/2024)	0.50	X						0.	0.	0.
1b Subtotal								4,933,836.	0.	357,806.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,933,836.	0.	357,806.

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 72

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 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? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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
UNIDINE CORPORATION PO BOX 102289, ATLANTA, GA 30368-2289	DINING SERVICES	2,513,613.
PHARMACY & THERAPEUTICS CONSULTING INC PO BOX 487, CHESHIRE, CT 06410	PHARMACEUTICAL SERVICES	565,740.
SHIPMAN & GOODWIN LLP ONE CONSTITUTION PLAZA, HARTFORD, CT 06103	LEGAL SERVICES	557,205.
QUEST DIAGNOSTICS PO BOX 830284, PHILADELPHIA, PA 19182	DIAGNOSTIC TESTING SERVICES	474,138.
ALLSCRIPTS LLC 24630 NETWORK PLACE, CHICAGO, IL 60673	HEALTHCARE IT SERVICES	468,528.

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 33

SEE PART VII, SECTION A CONTINUATION SHEETS

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 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			
(27) RAY QUINLAN	2.00									
DIRECTOR (FROM 5/2024)	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,227,738.				
	g Noncash contributions included in lines 1a-1f	1g	$ 260,077.				
	h **Total.** Add lines 1a-1f			4,227,738.			
Program Service Revenue			**Business Code**				
	2a TRANSITIONAL LIVING		623000	22,868,291.	22868291.		
	b INPATIENT		623000	22,135,109.	22135109.		
	c RESIDENTIAL		623000	9,474,499.	9,474,499.		
	d OUTPATIENT		623000	4,001,641.	4,001,641.		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			58,479,540.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			573,191.			573,191.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a	140,876.				
	b Less: rental expenses	6b	101,946.				
	c Rental income or (loss)	6c	38,930.				
	d Net rental income or (loss)			38,930.			38,930.
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	2,820,622.				
	b Less: cost or other basis and sales expenses	7b	2,691,842.				
	c Gain or (loss)	7c	128,780.				
	d Net gain or (loss)			128,780.			128,780.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	20,461.				
	b Less: cost of goods sold	10b	9,346.				
	c Net income or (loss) from sales of inventory			11,115.			11,115.
Miscellaneous Revenue			**Business Code**				
	11a SH-YNHHS TL-GAIN EQUITY INVESTMEN		623000	3,241,194.	3,241,194.		
	b NON-REFUNDABLE DEPOSITS		900099	502,680.	502,680.		
	c WELLNESS		624100	116,785.	116,785.		
	d All other revenue		900099	524,969.	404,699.		120,270.
	e **Total.** Add lines 11a-11d			4,385,628.			
	12 **Total revenue.** See instructions			67,844,922.	62744898.	0.	872,286.

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	80,510.	80,510.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,777,061.	1,152,392.	1,101,357.	523,312.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	321,019.		321,019.	
7 Other salaries and wages	32,148,697.	26,782,775.	4,497,908.	868,014.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	677,174.	501,827.	159,518.	15,829.
9 Other employee benefits	3,895,112.	2,886,517.	917,548.	91,047.
10 Payroll taxes	2,393,563.	1,905,642.	396,042.	91,879.
11 Fees for services (nonemployees):				
a Management				
b Legal	996,650.	45,122.	950,628.	900.
c Accounting	138,345.		138,345.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	69,380.		69,380.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,579,504.	3,959,955.	485,850.	133,699.
12 Advertising and promotion	460,325.	292,331.	25,855.	142,139.
13 Office expenses	3,730,618.	1,582,765.	2,052,227.	95,626.
14 Information technology	59,301.	22,336.	36,736.	229.
15 Royalties				
16 Occupancy	1,212,297.	1,110,925.	97,436.	3,936.
17 Travel	362,657.	325,196.	23,863.	13,598.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,307.	20,144.	21,564.	599.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,031,938.	3,591,123.	438,151.	2,664.
23 Insurance	2,574,473.		2,574,473.	
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 BAD DEBTS	2,310,700.	2,310,700.		
b DIETARY PROVISIONS	840,410.	539,003.	285,029.	16,378.
c CREDIT CARD FEES	683,106.	4,885.	678,221.	
d HR & GENERAL ADMIN	362,445.	232,457.	122,925.	7,063.
e All other expenses	796,645.	612,238.	174,386.	10,021.
25 **Total functional expenses.** Add lines 1 through 24e	65,544,237.	47,958,843.	15,568,461.	2,016,933.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,500.	1	1,347.
	2	Savings and temporary cash investments	4,626,077.	2	9,150,804.
	3	Pledges and grants receivable, net	3,021,793.	3	2,692,255.
	4	Accounts receivable, net	11,553,588.	4	11,233,843.
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	159,011.	8	136,316.
	9	Prepaid expenses and deferred charges	913,066.	9	927,899.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 92,343,151.			
	b	Less: accumulated depreciation — 10b: 54,421,753.	41,194,946.	10c	37,921,398.
	11	Investments - publicly traded securities	2,850,279.	11	17,919,486.
	12	Investments - other securities. See Part IV, line 11	1,508,088.	12	1,672,987.
	13	Investments - program-related. See Part IV, line 11	10,103,632.	13	13,344,826.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	498,046.	15	1,355,501.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	76,430,026.	16	96,356,662.
Liabilities	17	Accounts payable and accrued expenses	3,543,470.	17	3,923,999.
	18	Grants payable		18	
	19	Deferred revenue	31,967.	19	270,625.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	11,669,266.	25	27,593,198.
	26	**Total liabilities.** Add lines 17 through 25	15,244,703.	26	31,787,822.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	55,953,627.	27	58,647,648.
	28	Net assets with donor restrictions	5,231,696.	28	5,921,192.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	61,185,323.	32	64,568,840.
	33	Total liabilities and net assets/fund balances	76,430,026.	33	96,356,662.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,844,922.
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,544,237.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,300,685.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,185,323.
5	Net unrealized gains (losses) on investments	5	1,082,832.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	64,568,840.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	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?	3a		X
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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

SILVER HILL HOSPITAL, INC.

Employer identification number

06-0655139

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (describe in **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

SILVER HILL HOSPITAL, INC.

Employer identification number

06-0655139

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).

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SILVER HILL HOSPITAL, INC.

Employer identification number
06-0655139

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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	537,787.	413,000.	313,000.	213,000.	213,000.
b Contributions	289,553.	124,787.	100,000.	100,000.	
c Net investment earnings, gains, and losses	22,886.	12,817.	13,564.	29.	7,619.
d Grants or scholarships					
e Other expenditures for facilities and programs	18,775.	12,817.	13,564.	29.	7,619.
f Administrative expenses					
g End of year balance	831,451.	537,787.	413,000.	313,000.	213,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %
b Permanent endowment 100 %
c Term endowment .0000 %

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? 3a(i)		X
(ii) Related organizations? 3a(ii)		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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		1,766,721.		1,766,721.
b Buildings		71,084,712.	40,311,173.	30,773,539.
c Leasehold improvements				
d Equipment		17,989,059.	13,243,525.	4,745,534.
e Other		1,502,659.	867,055.	635,604.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				37,921,398.

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		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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) THE SH-YNHHS TRANSITIONAL		
(2) LIVING TREATMENT PROGRAM		
(3) PARTNERSHIP	13,344,826.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	13,344,826.	

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)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

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	
(2) DUE TO PATIENTS AND THIRD PARTIES	3,532,962.
(3) PROFESSIONAL LIABILITY RESERVE	6,919,495.
(4) OTHER LIABILITIES	69,969.
(5) DUE TO STEWARD HOUSE	17,070,772.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	27,593,198.

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 ... X

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.

1	Total revenue, gains, and other support per audited financial statements			1	66,557,152.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,082,832.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	9,478.		
e	Add lines 2a through 2d			2e	1,092,310.
3	Subtract line 2e from line 1			3	65,464,842.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,380.		
b	Other (Describe in Part XIII.)	4b	2,310,700.		
c	Add lines 4a and 4b			4c	2,380,080.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	67,844,922.

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.

1	Total expenses and losses per audited financial statements			1	63,173,635.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	9,478.		
e	Add lines 2a through 2d			2e	9,478.
3	Subtract line 2e from line 1			3	63,164,157.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,380.		
b	Other (Describe in Part XIII.)	4b	2,310,700.		
c	Add lines 4a and 4b			4c	2,380,080.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	65,544,237.

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:
DONORS HAVE STIPULATED THAT ANY INCOME FROM THE ENDOWMENT FUNDS IS TO BE USED FOR ADOLESCENT AND CHEMICAL DEPENDENCY PROGRAMS.

PART X, LINE 2:
THE COMPANY IS QUALIFIED AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AND AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED. SILVER HILL THERAPEUTIC SERVICES, LLC IS TREATED AS A DISREGARDED TAX-EXEMPT ENTITY FOR INCOME TAX PURPOSES. THE INTERNAL REVENUE SERVICE INFORMED THE COMPANY BY A LETTER DATED JUNE 23, 1937 THAT THE COMPANY'S OPERATIONS ARE DESIGNED IN ACCORDANCE WITH SUCH SECTION OF THE CODE. CERTAIN TRANSACTIONS COULD BE DEEMED "UNRELATED BUSINESS INCOME" AND WOULD RESULT IN A TAX LIABILITY. MANAGEMENT REVIEWS TRANSACTIONS TO ESTIMATE POTENTIAL TAX LIABILITIES.

THE COMPANY RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT NEEDED TO BE RECORDED AT DECEMBER 31, 2024 AND 2023. THE COMPANY RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS WITHIN INTEREST EXPENSE. AS OF DECEMBER 31, 2024 AND 2023, THE COMPANY DID NOT RECORD ANY PENALTIES OR INTEREST ASSOCIATED WITH UNCERTAIN TAX POSITIONS. THE COMPANY'S PRIOR THREE TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE COMPANY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO

Part XIII Supplemental Information *(continued)*

AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	132.
COGS - INVENTORY	9,346.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	9,478.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
BAD DEBT	2,310,700.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	132.
COGS - INVENTORY	9,346.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	9,478.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
BAD DEBT	2,310,700.

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SILVER HILL HOSPITAL, INC.

Employer identification number

06-0655139

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	HEALTH CONFERENCE PRESENTATION	ATTENDED A BEHAVIORAL HEALTH CONFERENCES AND PRESENTED RESEARCH	20,774.
MIDDLE EAST AND NORTH AFRICA	0	0	CONSULTING	PROVIDED REMOTE CONSULTING AND TRAINING TO A NEW BEHAVIORAL HEALTH SERVICES	0.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	INVESTMENTS	1,810,845.
3 a Subtotal	0	0			1,831,619.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,831,619.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

SEE PART V FOR COLUMN (E) DESCRIPTIONS

LHA 432071 01-15-25

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .....

3 Enter total number of other organizations or entities .....

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)*	☒ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:
DIRECT CASH RECEIPTS WERE USED TO SUBSTANTIATE THE EXPENSES INCURRED IN EUROPE.

THE INVESTMENTS IN CENTRAL AMERICA AND THE CARRIBBEAN WERE REPORTED AT FAIR MARKET VALUE.

PART I, LINE 3, COLUMN (E):
REGION: MIDDLE EAST AND NORTH AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDED REMOTE CONSULTING AND TRAINING TO A NEW BEHAVIORAL HEALTH SERVICES ORGANIZATION IN DUBAI

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
SILVER HILL HOSPITAL, INC.

Employer identification number
06-0655139

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 600 %	3a	X	
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 900 %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		X
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a		X
b If "Yes," did the organization make it available to the public?	6b		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			667,987.	667,987.		
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial assistance and means-tested government programs			667,987.	667,987.	0.	.00%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			389,193.		389,193.	.62%
f Health professions education (from Worksheet 5)			190,409.		190,409.	.30%
g Subsidized health services (from Worksheet 6)			18056570.	11128694.	6927876.	10.96%
h Research (from Worksheet 7)			704,761.	52,597.	652,164.	1.03%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			80,510.		80,510.	.13%
j **Total.** Other benefits			19421443.	11181291.	8240152.	13.04%
k **Total.** Add lines 7d and 7j			20089430.	11849278.	8240152.	13.04%

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	522,720.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	236,792.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	110,185.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	126,607.		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other				

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 SILVER HILL HOSPITAL 208 VALLEY ROAD NEW CANAAN, CT 06840 WWW.SILVERHILLHOSPITAL.ORG H-0006	X									

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: SILVER HILL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (CHNA)			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? 1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C 2		X
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12 3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):		
a	[X] A definition of the community served by the hospital facility		
b	[X] Demographics of the community		
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	[X] How data was obtained		
e	[X] The significant health needs of the community		
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	[X] The process for consulting with persons representing the community's interests		
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j	[ ] Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 22		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted 5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C 6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C 6b		X
7	Did the hospital facility make its CHNA report widely available to the public? 7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a	[X] Hospital facility's website (list url): WWW.SILVERHILLHOSPITAL.ORG		
b	[ ] Other website (list url):		
c	[ ] Made a paper copy available for public inspection without charge at the hospital facility		
d	[ ] Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 23		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? 10	X	
a	If "Yes," list url: WWW.SILVERHILLHOSPITAL.ORG		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? 12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? 12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: SILVER HILL HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 600 % for eligibility for discounted care of 900 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[X] Insurance status			
f	[ ] Underinsurance status			
g	[ ] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): WWW.SILVERHILLHOSPITAL.ORG			
b	[X] The FAP application form was widely available on a website (list url): WWW.SILVERHILLHOSPITAL.ORG			
c	[X] A plain language summary of the FAP was widely available on a website (list url): WWW.SILVERHILLHOSPITAL.ORG			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[X] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: SILVER HILL HOSPITAL

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ Other similar actions (describe in Section C)		
f	☒ None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ Other similar actions (describe in Section C)		

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):

- **a** ☐ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☐ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☐ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☒ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?	21	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: SILVER HILL HOSPITAL

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
a	☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☒	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	**23**		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	**24**		X

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SILVER HILL HOSPITAL:
PART V, SECTION B, LINE 5: COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. SILVER HILL HOSPITAL SOUGHT COMMUNITY INPUT THROUGH KEY INFORMANT INTERVIEWS WITH COMMUNITY LEADERS AND PARTNERS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS AS WELL AS LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS SHARED KNOWLEDGE ABOUT MENTAL HEALTH AND SUBSTANCE ABUSE AND PROVIDED INSIGHT ON THE COMMUNITY, INCLUDING UNDERSERVED POPULATIONS. SEE APPENDIX D OF THE COMMUNITY NEEDS ASSESSMENT FOR A LIST OF KEY INFORMANTS.

THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM 20 KEY INFORMANTS, INCLUDING PUBLIC HEALTH AND HEALTHCARE PROFESSIONALS, SOCIAL SERVICE PROVIDERS, NOT-PROFIT LEADERS, BUSINESS LEADERS, FAITH BASED ORGANIZATIONS AND OTHER COMMUNITY LEADERS. PARTICIPANTS INCLUDED PUBLIC HEALTH ORGANIZATION PROFESSIONALS, YOUTH AND SOCIAL SERVICE PROVIDERS, EDUCATION/SCHOOL SPECIALISTS, MENTAL HEALTH/SUBSTANCE ABUSE CLINICIANS, GOVERNMENT HOUSING/TRANSPORTATION AGENGIES, AND COMMUNITY MEMBERS.

SILVER HILL HOSPITAL:
PART V, SECTION B, LINE 11: BASED ON FEEDBACK FROM COMMUNITY PARTNERS, INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE PROVIDERS, PUBLIC HEALTH EXPERTS, SOCIAL SERVICE ORGANIZATIONS, EDUCATION/SCHOOL ORGANIZATIONS, AND OTHER COMMUNITY REPRESENTATIVES, SILVER HILL HOSPITAL PLANS TO FOCUS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON THE FOLLOWING PRIORITIES OVER THE NEXT THREE-YEAR CYCLE: (1) MENTAL HEALTH AND SUBSTANCE ABUSE; (2) ADOLESCENT MENTAL HEALTH; (3) SUBSTANCE MISUSE; (4) ADULT MENTAL HEALTH.

THE HOSPITAL PLANS TO ADDRESS:

PRIORITIZED HEALTH ISSUE #1: ACCESSING MENTAL HEALTH AND SUBSTANCE ABUSE CARE
THE GOAL IS TO ADDRESS ISSUES AROUND ACCESSING MENTAL HEALTH AND SUBSTANCE ABUSE CARE WITH A FOCUS ON AVAILABILITY OF SERVICES, NAVIGATING THE SYSTEM, AND STIGMA REDUCTION. THIS WILL BE DONE BY MEETING THE FOLLOWING OBJECTIVES:

1) GROW THE CAPACITY OF THE NEW CANAAN URGENT ASSESSMENT PROGRAM THROUGH THE PARTICIPATION OF ADDITIONAL TOWNS
2) EXPAND CAPACITY OF NEW OUTPATIENT SERVICES TREATING MOOD DISORDERS.
3) PANEL WITH MEDICAID FOR IMPROVED ACCESS TO INPATIENT AND INTENSIVE OUTPATIENT SERVICES.
4) COMPLETE HOSPITAL LICENSURE OF CURRENT TRANSITIONAL LIVING PROGRAMS AS RESIDENTIAL PROGRAMS FOR IMPROVED OUT OF NETWORK BENEFIT REIMBURSEMENT.
5) PROMOTE AWARENESS AND UNDERSTANDING OF MENTAL HEALTH AND ADDICTION ISSUES THROUGH PARTICIPATION IN EDUCATIONAL PROGRAMS, MENTAL HEALTH FAIRS AND WALKS, MEDIA INTERVIEWS, AND SOCIAL MEDIA TO REDUCE STIGMA.

PRIORITIZED HEALTH ISSUE #2: ADOLESCENT MENTAL HEALTH
THE GOAL IS TO ADDRESS ADOLESCENT MENTAL HEALTH WITH A FOCUS ON ANXIETY, DEPRESSION, AND SUICIDALITY. THIS WILL BE DONE BY MEETING THE FOLLOWING OBJECTIVES:
1) INCREASE PARTNERSHIPS WITH FAIRFIELD COUNTY SCHOOL SYSTEMS ON THE

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

URGENT ASSESSMENT PROGRAM
2) INCREASE CAPACITY OF ADOLESCENT INTENSIVE OUTPATIENT PROGRAMS
3) PARTNER WITH ALLIED COMMUNITY ORGANIZATIONS TO DEVELOP AND DELIVER PROGRAMMING FOCUSED ON EDUCATION, AWARENESS, AND SUICIDE PREVENTION.
4) HOST MEDICAL GRAND ROUNDS TO INCREASE CLINICIAN KNOWLEDGE AND UNDERSTANDING OF THESE TOPICS.

PRIORITIZED HEALTH ISSUE #3: SUBSTANCE MISUSE
THE GOAL IS TO ADDRESS SUBSTANCE USE WITH A FOCUS ON ALCOHOL MISUSE; UNDERAGE SUBSTANCE USE; MARIJUANA, THC, AND CANNABINOIDS. THIS WILL BE DONE BY MEETING THE FOLLOWING OBJECTIVES:
1. PARTNER WITH ALLIED COMMUNITY ORGANIZATIONS TO DEVELOP AND DELIVER PROGRAMMING FOCUSED ON EDUCATION, AWARENESS, AND ADVOCACY.
2. HOST MEDICAL GRAND ROUNDS TO ENHANCE CLINICIAN KNOWLEDGE AND UNDERSTANDING ON THESE TOPICS.
3. OFFER RECOVERY SUPPORT GROUPS THAT ARE OPEN TO THE COMMUNITY.
4. PROVIDE ACCESS TO SILVER HILL HOSPITAL PROGRAMS FOR THOSE REQUIRING INPATIENT, RESIDENTIAL, OR INTENSIVE OUTPATIENT TREATMENT.
5. EXPAND INTENSIVE OUTPATIENT SERVICES FOR ADULTS WITH SUBSTANCE USE DISORDERS.

PRIORITIZED HEALTH ISSUE #4: ADULT MENTAL HEALTH
THE GOAL IS TO ADDRESS ADULT MENTAL HEALTH WITH A FOCUS ON ANXIETY, DEPRESSION, AND SUICIDALITY. THIS WILL BE DONE BY MEETING THE FOLLOWING OBJECTIVES:
1. INCREASE CAPACITY OF THE URGENT ASSESSMENT PROGRAM
SILVER HILL HOSPITAL KEY INFORMANT SURVEY DECEMBER 2022 PAGE 36
2. INCREASE TARGETED OUTREACH TO INDIVIDUAL ADULT POPULATIONS (E.G. YOUNG ADULTS, SENIOR CITIZENS, MOTHERS, PROFESSIONALS) ON THE URGENT ASSESSMENT PROGRAM
3. OPEN KETAMINE CLINIC (EMPIRICALLY PROVEN MODALITY FOR THE TREATMENT OF MEDICATION RESISTANT DEPRESSION)
4. INCREASE CAPACITY OF MOOD DISORDER AND WOMEN'S INTENSIVE OUTPATIENT PROGRAMS
5. PARTNER WITH ALLIED COMMUNITY ORGANIZATIONS TO DEVELOP AND DELIVER PROGRAMMING FOCUSED ON EDUCATION, AWARENESS, AND SUICIDE PREVENTION.
6. HOST MEDICAL GRAND ROUNDS TO INCREASE CLINICIAN KNOWLEDGE AND UNDERSTANDING OF THESE TOPICS.

SILVER HILL HOSPITAL:
PART V, SECTION B, LINE 13H: SILVER HILL HOSPITAL, INC. OFFERS FINANCIAL ASSISTANCE, IN THE FORM OF REDUCED RATES, TO QUALIFYING PATIENTS RECEIVING EMERGENCY OR MEDICALLY NECESSARY SERVICES (I.E. INPATIENT LEVEL OF CARE). THE POLICY APPLIES TO PATIENTS THAT HAVE NO INSURANCE OR HAVE EXHAUSTED THEIR INSURANCE BENEFITS, AND HAVE INCOME OF LESS THAN 300% OF THE FEDERAL POVERTY GUIDELINES. COINSURANCE, COPAYMENTS AND DEDUCTIBLES ARE EXCLUDED FROM THE POLICY.

THE HOSPITAL ALSO OFFERS FINANCIAL ASSISTANCE TO PATIENTS RECEIVING TREATMENT IN ITS TRANSITIONAL LIVING PROGRAMS. TRANSITION LIVING PROGRAM SERVICES ARE NOT CONSIDERED AN INPATIENT LEVEL OF CARE. TRANSITIONAL LIVING PATIENTS ARE ELIGIBLE FOR DISCOUNTED CARE IF THEY ARE CLINICALLY APPROPRIATE AND MOTIVATED FOR TREATMENT AND HAVE INCOME LEVELS EQUAL TO OR

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LESS THAN 900% OF THE FEDERAL POVERTY GUIDELINES.

THIS POLICY IS AVAILABLE AT
HTTPS://SILVERHILLHOSPITAL.ORG/RESOURCES

SILVER HILL HOSPITAL:
PART V, SECTION B, LINE 16J: THE HOSPITAL MAINTAINS A FORMAL, WRITTEN FINANCIAL ASSISTANCE POLICY FOR ITS TRANSITIONAL LIVING PROGRAM. THE POLICY IS AVAILABLE UPON REQUEST. PATIENTS WHO DO NOT HAVE THE FINANCIAL ABILITY TO PAY FOR SERVICES, MAY APPLY FOR FINANCIAL ASSISTANCE UPON ADMISSION INTO THE PROGRAM.

SILVER HILL HOSPITAL:
PART V, SECTION B, LINE 21D: IT IS THE POLICY OF THE HOSPITAL THAT PATIENTS ASSESSED TO BE SUFFERING FROM A BEHAVIORAL EMERGENCY MEDICAL CONDITION WILL BE ADMITTED, REGARDLESS OF THEIR INSURANCE STATUS OR ABILITY TO PAY, AS REQUIRED BY THE EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA).

SCHEDULE H, PART V, LINE 22
THE HOSPITAL OFFERS FINANCIAL ASSISTANCE, IN THE FORM OF REDUCED RATES, TO QUALIFYING PATIENTS RECEIVING EMERGENCY OR MEDICALLY NECESSARY SERVICES. THE FULL TEXT VERSION OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS AVAILABLE ONLINE AT:
HTTPS://SILVERHILLHOSPITAL.ORG/RESOURCES

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of facility (describe)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:
THE HOSPITAL USED A FPG OF 300% AS A FACTOR FOR DETERMINING ELIGIBILITY FOR PROVIDING DISCOUNTED CARE FOR MEDICALLY NECESSARY SERVICES. MEDICALLY NECESSARY SERVICES ARE DEFINED BY THE HOSPITAL AS INPATIENT SERVICES.

THE HOSPITAL USED A FPG OF 600% AS A FACTOR FOR DETERMINING ELIGIBILITY FOR PROVIDING FREE CARE FOR TRANSITIONAL LIVING SERVICES (NON-INPATIENT SERVICES), AND A FPG OF 900% FOR DETERMINING ELIGIBILITY FOR PROVIDING DISCOUNTED CARE FOR TRANSITIONAL LIVING SERVICES (NON-INPATIENT SERVICES).

PART I, LINE 7:
A COST TO CHARGE RATIO, DERIVED FROM WORKSHEET 2 RATIO OF PATIENT CARE COST TO CHARGES, WAS USED TO DETERMINE FINANCE ASSISTANCE COSTS REPORTED. A COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 WAS USED TO DETERMINE THE AMOUNT OF INPATIENT CARE THAT WAS SUBSIDIZED IN THE TAX YEAR ENDING 12/31/2024. ALL OTHER EXPENSES REPORTED ARE ACTUAL COSTS.

PART III, LINE 2:
BAD DEBT EXPENSE IS ESTIMATED BASED ON HISTORICAL AND EXPECTED WRITE-OFFS AND NET COLLECTIONS, AS WELL AS AGING STATUS. A COST TO CHARGE RATIO FROM WORKSHEET 2 WAS APPLIED TO BAD DEBT EXPENSE REPORTED IN THE AUDITED FINANCIAL STATEMENTS IN ORDER TO DETERMINE THE BAD DEBT EXPENSE REPORTED ON PART III, SECTION A, LINE 2. THE BAD DEBT EXPENSE FOR INPATIENT SERVICES BEFORE APPLYING THE COST TO CHARGE RATIO TOTALLED $642,444.

PART III, LINE 3:
BAD DEBT EXPENSE IS MAINLY COMPRISED OF UNCOLLECTIBLE CO-PAYS AND DEDUCTIBLES FROM PATIENTS WITH INSURANCE. CO-INSURANCE AND DEDUCTIBLE BALANCES ARE EXCLUDED FROM THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

PART III, LINE 4:
SEE FOOTNOTE 2 OF THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:
N/A

PART III, LINE 9B:
THE HOSPITAL'S COLLECTION POLICY STATES THE FOLLOWING: PATIENT ACCOUNTS

Part VI **Supplemental Information** *(Continuation)*

WILL WORK WITH PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE TO DEVELOP A REASONABLE BUDGET/PAYMENT PLAN. DELINQUENT SELF-PAY BALANCES FOR PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE MAY BE SENT TO OUTSIDE COLLECTION AGENCIES; HOWEVER THE HOSPITAL WILL NOT PURSUE EXTRAORDINARY COLLECTION ACTIONS (ECA) AGAINST THESE PATIENTS.

PART VI, LINE 2:
IN ADDITION TO THE CHNA, THE SILVER HILL HOSPITAL STAFF ASSESSES THE NEED FOR ADDITIONAL PROGRAMMING BASED ON SERVICE AVAILABILITY FOR OUR DISCHARGING PATIENT POPULATION. THE HOSPITAL ALSO RECEIVES INPUT FROM COMMUNITY-BASED CLINICIANS TO IDENTIFY NEEDS WITHIN THE COMMUNITY.

PART VI, LINE 3:
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: SOCIAL WORKERS HAVE A COMPREHENSIVE VIEW OF A PATIENT'S FINANCIAL AND SOCIAL SITUATION AND ARE KNOWLEDGEABLE ABOUT THE ELIGIBILITY CRITERIA FOR ENTITLEMENT PROGRAMS. IT IS THE ASSIGNED RESPONSIBILITY OF THE SOCIAL WORKER TO INFORM PATIENTS AND THEIR FAMILIES ABOUT ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS.

PATIENTS WHO DO NOT HAVE THE FINANCIAL ABILITY TO PAY FOR SERVICES, ARE EDUCATED ABOUT SILVER HILL HOSPITAL'S FINANCIAL ASSISTANCE AND SCHOLARSHIP PROGRAMS BY A SPECIALLY TRAINED STAFF MEMBER. THE STAFF MEMBER PROVIDES PATIENTS AND THEIR FAMILIES WITH THE FINANCIAL GUIDELINES AND SUPPORTING DOCUMENTATION REQUIRED FOR OBTAINING FINANCIAL ASSISTANCE/ SCHOLARSHIPS.

PART VI, LINE 4:
COMMUNITY INFORMATION: APPROXIMATELY 43.2% OF THE PATIENT POPULATION IS FROM CONNECTICUT, 37.0% FROM NEW YORK AND 19.8% FROM OTHER AREAS.

PART VI, LINE 5:
PROMOTION OF COMMUNITY HEALTH: SILVER HILL HOSPITAL FURTHERS ITS EXEMPT PURPOSE OF PROMOTING HEALTH OF THE COMMUNITY THROUGH A DIVERSE BOARD OF DIRECTORS WHOSE MEMBERS CONTRIBUTE THROUGH THEIR UNIQUE TALENTS AND RESOURCES TOWARD THE HOSPITAL'S MISSION OF HEALING AND THE CARE OF ITS PATIENTS.

PART VI, LINE 6:
AFFILIATED HEALTH CARE SYSTEM:

-SILVER HILL HEALTH
THE ORGANIZATIONS PRIMARY PURPOSE IS THE SERVE AS THE PARENT COMPANY OF AN INTEGRATED BEHAVIORAL HEALTH CARE DELIVERY SYSTEM, WHICH INCLUDES SILVER HILL HOSPITAL, INC., A CONNECTICUT NONSTOCK CORPORATION ("SHH"), AND FREEDOM INSTITUTE INC., A NEW YORK NOT-FOR-PROFIT CORPORATION ("FREEDOM"),

-FREEDOM INSTITUTE
LOCATED IN THE HEART OF MIDTOWN MANHATTAN, FREEDOM INSTITUTE ENABLES CLIENTS WITH SUBSTANCE USE DISORDERS AND CO-OCCURRING MENTAL HEALTH CONDITIONS TO RECEIVE INTENSIVE TREATMENT WHILE MAINTAINING THEIR EXISTING ROLES AND ROUTINES. AFTER COMPLETING THE INTENSIVE PROGRAM, MOST CLIENTS CONTINUE WITH OUTPATIENT GROUPS AND OTHER ONGOING SUPPORT SERVICES.

FORM 990, PART VI, LINE 7
STATE FILING OF THE COMMUNITY BENEFIT REPORT: DURING TAX YEAR ENDING 12/31/2024, THE HOSPITAL WAS NOT REQUIRED TO FILE A COMMUNITY BENEFIT

Part VI **Supplemental Information** *(Continuation)*

REPORT WITH THE STATE OF CONNECTICUT.

FORM 990, PART VI, LINE 5:
IN 2023, SILVER HILL HOSPITAL ESTABLISHED A BUSINESS AGREEMENT TO COLLABORATE WITH TETRICUS LABS FOR RESEARCH AND DEVELOPMENT ACTIVITIES RELATED TO WEB-BASED, PHONE-BASED, AND WEARABLE DEVICE ASSESSMENT OF PATIENT PREDICTORS OF TREATMENT RESPONSE. FUNDS FROM BOTH ORGANIZATIONS SUPPORTED A PRODUCT DEVELOPMENT AND RESEARCH STUDY APPROVED BY SILVER HILL HOSPITAL'S CONTRACT IRB (WCG) TITLED "FEASIBILITY OF MACHINE LEARNING-BASED ASSESSMENT IN A PSYCHIATRIC TREATMENT SETTING." STUDY ENROLLMENT LAUNCHED THE END OF 2023, CONTINUED THROUGH 2024, AND CONCLUDED IN APRIL 2025. DATA ANALYSIS IS ONGOING.
CLINICAL AND RESEARCH LEADERSHIP AT SILVER HILL HOSPITAL CONTRIBUTED SUBSTANTIALLY TO A GRANT SUBMITTED IN 2023 TO THE NATIONAL INSTITUTE ON ALCOHOLISM AND ALCOHOLISM (NIAAA) BY INVESTIGATORS AT NEW YORK UNIVERSITY (NYU) LANGONE HEALTH ("NEURAL MECHANISMS OF PSILOCYBIN-ASSISTED TREATMENT FOR ALCOHOL USE DISORDER, MICHAEL BOGENSCHUTZ, MD). THIS GRANT WAS FUNDED TO START IN 2024, AND SILVER HILL IS THE ONLY CLINICAL PERFORMANCE SITE. RESEARCH STAFF HAVE BEEN HIRED AND CLINICIANS INVOLVED IN THE STUDY HAVE BEEN TRAINED BY NYU IN THE PROTOCOL. A FIRST PATIENT HAS BEEN CONSENTED. THIS 5-YEAR STUDY REPRESENTS THE FIRST FEDERALLY-FUNDED RESEARCH STUDY OCCURRING AT SILVER HILL. THE PROJECT EVALUATES BRAIN MECHANISMS THAT MAY UNDERLIE THE EFFICACY OF PSILOCYBIN FOR BEHAVIORAL HEALTH CONDITIONS AND WILL PROVIDE IMPORTANT DATA FOR FDA APPROVAL OF A TREATMENT THAT IS PROMISING AND THE FOCUS OF MUCH COMMUNITY ENTHUSIASM.
IN ADDITION TO THESE FUNDED STUDIES AT THE HOSPITAL, THE SILVER HILL PATIENT EXPERIENCE AND CLINICAL STAFF ALSO PROVIDE INFORMATION OR FLYERS TO PATIENTS WHO MAY BE INTERESTED AND ELIGIBLE FOR RESEARCH PROJECTS CONDUCTED OFF-SITE BY AFFILIATED UNIVERSITIES. IN 2024, THIS INCLUDED TWO IRB-APPROVED, NIH-FUNDED RESEARCH PROJECTS TO PRINCIPAL INVESTIGATORS AT YALE SCHOOL OF MEDICINE ("BRAIN EMOTION CIRCUITRY-TARGETED SELF-MONITORY REGULATION THERAPY," HILARY BLUMBERG, MD); CHARACTERIZING CLINICAL AND PHARMACOLOGICAL NEUROIMAGING BIOMARKERS," YOUNGSUN CHO, MD, PHD). IN 2024, CLINICAL LEADERSHIP AT SILVER HILL'S TRAUMA-FOCUSED PROGRAM (TRIUMPH) BEGAN FACILITATING RECRUITMENT FOR A STUDY OF DISSOCIATIVE DISORDERS BEING CONDUCTED AT MCLEAN HOSPITAL ("EVALUATING THE NEUROBIOLOGICAL BASIS OF TRAUMATIC DISSOCIATION IN A CROSS-DIAGNOSTIC SAMPLE OF WOMEN WITH HISTORIES OF CHILDHOOD ABUSE AND NEGLECT," MILISSA KAUFMAN, MD, PHD). SILVER HILL RECEIVES NO FUNDS FOR THESE INITIATIVE. OUR STAFF HAVE FACILITATED PATIENT'S AWARENESS OF THE STUDY OPPORTUNITIES.
SILVER HILL HOSPITAL RESEARCH AND CLINICAL LEADERS ALSO SUPPORTED THE DEVELOPMENT OF A RESEARCH PROJECT BY ONE OF THE HOSPITAL'S COUNSELING STAFF AS PART OF HER MASTER'S THESIS AT CENTRAL CONNECTICUT STATE UNIVERSITY. THIS IRB-APPROVED STUDY RECRUITS MICHAEL'S HOUSE PROGRAM PATIENTS FOR A PROSPECTIVE ASSESSMENT OF PSYCHOSIS SYMPTOMS AND TREATMENT RESPONSE DURING THEIR TRANSITIONAL LIVING PROGRAM STAY ("DIFFERENTIAL RELATIONSHIP BETWEEN EXPRESSIVE & EXPERIENTIAL NEGATIVE SYMPTOMS, EMPATHY, AND SOCIAL FUNCTIONING IN SCHIZOPHRENIA AND THE THERAPEUTIC POTENTIAL ROLE OF OXYTOCIN," AMY REZENDE AND SILVIA CORBERO-LOPEZ, PHD). THIS RESEARCH WAS STIMULATED BY THE SIGNIFICANT AND INNOVATIVE WORK AND SCHOLARLY CONTRIBUTIONS OF DR. ROCCO MAROTTA TREATING PATIENTS SUFFERING FROM SCHIZOPHRENIA AS PART OF THE FUNDED CENTER FOR THE TREATMENT AND STUDY OF NEUROPSYCHIATRIC DISORDERS THAT HE DIRECTS. MS. REZENDE HAS CONDUCTED THIS STUDY ON HER OWN TIME, AND

Part VI **Supplemental Information** *(Continuation)*

SILVER HILL DOES NOT RECEIVE FUNDS TO SUPPORT HER EFFORT.

SCHEDULE I
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SILVER HILL HOSPITAL, INC.

Employer identification number
06-0655139

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW CANAAN POLICE DEPARTMENT 174 SOUTH AVE NEW CANAAN, CT 06840	06-6002043	NEW CANAAN	10,000.	0.			LOCAL SERVICE PROVIDERS, SUPPORTING ELOPEMENTS AND PATIENT WELL BEING
NEW CANNAAN VOLUNTEER AMBULANCE CORPORATION - PO BOX 598 - NEW CANAAN, CT 06840	23-7300265	501(C)(3)	10,000.	0.			LOCAL SERVICE PROVIDERS, SUPPORTING ELOPEMENTS AND PATIENT WELL BEING
NEW CANAAN COMMUNITY FOUNDATION 111 CHERRY STREET NEW CANAAN, CT 06840	06-0970466	501(C)(3)	50,000.	0.			COMMUNITY BENEFIT FUND AND SCHOLARSHIPS TO STUDENTS STUDYING HEALTH CARE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 3.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

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

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

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

PART I, LINE 2:
THE AMOUNTS REPORTED ON SCHEDULE I ARE ASSISTANCE TO SUPPORT LOCAL GOVERNMENT DEPARTMENTS AND 501(C)(3) ORGANIZATIONS. DUE TO THE NATURE OF THESE PAYMENTS TO TRUSTEE GRANTEES, ELIGIBILITY DETERMINATION AND POST-GRANT MONITORING IS NOT APPLICABLE.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SILVER HILL HOSPITAL, INC.

Employer identification number

06-0655139

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☒ Compensation survey or study		
	☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? 4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan? 4b		X
c	Participate in or receive payment from an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREW GERBER, M.D. PH.D.	(i)	571,571.	75,163.	281.	15,015.	51,799.	713,829.	0.
PRESIDENT & MEDICAL DIRECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RYAN RICHARD WADE	(i)	558,889.	0.	102.	9,728.	0.	568,719.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARK JACK RUSS	(i)	483,149.	34,397.	2,472.	3,724.	0.	523,742.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TIMOTHY DOUGHERTY	(i)	312,210.	100,000.	516.	10,616.	43,103.	466,445.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RICK AMENT	(i)	393,002.	9,808.	838.	1,173.	36,178.	440,999.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRENT ANTHONY PENQUE	(i)	427,421.	0.	108.	4,642.	0.	432,171.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANRI KISSILENKO	(i)	342,574.	0.	807.	23,008.	44,667.	411,056.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DONNA THERESE ANTHONY	(i)	364,791.	0.	1,524.	2,507.	0.	368,822.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHRISTY AHERNE	(i)	290,457.	25,831.	281.	5,603.	44,552.	366,724.	0.
CHIEF PEOPLE OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PETRA M PILGRIM	(i)	335,666.	0.	122.	9,594.	17,637.	363,019.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LISA BENTON	(i)	289,375.	0.	853.	474.	32,817.	323,519.	0.
FORMER CHIEF QUALITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) IMMACULA CANN	(i)	275,628.	35,484.	516.	969.	0.	312,597.	0.
CHIEF NURSING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:
THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAY IN 2024:
- LISA BENTON $285,825

PART I, LINE 7:
THE PRESIDENT, CHIEF MEDICAL OFFICER, CHIEF ADVANCEMENT OFFICER, CHIEF NURSING OFFICER, CHIEF OPERATING OFFICER, AND CHIEF PEOPLE OFFICER WERE ELIGIBLE FOR INCENTIVE COMPENSATION BASED ON THE ACHIEVEMENT OF PERFORMANCE GOALS ESTABLISHED AND APPROVED BY THE BOARD OF DIRECTORS. IN CALENDAR YEAR 2024, THE AFOREMENTIONED INDIVIDUALS RECEIVED COMPENSATION FOR ACHIEVEMENT OF INCENTIVE GOALS. THESE AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B)(II).

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

SILVER HILL HOSPITAL, INC.

Employer identification number

06-0655139

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	7	260,077.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0		
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):
THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SILVER HILL HOSPITAL, INC.

Employer identification number
06-0655139

FORM 990, PART 1, LINE 1
THE MISSION OF SILVER HILL HOSPITAL IS TO PROVIDE OUR PATIENTS WITH THE BEST AVAILABLE TREATMENT OF MENTAL ILLNESS AND ADDICTION; AND TO OFFER CONTINUING SUPPORT, COUNSELING AND EDUCATION TO OUR PATIENTS AND THEIR FAMILIES IN EVERY PHASE OF ILLNESS AND RECOVERY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVOTED AND COMPASSIONATE TEAM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
TO 12/31/2024.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE HOSPITAL OFFERS SPECIALIZED INTENSIVE OUTPATIENT PROGRAMS (IOPS) FOR ADOLESCENTS AND ADULTS WHO ARE ABLE TO LIVE AT HOME AND DESIRE SUBSTANCE ABUSE TREATMENT AND/OR PSYCHOLOGICAL TREATMENT TO LIVE FULL AND INDEPENDENT LIVES. THE IOPS MEET THREE TIMES A WEEK FOR EIGHT WEEKS GUIDING INDIVIDUALS TOWARD FURTHER INDEPENDENCE. THE HOSPITAL TREATED APPROXIMATELY 1,293 PATIENTS DURING THE PERIOD OF 1/1/2024 TO 12/31/2024.
EXPENSES $ 3,847,772. INCLUDING GRANTS OF $ 0. REVENUE $ 5,025,805.

FORM 990, PART VI, SECTION A, LINE 4:
THE BYLAWS AND ARTICLES OR INCORPORATION WERE RESTATED TO REFLECT THAT SILVER HILL HEALTH, INC., A RELATED 501(C)(3), IS NOW THE SOLE MEMBER OF SILVER HILL HOSPITAL, INC.

FORM 990, PART VI, SECTION A, LINE 6:
SILVER HILL HEALTH, INC., A RELATED 501(C)(3), IS THE SOLE MEMBER OF SILVER HILL HOSPITAL, INC.

FORM 990, PART VI, SECTION A, LINE 7A:
SILVER HILL HEALTH, INC., THE SOLE MEMBER OF SILVER HILL HOSPITAL, INC., HAS THE AUTHORITY TO ELECT AND APPOINT MEMBERS OF THE GOVERNING BODY, PER SECTION 3.2 OF THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7B:
GOVERNANCE DECISIONS OF THE ORGANIZATION ARE SUBJECT TO APPROVEL BY SILVER HILL HEALTH, INC., THE SOLE MEMBER OF SILVER HILL HOSPITAL, INC., PER SECTION 3.2 OF THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:
990 REVIEW BY ORGANIZATION
THE FORM 990 OF THE ORGANIZATION IS PREPARED BY THE FINANCE DEPARTMENT OF SILVER HILL HOSPITAL BASED ON THE BOOKS AND RECORDS OF THE ORGANIZATION. THE DRAFT RETURN AND ALL SUPPORTING DOCUMENTATION ARE PROVIDED TO THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS FOR REVIEW AND FINAL PREPARATION OF THE RETURN. THE FINAL VERSION OF THE FORM 990 IS THEN REVIEWED BY THE INTERIM CFO AND PRESDIENT & MEDICAL DIRECTOR. THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY FOR THEIR REVIEW AND

Name of the organization: SILVER HILL HOSPITAL, INC.

Employer identification number: 06-0655139

COMMENTS BEFORE FILING THE FORM WITH THE INTERNAL REVENUE SERVICES.

FORM 990, PART VI, SECTION B, LINE 12C:
COMPLIANCE WITH CONFLICT OF INTEREST POLICY

THE HOSPITAL REQUIRES THE BOARD OF DIRECTORS AND OFFICERS TO COMPLETE A NOTIFICATION OF COMPLIANCE QUESTIONNAIRE AT THE END OF EACH TAX YEAR. THE FINANCE DEPARTMENT REVIEWS THE QUESTIONNAIRES FOR DETERMINATION OF POTENTIAL CONFLICTS OF INTEREST. ANY POTENTIAL CONFLICTS OF INTEREST ARE MADE KNOWN TO THE BOARD FOR RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION DETERMINATION
EACH YEAR, OR WHEN OTHERWISE REQUIRED, THE BOARD OF DIRECTORS APPOINTS A COMPENSATION SUB-COMMITTEE OF INDEPENDENT DIRECTORS TO REVIEW THE COMPENSATION OF THE PRESIDENT AND MEDICAL DIRECTOR. THE SUB-COMMITTEE REVIEWS THE FORM 990'S OF SIMILAR ORGANIZATIONS AS WELL AS AMERICAN HOSPITAL ASSOCIATION SURVEYS, AND MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ANY DELIBERATIONS AND DECISIONS OF THE COMPENSATION SUB-COMMITTEE ARE DOCUMENTED IN THE MEETING MINUTES OF THE COMPENSATION SUB COMMITTEE. THE HOSPITAL ENGAGES A THIRD PARTY TO CONDUCT A SALARY SURVEY OF ALL OTHER HOSPITAL POSITIONS. THE SURVEY IS CONDUCTED EVERY YEAR. THE MOST RECENT SURVEY WAS CONDUCTED IN 2024.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AVAILABILITY
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST.

FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SILVER HILL HOSPITAL, INC.

Employer identification number
06-0655139

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SILVER HILL MANAGEMENT GROUP, LLC - 92-2893646, 208 VALLEY ROAD, NEW CANAAN, CT 06840	MANAGEMENT COMPANY	NEW YORK	0.	0.	SILVER HILL HOSPITAL
SILVER HILL THERAPEUTIC SERVICES, LLC - 93-3207848, 208 VALLEY ROAD, NEW CANAAN, CT 06840	HEALTHCARE SERVICES	CONNECTICUT	5,841,209.	5,841,209.	SILVER HILL HOSPITAL

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
SILVER HILL HEALTH, INC. - 93-3510578 208 VALLEY ROAD NEW CANAAN, CT 06840	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 12C, III-FI	NA		X
FREEDOM INSTITUTE, INC. - 13-2877912 515 MADISON AVENUE, 13TH FLOOR NEW YORK, NY 10022	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 10	SILVER HILL HEALTH. INC.	X	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
THE SH-YNHHS TRANSITIONAL LIVING TREATMENT PROGRAM PARTNERSHIP - 84-3028517, 208 VALLEY ROAD, NEW CANAAN, CT	HEALTHCARE SERVICES	CT	SILVER HILL HOSPITAL	RELATED	3,221,139.	14,556,738.		X	N/A	X		75.00%

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

SEE PART VII FOR CONTINUATIONS75

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	FREEDOM INSTITUTE, INC.	D	600,000.	CASH
(2)	FREEDOM INSTITUTE, INC.	L	96,000.	CASH
(3)	FREEDOM INSTITUTE, INC.	R	476,374.	CASH
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

THE SH-YNHHS TRANSITIONAL LIVING TREATMENT PROGRAM

PARTNERSHIP

EIN: 84-3028517

208 VALLEY ROAD

NEW CANAAN, CT 06840