** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

ΑF	or the	2021 calendar year, or tax year beginning JUL	1, 2021 and	ending JU	JN 30, 2022			
B C	heck if oplicable:	C Name of organization			D Employer identi	fication number		
	Address	PENNSYLVANIA HEALTH LAW PROJECT						
	Name change	Doing business as			23-274908	9		
	Initial return Final return/	Number and street (or P.O. box if mail is not delive 123 CHESTNUT STREET	,	Room/suite 400	E Telephone number (215) 625-3990			
	termin- ated	City or town, state or province, country, and ZII		G Gross receipts \$ 2,416,979				
	Amende return				H(a) Is this a group	return		
	Application	F Name and address of principal officer: LAVAL	MILLER-WILSON		for subordinate			
	pending	SAME AS C ABOVE			H(b) Are all subordinates			
ΙT	ax-exei	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527		a list. See instructions		
		WWW.PHLP.ORG			H(c) Group exempt			
			ciation Other	L Year o	of formation: 1993	M State of legal domicile: PA		
		Summary		•		<u> </u>		
	1 E	Briefly describe the organization's mission or most sign	gnificant activities: ADVANC	ES ACCESS	TO QUALITY			
Governance		EALTH CARE FOR LOW-INCOME, VULNERABLE						
na l	2	Check this box if the organization disconting	nued its operations or dispos	sed of more	than 25% of its net a	ssets.		
Š	3 N	lumber of voting members of the governing body (Pa	art VI, line 1a)			8		
		lumber of independent voting members of the gover				, 8		
ø		otal number of individuals employed in calendar yea				24		
lţ.		otal number of volunteers (estimate if necessary)				8		
Activities		otal unrelated business revenue from Part VIII, colur				a 0.		
۸		Net unrelated business taxable income from Form 99				b 0.		
					Prior Year	Current Year		
Revenue	8 (Contributions and grants (Part VIII, line 1h)			2,438,248	2,413,246.		
	9 F	Program service revenue (Part VIII, line 2g)			11,456	3,650.		
eke	10 li	nvestment income (Part VIII, column (A), lines 3, 4, ar	nd 7d)		132	. 83.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			0	. 0.		
	12 T	otal revenue - add lines 8 through 11 (must equal Pa	art VIII, column (A), line 12)		2,449,836	2,416,979.		
	13 (Grants and similar amounts paid (Part IX, column (A),	lines 1-3)		0	. 0.		
	14 E	Benefits paid to or for members (Part IX, column (A),	line 4)		0	. 0.		
ဖွ	15 S	Salaries, other compensation, employee benefits (Par	rt IX, column (A), lines 5-10)		1,915,297	1,642,883.		
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line	e 11e)		0	. 0.		
ğ	b T	otal fundraising expenses (Part IX, column (D), line 2	25) > 5,	934.				
ώ		Other expenses (Part IX, column (A), lines 11a-11d, 1			384,155	-		
	18 T	otal expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		2,299,452	<u> </u>		
_		Revenue less expenses. Subtract line 18 from line 12			150,384	. 393,691.		
Net Assets or Fund Balances				Beg	ginning of Current Year			
Salar	20 T	otal assets (Part X, line 16)			2,293,529	 		
盟	21 T	otal liabilities (Part X, line 26)			771,779			
ᅒ	22 N rt II	let assets or fund balances. Subtract line 21 from lin Signature Block	ie 20		1,521,750	. 1,915,441.		
	•	ies of perjury, I declare that I have examined this return, inc			•	ny knowieuge and beller, it is		
ue,	Correct,	, and complete. Declaration of preparer (other than officer)	is based on an iniormation of wi	iicii preparei i	lias ariy kilowledge.			
C:		Signature of officer			I Date			
Sign		LAVAL MILLER-WILSON, EXECUTIVE DIRE	ᡒᢗ᠇ᠯᡣᢕᡏ		Dato			
Here	•	Type or print name and title	3CTOR					
	\dashv	y 31 1	ranarar'e cianatura	I D	Pate Check	PTIN		
Paid		Print/Type preparer's name	reparer's signature		if			
raiu Prep	_{arer}	Firm's name MAHER DUESSEL, CPA'S			self-emp Firm's EIN ▶	25-1622758		
Use (г	Firm's address 1800 LINGLESTOWN ROAD, SUI	TE 306		I IIIII 3 LIIV P	·		
550	,	HARRISBURG, PA 17110			Phone no 71	7-232-1230		
May	the ID	S discuss this return with the preparer shown above	2 Soo instructions		I Holle Ho. / -	X Ves No		

Pa	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:	
	PHLP IS THE OLDEST AND ONLY LEGAL AID GROUP IN PENNSYLVANIA SOLELY	
	DEDICATED TO PROTECTING AND ADVANCING HEALTH CARE RIGHTS. WE HELP	
	PEOPLE IN NEED GET THE HEALTHCARE THEY DESERVE. WE FOCUS ON THE	
	PENNSYLVANIANS ENROLLED IN MEDICAID AND THE CHILDREN'S HEALTH	
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 X 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 X 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	l expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,869,829. including grants of \$) (Revenue \$)	3,650.
	ACCOMPLISHMENTS: PHLP PROVIDES LEGAL COUNSEL AND REPRESENTATION TO	
	PENNSYLVANIANS IN EVERY COUNTY ACROSS THE STATE. IN FYE 2022, PHLP	
	DIRECTLY HELPED MORE THAN 2,000 VULNERABLE PENNSYLVANIANS FACING THE	
	LOSS OF HEALTH INSURANCE OR LIFE-SUSTAINING CARE. MANY HAD COMPLEX	
	MEDICAL CONDITIONS. WE HELPED THEM OBTAIN ESSENTIAL SERVICESSUCH AS	
	MEDICATIONS, HOME HEALTH CARE, AND MENTAL HEALTH CARETHEY NEED AND	
	DESERVE. PHLP CONCENTRATED ON THREE PRIORITIES (DESCRIBED BELOW):	
	MEDICAID ELIGIBILITY: WHEN SOMEONE'S MEDICAID COVERAGE WAS DENIED OR	
	TERMINATED INAPPROPRIATELY, PHLP ADVISES AND OR REPRESENTS THAT	
	INDIVIDUAL IN AN APPEAL TO GET OR MAINTAIN THAT COVERAGE. WE ALSO WORK	
	WITH SOCIAL WORKERS, COUNSELORS, DOCTOR'S OFFICES, AND FAMILY MEMBERS	
	SEEKING ADVICE ON MEDICAID ELIGIBILITY OR HELP RESOLVING AN ELIGIBILITY	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/ (a.panasa y	
	Other program convices (Describe on Schodule O.)	
4 0	Other program services (Describe on Schedule O.)	1
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,869,829.	
- FG	i otal program doi vido ozpondo 🗲	

Form 990 (2021) PENNSYLVANIA HEALTH LAW PROJECT Part IV Checklist of Required Schedules

			162	140
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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
			^^^	

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Form 990 (2021) PENNSYLVANIA HEALTH LAW PROJECT
Part IV Checklist of Required Schedules (continued)

			162	INO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		77	
	Schedule J	23	Х	
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	24a		x
b	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·	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		
	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		х
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		х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	202		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	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	Х	
Par				
	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 0			
b				
С				
	(gambling) winnings to prize winners?	1c		

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2021)
Part V Sta

			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 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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		L
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		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	4.		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	ıo		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes." complete Form 6069.	.,		

Form 990 (2021) PENNSYLVANIA HEALTH LAW PROJECT 23-2749089 Page
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			Х						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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									
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		х						
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		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х						
6										
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		х						
b	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		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
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		х						
Sec	tion 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		х						
	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	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		х						
	Other officers or key employees of the organization	15b		Х						
	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		Х						
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								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶PA									
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))	only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.	• •								
	X Own website Another's website X 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	d finan	cial							
	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									
	LAVAL MILLER-WILSON - 215-625-3874									
	123 CHESTNUT STREET, SUITE 400, PHILADELPHIA, PA 19106									

Form 990 (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week		Cer ar	la a a	recio	rrus	iee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	dualt	ution	-	Key employee	st co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			_
(1) MARK ANDERSON	0.25									
PRESIDENT & TREASURER		Х		Х				0.	0.	0.
(2) SARAH ROSENBERG	0.25									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) RUTH LANDSMAN	0.25									
SECRETARY		Х		Х				0.	0.	0.
(4) DANA BRESLIN	0.25									
DIRECTOR		Х						0.	0.	0.
(5) SUSAN MICHALIK	0.25									
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL CAMPBELL	0.25									
DIRECTOR		Х						0.	0.	0.
(7) ABIGAIL GREEN	0.25									
DIRECTOR		Х						0.	0.	0.
(8) RACHEL BLAKE	0.25									
DIRECTOR		Х						0.	0.	0.
(9) LAVAL MILLER-WILSON	35.00									
EXECUTIVE DIRECTOR				Х				136,098.	0.	52,966.
		-								
		_								
		-								
						-				
		1								
		1								
		<u> </u>	\vdash			\vdash	 			
		1								
-	<u> </u>	<u> </u>		 		<u> </u>				5 QQQ (2224)

132007 12-09-21 Form **990** (2021)

Form 990 (2021) PENNSYLVANIA	HEALTH LAW	PR	OJE	СТ					23-27	4908	9	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box, unle		Position (do not check more than obox, unless person is both officer and a director/trus			n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on am		(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	ns compensati			e ion ed
1h Subtotal								136,098.		0.		52	966.
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0.		0.			0. 966.
Total number of individuals (including but n compensation from the organization							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable	;		,	1
Did the organization list any former officer,	director trust	00 k	·0\/ 0	mnl	0)/0/	0 Or	hia	whost componented omp	lovoo on	[Yes	No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		Х
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," commoderation B. Independent Contractors	=				-			-			5		Х
1 Complete this table for your five highest co	•	-							•	ensat	tion fro	m	
the organization. Report compensation for (A) Name and business		ear e		ig w	ith C	or Wi	tnin	(B) Description of s		С	(C		n
											•		
2 Total number of independent contractors (iii \$100,000 of compensation from the organic	•	ot lin	nited	d to t		se lis	ted	above) who received mo	ore than				

Form 990 (2021) PENNSYLVAN:
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e 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
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
Q E		Fundraising events 1c					
ifts ar A		Related organizations 1d					
s, mik		Government grants (contributions) 1e	2,237,785.				
Sig		All other contributions, gifts, grants, and					
ber		similar amounts not included above 1f	175,461.				
i di	ç	Noncash contributions included in lines 1a-1f					
Col	ŀ	Total. Add lines 1a-1f		2,413,246.			
			Business Code				
g,	2 8	MISCELLANEOUS	900099	3,118.	3,118.		
Program Service Revenue	k	HONORARIUM	900099	532.	532.		
Sel	(
am	(1					
ogr B	•						
P	f	All other program service revenue					
		Total. Add lines 2a-2f		3,650.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	▶	83.			83.
	4	Income from investment of tax-exempt bond pr	roceeds 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
	(Rental income or (loss) 6c					
	(Net rental income or (loss)	, 				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
ne		and sales expenses					
Ver		Gain or (loss) 7c					
æ		d Net gain or (loss)	, 				
Other Revenue	8 8	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	k	Less: direct expenses8b					
		Net income or (loss) from fundraising events	<u></u>				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b	1				
	(Net income or (loss) from sales of inventory					
<u>ග</u>			Business Code				
eon Ie	11 a						
ja jent	k						
Miscellaneous Revenue	(
Σ Zi	(All other revenue					
	•	e Total. Add lines 11a-11d		2 416 070	2 (50	2	0.2
	12	Total revenue. See instructions	P	2,416,979.	3,650.	0.	83.

23-2749089

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

Secu	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		L: D + D/	ipiete column (A).	
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	182,165.	181,728.		437.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,058,556.	1,023,806.	34,467.	283.
8	Pension plan accruals and contributions (include		50 00=		. –
	section 401(k) and 403(b) employer contributions)	70,420.	68,087.	2,316.	17.
9	Other employee benefits	234,223.	226,073.	8,116.	34.
10	Payroll taxes	97,519.	94,640.	2,831.	48.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	25.024		25.024	
	Accounting	35,834.		35,834.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	154 656	111 005	44 506	0.043
	column (A), amount, list line 11g expenses on Sch 0.)	154,656.	111,087.	41,526.	2,043.
12	Advertising and promotion	27.000	27.162	010	1.5
13	Office expenses	27,989.	27,162.	812.	15.
14	Information technology	6,284.	6,099.	183.	2.
15	Royalties	105 272	100.000	2.050	F.2
16	Occupancy	105,373.	102,262.	3,059.	52.
17	Travel	3,424.	3,354.	70.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 555	4 555		
19	Conferences, conventions, and meetings	4,555.	4,555.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,069.		13,069.	
23	Other expanses Itemize expanses not covered	13,009.		13,003.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) DUES	7,656.	7,429.	222.	5.
a	PERIODICALS	7,524.	7,524.	222.	<u> </u>
b	CONNECTIVITY	5,773.	5,602.	168.	3.
ر د	TRAINING AND SEMINARS	421.	421.	100.	<u> </u>
d	-	7,847.	121.	4,852.	2,995.
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	2,023,288.	1,869,829.	147,525.	5,934.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,025,200.	1,000,020.	11,,323.	3,334.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 10110 Willig GOT 30-2 (NGC 300-720)				Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

	LA	Charle if Caladula Charles a manager and		us line in this Deat V			
		Check if Schedule O contains a response or	note to an	ly line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,502,791.	1	1,686,977.
	2	Savings and temporary cash investments			275,540.	2	275,623.
	3	Pledges and grants receivable, net	464,275.	3	233,902.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	ction 4958(c)(3)(B)		6		
Assets	7	Notes and loans receivable, net		``````		7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			38,386.	9	23,522.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		107,910.			
	ь	Less: accumulated depreciation			0.	10c	0.
	11	Investments - publicly traded securities		441.	11	441.	
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		12,096.	15	12,096.	
	16	Total assets. Add lines 1 through 15 (must e			2,293,529.	16	2,232,561.
	17	Accounts payable and accrued expenses			163,680.	17	190,048.
	18	Grants payable	·	18	,		
	19	Deferred revenue		197,400.	19	88,260.	
	20	Tax-exempt bond liabilities			·	20	,
	21	Escrow or custodial account liability. Comple				21	
"	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, su					
ij		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela			238,700.	24	
	25	Other liabilities (including federal income tax,			,		
		parties, and other liabilities not included on li					
		of Schedule D		, , , , ,	171,999.	25	38,812.
	26	Total liabilities. Add lines 17 through 25			771,779.	26	317,120.
		Organizations that follow FASB ASC 958, o					
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			1,521,750.	27	1,915,441.
Bala	28	Net assets with donor restrictions				28	
P		Organizations that do not follow FASB AS6					
Ξ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	nds			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et,	32	Total net assets or fund balances			1,521,750.	32	1,915,441.
~	33	Total liabilities and net assets/fund balances			2,293,529.	33	2,232,561.

Form **990** (2021)

Pai	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,	416,	979.
2	Total expenses (must equal Part IX, column (A), line 25)	2				288.
3	Revenue less expenses. Subtract line 2 from line 1	3				691.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	521,	750.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B)) 10					441.
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			<u>Ш</u>
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Auc	tit			
	Act and OMB Circular A-133?			3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Name of the organization **Employer identification number** PENNSYLVANIA HEALTH LAW PROJECT 23-2749089 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1,651,425.	1,603,527.	1,728,449.	2,438,248.	2,413,246.	9,834,895.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1,651,425.	1,603,527.	1,728,449.	2,438,248.	2,413,246.	9,834,895.		
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)						69,431.		
6	Public support. Subtract line 5 from line 4.						9,765,464.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	1,651,425.	1,603,527.	1,728,449.	2,438,248.	2,413,246.	9,834,895.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	529.	658.	566.	132.	83.	1,968.		
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						9,836,863.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	260,511.		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)			
	organization, check this box and stop						.		
Sec	ction C. Computation of Publi								
14	Public support percentage for 2021 (I					14	99.27 %		
15	Public support percentage from 2020					15	98.61 %		
16a	33 1/3% support test - 2021. If the								
	stop here. The organization qualifies								
b	33 1/3% support test - 2020. If the								
	and stop here. The organization qual	•	• •						
17a	10% -facts-and-circumstances test	-							
	and if the organization meets the fact					VI how the organiza	ition		
	meets the facts-and-circumstances te	· ·		, ,,	•				
b	10% -facts-and-circumstances test	ū				•	U% or		
	more, and if the organization meets the		•		•		. —		
	organization meets the facts-and-circle				•				
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2021 PENNSYLVANIA HEALTH LAW PROJECT 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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
0-		
3a		
3b		
20		
3c		
4a		
41-		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
0-		
9a		
9b		
9c		
10a		
10b		
ule A (Forn	n 990)	2021

Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	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			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	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			l
	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			l
	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			
800	supported organizations played in this regard.	3		
	ction 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 instruc	tions).		
a	Somplete Selem			
b		(:tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	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			l
	that these activities constituted substantially all of its activities.	2a		
b				
	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.			
а	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				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ı

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See it						
	All other Type III non-functionally integrated supporting organizations mu					
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on 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-function	ally integrated	Type III supporting orga	inization (see		
	instructions)	· -		•		

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

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)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

I	23-2749089		
Organization type (checl	c 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		
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.	
General Rule			
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II. See instructions for determining a contributor		
Special Rules			
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, are ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one	
	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	•	
literary, or educa	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I ((b) instead of the contributor name and address), II, and III.		
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the exclusively for religious, charitable, etc., purposes, but no such contributions totaled not here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it table, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., received <i>nonexclusively</i>	
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (In e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	**	
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)	

Name of organization

Employer identification number

PENNSYLVANIA HEALTH LAW PROJECT

23-2749089

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	Total contributions \$ 301,354.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	Total contributions \$ 1,391,694.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$108,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions \$ 122,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	Total contributions \$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	name, address, and ZIP + 4	\$ 75,104.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PENNSYLVANIA HEALTH LAW PROJECT

23-2749089

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		i *	i .

Employer identification number

Name of organization

PENNSYLVANIA HEALTH LAW PROJECT 23-2749089 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2021 Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

PENNSYLVANIA HEALTH LAW PROJECT 23-2749089 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. 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 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

Assets included in Form 990, Part X

Pai	t III	Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other 9	Similar As	sets _{(coi}	ntinu	ed)
3	Usin	g the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sigr	nificant use o	f its		
	colle	ction items (check all that apply):									
а		Public exhibition	c	i	Loan or exc	hange prograi	m				
b		Scholarly research	e	• 🗌	Other						
С		Preservation for future generations									
4	Prov	ide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatior	n's exemp	ot purpose in	Part XIII.		
5	Durir	ng the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or other	r similar a	ssets			
		sold to raise funds rather than to be ma							Yes		No
Pai	t IV	•		ete if the	organizatio	n answered "`	Yes" on F	orm 990, Par	t IV, line 9,	or	
		reported an amount on Form 990, Par									
1a		e organization an agent, trustee, custodi									
		orm 990, Part X?							Yes	;	└─ No
b	If "Y	es," explain the arrangement in Part XIII	and complete the fol	llowing t	able:						
									Amo	unt	
С	_	nning balance						1c			
d		tions during the year						1d			
е		ibutions during the year						1e			
f		ng balance						1f			
		he organization include an amount on Fo					-	/?	. L Yes	;	☐ No
		es," explain the arrangement in Part XIII.									
Pai	t V	Endowment Funds. Complete i							haali (-) E		.aaua baali
			(a) Current year	(D) F	Prior year	(c) Two years	s back (C	d) Three years I	Dack (e) F	our y	ears back
1a		nning of year balance									
b		tributions									
С		nvestment earnings, gains, and losses									
d		nts or scholarships									
е		er expenditures for facilities									
_		programs									
f		inistrative expenses									
g		of year balance		<u> </u>		\					
2		ide the estimated percentage of the curr	•	•	g, column (a)) held as:					
a		rd designated or quasi-endowment		_%							
b		nanent endowment	%								
С			%								
0-		percentages on lines 2a, 2b, and 2c sho	•		A anna la alab ana	al and a taken					
3 a		there endowment funds not in the posse	ssion of the organiza	ation tha	t are neid ar	ia administere	ed for the	organization		Г	res No
	by:	Invalated avagainsticus							0-		140
		Unrelated organizations									
L	(11)	Related organizationses" on line 3a(ii), are the related organiza	tions listed as requir		obodulo DO				3a(
4		cribe in Part XIII the intended uses of the									
	t VI	Land, Buildings, and Equipm		willelit i	urius.						
		Complete if the organization answered). Part IV	/. line 11a. S	ee Form 990.	Part X. lir	ne 10.			
		Description of property	(a) Cost or o		(b) Cost	T T		cumulated	(d) B	k	value
		Decemperation property	basis (investr		basis	I	` '	eciation	(4)	JUN	· aido
1a	Lanc	j		,		. ,	1				
b		dings	I								
		sehold improvements									
d		pment	I			107,910.		107,910.	1		0.
		er				•		•	1		
		llines 1a through 1e. (Column (d) must e		X colum	n (R) line 11	nc)		•	1		0.
			gaar on Joo, rait	, coluli	<u>,, </u>				-		

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	al derivatives		1 '	-
. ,	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.)	- Farma 000 Bart IV line	11a Cao Farra 000 Bart V line 10	
	Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)	(-)	(2) 200 (4	(5)	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)	45.)		
Part X	umn (b) must equal Form 990, Part X, col. (B) line of Other Liabilities.	(5.)		
1 611 77	Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability		200, 1111 200, 2111 200, 1 4112, 1 1112	(b) Book value
	deral income taxes			(1)
	YROLL RELATED LIABILITIES			38,812
(3)				,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line 2	25.)	>	38,812
	/ for uncertain tax positions. In Part XIII, provide t			at 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

Schedule D (Form 990) 2021

TOTAL revenue dains and other support her admied infancial statements		1	2,416,979
			2,110,575
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0
3 Subtract line 2e from line 1			2,416,979
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		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			2,416,979
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expens	ses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	-	
Total expenses and losses per audited financial statements		1	2,023,288
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			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0
3 Subtract line 2e from line 1			2,023,288
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		
b Other (Describe in Part XIII.)			
a. Add Pass As and Ab			0
c Add lines 4a and 4b		4c	U
			2,023,288
	3.) I; Part IV, lines 1b and 2b; F	5	2,023,288
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	2,023,288
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. Trovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	2,023,288
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. Tovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	2,023,288
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. Tovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	2,023,288
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	2,023,288
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. Tovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	2,023,288
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. Tovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) I; Part IV, lines 1b and 2b; F	5	2,023,288

SCHEDULE J (Form 990)

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

Internal Revenue Service Name of the organization

Department of the Treasury

PENNSYLVANIA HEALTH LAW PROJECT

Employer identification number 23-2749089

Pa	art 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 X 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:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	1	1

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

Schedule J (Form 990) 2021

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

PENNSYLVANIA HEALTH LAW PROJECT

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.

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
(1) LAVAL MILLER-WILSON	(i)	136,098.	0.	0.	10,375.	42,591.	189,064.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

rovide 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.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PENNSYLVANIA HEALTH LAW PROJECT

Employer identification number 23-2749089

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND COMMUNITIES. PROVIDES QUALITY LEGAL REPRESENTATION; ADVOCATES FOR
SYSTEMATIC CHANGE TO ELIMINATE HEALTH INJUSTICES; AND WORKS TO SHAPE A
SOCIETY THAT PROMOTES HEALTHY LIVES, AND A HEALTH CARE SYSTEM THAT IS
SAFE AND COOORDINATED, AS WELL AS ACCESSIBLE, EFFICIENT, AND EQUITABLE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INSURANCE PROGRAM (CHIP) AND PROVIDE DIRECT REPRESENTATION, COMMUNITY
EDUCATION AND SYSTEMIC ADVOCACY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROBLEM.
ACCESSING MEDICAID SERVICES: PHLP HELPS INDIVIDUALS UNDERSTAND THEIR
MEDICAID COVERAGE AND HOW TO ACCESS SERVICES; ADVISES INDIVIDUALS ON
THEIR APPEAL RIGHTS WHEN SERVICES ARE DENIED; AND REPRESENTS
INDIVIDUALS IN APPEALS TO GET SERVICES APPROVED.
IMPROVING MANAGED CARE: PHLP FIGHTS TO PROTECT THE RIGHTS OF CONSUMERS
IN MANAGED CARE. WE FIGHT TO CUT THROUGH RED TAPE AND HOLD
PENNSYLVANIA'S MANAGED CARE PLANS ACCOUNTABLE.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS PROVIDED TO PENNSYLVANIA HEALTH LAW PROJECT'S BOARD OF
DIRECTORS PRIOR TO ITS FILING. IT IS REVIEWED AND SIGNED BY THE EXECUTIVE
DIRECTOR.