## 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)

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

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning JUL 1 2022 and ending JUN 30 C Name of organization D Employer identification number Check if applicable: Address change PENNSYLVANIA HEALTH LAW PROJECT Name change 23-2749089 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 123 CHESTNUT STREET 400 (215) 625-3990 1,763,015. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PHILADELPHIA, PA 19106 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DANNA CASSERLY, ESQ. Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PHLP.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1993 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: ADVANCES ACCESS TO QUALITY Activities & Governance HEALTH CARE FOR LOW-INCOME, VULNERABLE AND DISENFRANCHISED PEOPLE if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 8 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,413,246, 1,756,699. Contributions and grants (Part VIII, line 1h) 8 Revenue 6,233. 3,650 Program service revenue (Part VIII, line 2g) 83 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 2 416 979 1 763 015. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,642,883. 1,620,528. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 380,405, 267,937. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,023,288, 1,888,465. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -125,450. 393,691. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,232,561 1,913,419. Total assets (Part X, line 16) 317,120, 123,428, 21 Total liabilities (Part X, line 26) 三年 1,915,441. 1,789,991. Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DANNA CASSERLY, ESQ., EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature P00168809 Paid 25-1622758 MAHER DUESSEL CPA'S Preparer Firm's EIN Firm's name 1800 LINGLESTOWN ROAD, SUITE 306 Use Only Firm's address

Phone no.717-232-1230

No

X Yes

HARRISBURG, PA 17110

May the IRS discuss this return with the preparer shown above? See instructions

23-2749089

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 o	n 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 se	ervices?	Yes X No
•	If "Yes," describe these changes on Schedule O.	AV10001	
4	Describe the organization's program service accomplishments for each of its three largest program service.	ices as measured by	, avnancas
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		•
	revenue, if any, for each program service reported.	s to others, the total e	Apenses, and
4-		\	6,233.)
4a	THE PENNSYLVANIA HEALTH LAW PROJECT (PHLP) PROVIDES LEGAL COUNSEL AND	_ ) (Revenue \$	0,233.
	REPRESENTATION TO PENNSYLVANIANS IN EVERY COUNTY ACROSS THE STATE. IN		
	FYE 2023, PHLP DIRECTLY HELPED MORE THAN 1,600 VULNERABLE		
	PENNSYLVANIANS WHO HAD CHALLENGES GETTING OR KEEPING HEALTH CARE		
	COVERAGE OR SERVICES THROUGH PENNSYLVANIA'S MEDICAID PROGRAM, AND TO A		
	LESSER EXTENT, SOME OTHER HEALTH PROGRAMS FOR PEOPLE WITH LIMITED		
	INCOMES. MANY OF THE PEOPLE WE HELPED HAD COMPLEX MEDICAL CONDITIONS.		
	WE HELPED THEM GET MEDICAID COVERAGE THEY QUALIFIED FOR AND HELPED THEM		
	GET OR KEEP ESSENTIAL SERVICES SUCH AS IN-HOME CARE, MEDICATIONS,		
	THERAPIES, MEDICAL EQUIPMENT AND SUPPLIES, AND MENTAL HEALTH CARE THAT		
	THEY NEEDED AND DESERVED.		
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
			·
4c	(Code: ) (Expenses \$ including grants of \$	(Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4e	Total program service expenses 1,662,950.		<u> </u>
	· · · · · · · · · · · · · · · · · · ·		222

# Form 990 (2022) PENNSYLVANIA HEALT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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			v
_	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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Α
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,	44-	х	
<b>L</b>	Part VI	11a	Λ	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11h		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		- 21
C		11c		х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	110		
u	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	110		
•	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
<b>20</b> a	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		X

23-2749089

Form 990 (2022)
PENNSYLVANIA HEALTH LAW PROPERTY IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	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			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·		24c		
a	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		<del></del>
32	, ,			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<sub>v</sub>
	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			<sub>v</sub>
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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 0	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_		

23-2749089

022) PENNSYLVANIA HEALTH LAW PROJECT

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2022) **Part V** Sta

			Yes	No						
<b>2</b> a	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									
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	.,,						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		x						
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a								
D	If "Yes," enter the name of the foreign country  See instructions for filling requirements for FinCFN Form 114. Beneat of Foreign Bank and Financial Associate (FBAR)									
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30								
oa	any contributions that were not tax deductible as charitable contributions?	6a		x						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou								
-	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
	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?	7с		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12  Output VIII line 10 for public use of old to facilities  10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
b	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								
	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									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		Х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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 1a 7			
	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	Did the organization have members or stockholders?	6		Х
	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
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	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		8b	Х	
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	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.)	<u> </u>	l	
	This Section B requests information about policies not required by the internal nevertie Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	,	12c	х	
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent	1-4		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150		Х
_	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		43
40-	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	10-		Х
	taxable entity during the year?	16a		Λ
D	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	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  PA  Outline 9404 and 1004 A 1/2 and			.1.
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)	avaılal	ole
	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	finano	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			
	DANNA CASSERLY, ESQ 215-625-3848			
	123 CHESTNUT STREET, SUITE 400, PHILADELPHIA, PA 19106			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer of the property of the	Key employee	Highest compensated complexed comple		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(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, ESQ.	0.25									
DIRECTOR		х						0.	0.	0.
(9) LAVAL MILLER-WILSON	35.00									
EXECUTIVE DIRECTOR THRU 3/23							х	110,228.	0.	52,509.
(10) DANNA CASSERLY, ESQ.	35.00									-
CO-EXECUTIVE DIRECTOR				х				74,358.	0.	31,876.
(11) ERIN GUAY	35.00									-
CO-EXECUTIVE DIRECTOR				х				80,221.	0.	27,196.
								·		•
		1								
		1								

Form 990 (2022) 232007 12-13-22

Part VII Section A. Office	ers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and	title	(B) Average hours per		not c	Posi heck r	ition more	than o		(D) Reportable compensation	(E) Reportable compensation		l	(F) stimate nount	
		week (list any hours for	director		d a di	irecto			from the organization	from related organization (W-2/1099-MIS	IS	ı	other pensarom th	
		related organizations	tee or	Institutional trustee		yee	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ı ~	janizat d relat	
		below line)	Individual	Institution	Officer	Key employee	Highest co employee	Former				orga	anizati	ons
									264,807.		0.	111,581.		
c Total from continuation  d Total (add lines 1b and									264,807.		0.	<del> </del>		
	duals (including but n								eceived more than \$100,	000 of reportable	9		,	1
													Yes	No
3 Did the organization lis line 1a? If "Yes," comp									hest compensated emp			3	х	
4 For any individual lister	d on line 1a, is the su	ım of reportabl	е сс	mpe	ensa	tion	and	oth	ner compensation from the such individual	ne organization		4	х	
									ed organization or individ					
rendered to the organic		plete Schedule	e J f	or su	ıch r	oers	on .					5		Х
Complete this table for	r your five highest co	=	-						nat received more than \$	· · · · · · · · · · · · · · · · · · ·	oensa	tion fro	om	
the organization. Repo	(A)				ng w	ith c	or wi	thin	the organization's tax y  (B)				C)	
_	Name and business	address	NO	NE					Description of s	ervices		оттре	nsatio	n .
_														
								$\dashv$						
2 Total number of independent \$100,000 of compensations			ot lir	nited	d to t		se lis	ted	above) who received mo	ore than				

23-2749089

Statement of Revenue

		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>ω</b> ω	1 2	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts									
ij g									
Ţ\$,		Fundraising events							
ia i					1 515 067				
ns, Sim		Government grants (contr			1,515,967.				
er S	f	All other contributions, gifts,							
ğ		similar amounts not included	above	.   1f	240,732.				
dit	g	Noncash contributions included in	lines 1a-1f	1g  \$					
<u>ဒိ မ</u>	h	Total. Add lines 1a-1f				1,756,699.			
					Business Code				
ĕ	2 a	MISCELLANEOUS			900099	4,453.	4,453.		
ξ	b	HONORARIUM			900099	1,780.	1,780.		
Program Service Revenue	С								
am	d								
ge	е								
Pro	f	All other program service	revenue						
		Total. Add lines 2a-2f				6,233.			
	3	Investment income (include				,			
	Ū	other similar amounts)			83.			83.	
	4	Income from investment of							
	5	Royalties			Dioceeds				
	3	noyalles	·····	(i) Real	(ii) Personal				
	٠.	O		(i) i icai	(ii) i crooriai				
		Gross rents	6a						
	b		6b						
	С	, ,	6c						
		Net rental income or (loss)	$\overline{}$		//» O.:				
	7 a	Gross amount from sales of	(1)	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
e		and sales expenses	7b						
Other Revenue	С	Gain or (loss)	7c						
Be	d	Net gain or (loss)		<u></u>					
ē	8 a	Gross income from fundraisi	ng events	(not					
₹		including \$		of					
		contributions reported on	line 1c).	See					
		Part IV, line 18		8a	n				
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross income from gamin							
		Part IV, line 19		I .	,				
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, I							
	10 u	and allowances							
	<b>L</b>								
		Less: cost of goods sold			•				
-+	С	Net income or (loss) from	sales of	inventory .	Business Code				
જ્	4.4				business Code				
eo e	11 a								
Miscellaneous Revenue	b								
Sev Sev	С				<u> </u>				
Μis		All other revenue							
		Total. Add lines 11a-11d				1 860 01-	6 233.	-	22
	40	Total revenue See instruction	nno			1 763 015.	1 6 2 3 3	l o	l 83.

23-2749089

### Part IX Statement of Functional Expenses

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

00011	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				
Do I	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	377,998.	333,016.	34,398.	10,584.
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	916,485.	864,530.	31,805.	20,150.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	48,527.	45,638.	1,810.	1,079.
9	Other employee benefits	174,921.	166,741.	4,501.	3,679.
10	Payroll taxes	102,597.	95,297.	4,901.	2,399.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	26,060		36.060	
	Accounting	36,060.		36,060.	
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	48,678.	11,201.	33,337.	4 140
40	column (A), amount, list line 11g expenses on Sch 0.)	40,070.	11,201.	33,337.	4,140.
12	Advertising and promotion	25,079.	23,295.	1,198.	586.
13	Office expenses	9,851.	9,150.	471.	230.
14	Information technology	3,031.	3,130.	7/1.	250.
15 16	Royalties	98,811.	91,780.	4,721.	2,310.
17	Occupancy	7,105.	3,741.	3,364.	2,310.
18	Payments of travel or entertainment expenses	,,200.	,,,,,,,	,,,,,,	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,622.	8,622.		
20	Interest	, , , = = •	, , , , , , , , ,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	12,515.		12,515.	
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.)				
а	DUES	4,469.	4,151.	213.	105.
b	CONNECTIVITY	2,814.	2,614.	134.	66.
С	PERIODICALS	2,705.	2,705.		
d	TRAINING AND SEMINARS	469.	469.		
е	All other expenses	10,759.		2,510.	8,249.
25	Total functional expenses. Add lines 1 through 24e	1,888,465.	1,662,950.	171,938.	53,577.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 QQQ (0000)

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

Pa	IL A	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X		·····	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,686,977.	1	1,458,126.
	2	Savings and temporary cash investments			275,623.	2	275,706.
	3	Pledges and grants receivable, net			233,902.	3	130,227.
	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	•	,		6	
S	7	Notes and loans receivable, net		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		7	
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges		23,522.	9	36,823.	
		Land, buildings, and equipment: cost or other		Ϊ	·		·
		basis. Complete Part VI of Schedule D	ı	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		2,232,561.	16	1,913,419.	
	17	Accounts payable and accrued expenses			190,048.	17	27,230.
	18	Grants payable	·	18	•		
	19	Deferred revenue		88,260.	19	43,976.	
	20	Tax-exempt bond liabilities			·	20	•
	21	Escrow or custodial account liability. Comple				21	
"	22	Loans and other payables to any current or form					
<u>ţi</u>		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
<u>:</u>	23	Secured mortgages and notes payable to un	· ·			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D		, · ·	38,812.	25	52,222.
	26	<b>Total liabilities.</b> Add lines 17 through 25			317,120.	26	123,428.
		Organizations that follow FASB ASC 958, o					
es		and complete lines 27, 28, 32, and 33.		_			
anc	27	Net assets without donor restrictions			1,915,441.	27	1,789,991.
Bai	28	Net assets with donor restrictions				28	
P		Organizations that do not follow FASB AS					
교		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	
Ase	31	Retained earnings, endowment, accumulated				31	
le t	32	Total net assets or fund balances			1,915,441.	32	1,789,991.
_	33	Total liabilities and net assets/fund balances			2,232,561.	33	1,913,419.
							· ' '

Form **990** (2022)

	Check if Schedule O contains a response or note to any line in this Part XI						
						Ш	
1 Total	revenue (must equal Part VIII, column (A), line 12)	1		1,	763,	015.	
2 Total	expenses (must equal Part IX, column (A), line 25)	2		1,	888,	465.	
3 Reve	nue less expenses. Subtract line 2 from line 1	3		-	125,	450.	
4 Net a	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	915,	441.	
<b>5</b> Net ւ	unrealized gains (losses) on investments	5					
6 Dona	ated services and use of facilities	6					
	stment expenses	7					
	period adjustments	8					
9 Othe	r changes in net assets or fund balances (explain on Schedule O)	9				0.	
<b>10</b> Net a	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
colur	nn (B))	10		1,	789,	991.	
Part XII	Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1 Acco	ounting method used to prepare the Form 990: Cash X Accrual Other						
If the	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a Were	the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х	
If "Ye	es," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
sepa	rate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
<b>b</b> Were	the organization's financial statements audited by an independent accountant?			2b	Х		
If "Ye	es," check a box below to indicate whether the financial statements for the year were audited on a separate						
cons	olidated basis, or both:						
X	Separate basis Consolidated basis Both consolidated and separate basis						
c If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
revie	w, or compilation of its financial statements and selection of an independent accountant?			2c	х	ı	
If the	organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (	o. 📗				
3a Asa	result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	orm Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х	
<b>b</b> If "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed aud	dit				
	dits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection
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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,603,527.	1,728,449.	2,438,248.	2,413,246.	1,756,699.	9,940,169.
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						
	Total. Add lines 1 through 3	1,603,527.	1,728,449.	2,438,248.	2,413,246.	1,756,699.	9,940,169.
	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						9,940,169.
	etion B. Total Support						-,,
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,603,527.	1,728,449.	2,438,248.	2,413,246.	1,756,699.	9,940,169.
	Gross income from interest,	, , ,	, , ,	, , .	, , -	, , ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	658.	566.	132.	83.	83.	1,522.
9	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						9,941,691.
	<b>Total support.</b> Add lines 7 through 10					40	260,545.
	Gross receipts from related activities,				l	12	200,545.
13	First 5 years. If the Form 990 is for the	_		•			
Sec	organization, check this box and stop tion C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f))		14	99.98 %
	Public support percentage from 2021					15	99.27 %
	<b>33 1/3% support test - 2022.</b> If the co						
	<b>stop here.</b> The organization qualifies					ore, erreer are bear	
h	<b>33 1/3% support test - 2021.</b> If the c		•				
-	and <b>stop here.</b> The organization qual					or more, encentum	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-	•	_	
h	10% -facts-and-circumstances test	-					
b	more, and if the organization meets the						570 OI
	organization meets the facts-and-circu				-		
12	Private foundation. If the organization		-		• • •		
10	rivate loundation. If the organization	in did flot check a t	JOA UIT IIITE TO, TOO	, 100, 17a, 01 17b,	, CHECK THIS DOX AF	iu see instructions	

# Schedule A (Form 990) 2022 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	00		
	4a		
	41.		
	4b		
	4.		
	4c		
	5a		
	Eh		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	100		
	10a		
	10b		
ule	A (Forn	n 990)	2022
_		.,	_

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

Pa	rt 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 instructions.					
	All other Type III non-functionally integrated supporting organizations must		•			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
•	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
	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				
	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see		
	inate actional	, 5	5 9-	`		

Schedule A (Form 990) 2022

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		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	 S	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	<b>Total annual distributions.</b> 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 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

PENNSYLVANIA HEALTH LAW PROJECT

Schedule A	(Form 990) 2022 PENNSYLVA	ANIA HEALTH LAW PROJECT	23-2749089 Page
Part VI	line 1; Part IV, Section A, lines 1, 2, 3b, 3c, 4b	ovide the explanations required by Part II, line 10; b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; P b, Section E, lines 2, 5, and 6. Also complete this p	Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,

### Schedule B

(Form 990)

**Schedule of Contributors** Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** PENNSYLVANIA HEALTH LAW PROJECT 23-2749089

Organization type (check one):								
Filers of	:	Section:						
Form 990	0 or 990-EZ	$\overline{X}$ 501(c)( $^3$ ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
	-	i filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$						
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify a requirements of Schedule B (Form 990)						

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

Schedule B (Form 990) (2022)

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	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,309,229.	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
2		\$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
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$84,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

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 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

Employer identification number

Name of organization

that total more than \$1,000 for the yea o. once.) \$ scription of how gift is held						
scription of how gift is held						
scription of how gift is held						
ransferor to transferee						
ansieror to transferee						
scription of how gift is held						
ransferor to transferee						
scription of how gift is held						
(e) Transfer of gift						
ransferor to transferee						
scription of how gift is held						
(e) Transfer of gift						
ransferor to transferee						

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Part I

2 3

4

5

6

### 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.

Name of the organization

PENNSYLVANIA HEALTH LAW PROJECT

Total number at end of year Aggregate value of contributions to (during year)

Aggregate value of grants from (during year) Aggregate value at end of year

Protection of natural habitat

Preservation of open space

Total acreage restricted by conservation easements

organization's accounting for conservation easements.

day of the tax year.

**Employer identification number** 23-2749089 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 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 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

# 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:
- Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	t III   Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar As	sets	(contin	nued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sig	gnificant use o	f its		
	collection items (check all that apply):									
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	am				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how th	ey further th	e organizatio	n's exem	pt purpose in	Part XI	III.	
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on	Form 990, Par	t IV, lin	e 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod									
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:						
									Amoun	t
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F	* *					ty?	Ш	Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete	(a) Current year		rior year	rm 990, Part (c) Two year		o. (d) Three years	hack	(a) Four	years back
4.	Destruction of consultations	(a) Current year	(6) -	noi yeai	(C) TWO year	15 Dack	(u) Tillee years	Dack	( <b>e)</b> i oui	years back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses  End of year balance									
g 2	End of year balance  Provide the estimated percentage of the curi	rent vear end halance	L a (line 1c	column (a)	) hold as:					
a	Board designated or quasi-endowment	•	% %	i, coluitiit (a)	) Held as.					
b	Permanent endowment	%								
C										
·	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	•	ation that	are held an	nd administer	ed for the	ے			
-	organization by:	ocion or the organiza	acion cna	aro mora ar	ia aarriiriiotor	00 101 111	•		ſ	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on So	hedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)	٠,	ccumulated preciation	(	<b>d)</b> Bool	k value
1a	Land									
b	Buildings	<b>I</b>								
С	Leasehold improvements									
d	Equipment	<b>I</b>			107,910.		107,910.			0.
е	Other	I								
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	Oc.)					0.

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)			<u> </u>	
(D)			<u> </u>	
<u>(E)</u>				
(F)				
(G)				
(H)	h) result agual Farra 000 Part V and (D) line 10 )			
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
i dit viii	Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	(a) Decemption of investment	(b) Book value	(c) metred of valuation: eggs of one	or your market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) I	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(h)	45)		
Part X	ımn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
1 6.1171	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability		,	(b) Book value
	deral income taxes			(4)
	ROLL RELATED LIABILITIES			52,222.
(3)				,,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	25.)		52,222.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Ра	rt XI Re	conciliation of Revenue per Audited Financial	Statements with Revenue	per Return.	
	Con	nplete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1		ue, gains, and other support per audited financial statements	·	1	1,763,015.
2		ncluded on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а		zed gains (losses) on investments			
b		ervices and use of facilities			
С		of prior year grants	1 I		
d	•	cribe in Part XIII.)	2d		
е		a through 2d			0.
3		ne <b>2e</b> from line <b>1</b>		3	1,763,015.
4		cluded on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		expenses not included on Form 990, Part VIII, line 7b			
b		cribe in Part XIII.)			0
С	Add lines 4				0.
5	Total reven	ue. Add lines <mark>3</mark> and 4c. (This must equal Form 990. Part I. line conciliation of Expenses per Audited Financial	Statements With Expans		1,763,015.
Pa		-		es per Return.	
		nplete if the organization answered "Yes" on Form 990, Part I		Т.Т	1 000 465
1		nses and losses per audited financial statements		1	1,888,465.
2		ncluded on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a		ervices and use of facilities			
b		adjustments	l l		
С		98			
d	•	cribe in Part XIII.)			0
_		a through 2d			1 000 465
3		ne <b>2e</b> from line <b>1</b>		3	1,888,465.
4		ncluded on Form 990, Part IX, line 25, but not on line 1:	1 - 1		
a		expenses not included on Form 990, Part VIII, line 7b			
b	,	cribe in Part XIII.)		4-	0.
	Add lines 4				1,888,465.
5 Pa	rt XIII Su	nses. Add lines <b>3</b> and <b>4c. <sub>(This must equal Form 990, Part I. li</sub></b> p <b>plemental Information.</b>	ne 18.)	5	1,000,403.
ines	2d and 4b; a	and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional information.		

### 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.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

PENNSYLVANIA HEALTH LAW PROJECT

Employer identification number 23-2749089

	PENNSYLVANIA HEALTH LAW PROJECT	23-2/49009		
Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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 uses	se		
	Travel for companions Payments for business use of personal residen	ce		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, ch	ef)		
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 comm	ittee		
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		Х
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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LAVAL MILLER-WILSON	(i)	110,228.	0.	0.	8,147.	44,362.	162,737.	0.
EXECUTIVE DIRECTOR THRU 3/23	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

### SCHEDULE O (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.

2022 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

PENNSYLVANIA HEALTH LAW PROJECT

Employer identification number 23-2749089

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: PHLP'S CORE WORK INCLUDES: PROVIDING DIRECT LEGAL SERVICES TO PENNSYLVANIANS WHO ARE TRYING TO GET OR KEEP MEDICAID COVERAGE OR SERVICES. WE DO THIS THROUGH LEGAL REPRESENTATION IN APPEALS WHEN BENEFITS OR SERVICES ARE DENIED. WE ALSO USE OUR LEGAL EXPERTISE TO TROUBLESHOOT PROBLEMS AND HELP ELIMINATE BARRIERS PEOPLE FACE IN GETTING COVERAGE OR HEALTH CARE, CONDUCTING COMMUNITY EDUCATION AND OUTREACH TO: HELP PEOPLE UNDERSTAND MEDICAID AND OTHER HEALTH PROGRAMS FOR PEOPLE WITH LIMITED INCOMES AND UPDATE THEM ABOUT PROGRAM DEVELOPMENTS; RAISE AWARENESS OF PARTICIPANT RIGHTS AND PROTECTIONS WITHIN MEDICAID; AND SHARE INFORMATION TO BOLSTER INDIVIDUAL'S SELF-ADVOCACY EFFORTS. ENGAGING IN SYSTEMIC ADVOCACY TO IMPROVE THE MEDICAID SYSTEM FOR ALL PENNSYLVANIANS WHO RELY ON THIS IMPORTANT PROGRAM AND TO PROTECT THE RIGHTS OF PEOPLE IN MANAGED CARE. SERVING AS A RESOURCE TO OTHER LEGAL AID PROGRAMS AS WELL AS SOCIAL

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** PENNSYLVANIA HEALTH LAW PROJECT 23-2749089 WORKERS, HEALTH CARE PROVIDERS, LAWYERS, AND OTHER PROFESSIONALS ACROSS PENNSYLVANIA BY PROVIDING TECHNICAL ASSISTANCE, EDUCATION, AND OTHER SUPPORT. 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. FORM 990, PART VI, SECTION B, LINE 12C: AT BOARD MEETINGS FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS CAN BE OBTAINED BY REQUEST AND ARE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS.