** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Intern	al Rever	ue Service GO to www.irs.gov/F	orm990 for instructions and	the latest if	normation.	Inspection				
A F	or the	2023 calendar year, or tax year beginning JU	L 1, 2023 and	ending J	UN 30, 2024					
B C a	heck if oplicable	C Name of organization			D Employer identif	ication number				
	Addre: chang Name	PENNSYLVANIA HEALTH LAW PROJECT								
	chang	Doing business as			23-2749089					
	Initial return	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone number	er				
	Final return	123 CHESTNUT STREET		404	(215) 625-39	990				
	termin ated	City or town, state or province, country, and a	ZIP or foreign postal code	•	G Gross receipts \$	1,841,989.				
	Ameno		3 1		H(a) Is this a group r	return				
	Applic		CASSERLY ESO.		for subordinate					
	∫tion pendir	SAME AS C ABOVE	, = 2		H(b) Are all subordinates in	—				
			(inpart no.) 4047(a)(1)	or	1					
			(insert no.) 4947(a)(1)	or 527	1 ′	a list. See instructions				
	Vebsit		ossistion Other	1. ,,	H(c) Group exemption					
	orm of I rt I		sociation Other	L Year	of formation: 1993	M State of legal domicile: PA				
Га		Summary	3 7773 370							
Ф		Briefly describe the organization's mission or most			TO QUALITY					
auc		HEALTH CARE FOR LOW-INCOME, VULNERABLE								
Governance	2	Check this box if the organization discor	tinued its operations or dispo	sed of more	1	1				
ŏ		Number of voting members of the governing body (, , , , , , , , , , , , , , , , , , , ,		3					
<u>ح</u>		Number of independent voting members of the gov								
Se S	5	Total number of individuals employed in calendar y	ear 2023 (Part V, line 2a)		5	20				
/iţi	6	Total number of volunteers (estimate if necessary)			6	8				
Activities &	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11		7b	0.				
					Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)			1,756,699.	1,837,308.				
Revenue	9				6,233.	4,599.				
)ve		investment income (Part VIII, column (A), lines 3, 4,			83.	82.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	0.				
		Total revenue - add lines 8 through 11 (must equal l		1,763,015.	1,841,989.					
		Grants and similar amounts paid (Part IX, column (A			0.	0.				
		Benefits paid to or for members (Part IX, column (A)			0.	0.				
		Salaries, other compensation, employee benefits (F			1,620,528.					
Expenses		Professional fundraising fees (Part IX, column (A), li			0.	0.				
en				196.	<u> </u>					
Ä		Total fundraising expenses (Part IX, column (D), line			267,937.	231,638.				
_		Other expenses (Part IX, column (A), lines 11a-11d,			1,888,465.					
		Total expenses. Add lines 13-17 (must equal Part IX								
		Revenue less expenses. Subtract line 18 from line 1			-125,450.	19,408. End of Year				
Net Assets or Fund Balances	00	T (D) (!:		Ве	ginning of Current Year	+				
ssel 3ala	20				1,913,419.					
et A nd I	21				123,428.	<u> </u>				
	rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		1,789,991.	1,809,399.				
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		ties of perjury, I declare that I have examined this return,				y knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	nich preparer	nas any knowledge.					
		Cianatura of officer			Data					
Sigr	1	Signature of officer			Date					
Here	Э	DANNA CASSERLY, ESQ., EXECUTIVE DIRECTOR								
		Type or print name and title		, .) ata					
		Print/Type preparer's name	Preparer's signature		Date Check [PTIN				
Paid		JONATHAN C. MENTZER			self-emplo	·				
Prep	arer	Firm's name MAHER DUESSEL, CPA'S			Firm's EIN	25-1622758				
Use	Only	Firm's address 1800 LINGLESTOWN ROAD, SUI	TE 306							
_		HARRISBURG, PA 17110			Phone no. 71	7-232-1230				
May	the IF	S discuss this return with the preparer shown above	ve? See instructions			X Yes No				

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE PENNSYLVANIA HEALTH LAW PROJECT (PHLP) IS A 501(C)(3) NON-PROFIT	
	ORGANIZATION THAT PROVIDES FREE LEGAL SERVICES TO PENNSYLVANIANS	
	HAVING TROUBLE GETTING OR KEEPING HEALTH COVERAGE. WE PROTECT AND	
	ADVANCE HEALTH CARE RIGHTS BY PROVIDING LEGAL REPRESENTATION TO HELP	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Voc X No
3		Tes NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured as the service of the service accomplishments for each of its three largest program services, as measured as the service of the services are serviced as the service are serviced as the	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t	otal expenses, and
	revenue, if any, for each program service reported.	4 500
4a	(Code:) (Expenses \$1,588,240. including grants of \$) (Revenue \$	4,599.
	THE PENNSYLVANIA HEALTH LAW PROJECT (PHLP) IS A STATEWIDE, SPECIALIZED	
	LEGAL AID PROGRAM WITHIN THE PENNSYLVANIA LEGAL AID NETWORK. FOR MORE	
	THAN 30 YEARS, PHLP HAS WORKED TO SAFEGUARD AND ADVANCE THE HEALTH CARE	
	RIGHTS OF LOW-INCOME AND UNDERSERVED PENNSYLVANIANS.	
	PHLP'S CORE WORK INCLUDES:	
	PROVIDING DIRECT LEGAL SERVICES TO PENNSYLVANIANS WHO ARE TRYING TO	
	GET OR KEEP MEDICAID AND OTHER PUBLIC HEALTH CARE COVERAGE OR SERVICES.	
	WE DO THIS THROUGH LEGAL COUNSELING AND REPRESENTATION IN APPEALS WHEN	
	BENEFITS OR SERVICES ARE DENIED. WE ALSO USE OUR LEGAL EXPERTISE TO	
	TROUBLESHOOT PROBLEMS AND HELP ELIMINATE BARRIERS PEOPLE FACE TRYING TO	
4b	(Code:) (Expenses \$	
	/ (Literating grains of V	,
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 1,588,240.	,
<u></u>	, , , , , , , , , , , , , , , , , , , ,	200

Form 990 (2023) 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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?			v
40	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
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	
L	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
20 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

Form 990 (2023) Pennsylvania Health Law Pro Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
·	any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
р	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? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	-ٽ		
32	, ,	22		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ A
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			旦
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

023) PENNSYLVANIA HEALTH LAW PROJECT

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

			Yes	No					
2 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 20								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
_	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	_		v					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 		X					
	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	- .		х					
	to file Form 8282?	7c		Λ					
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х					
f									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
•	sponsoring organization have excess business holdings at any time during the year?	8							
9									
	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?								
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans Then the ground of recovery as head.								
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	140		Х					
		14a							
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b							
excess parachute payment(s) during the year?									
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	1		
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		•	
	(IIII COSIO 2 I CAGOSCO III SI III SI III SI COSI POR I COSI I CAGO I CA		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	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			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only)	availal	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	d financ	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.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz (A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average		Position (do not check more than c					Reportable	Reportable	Estimated
Name and title	hours per	(do box	not c	heck ss per	more rson i	than s bot	one n an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				pe		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altrus	nal tr		loyee	omp.		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Pu.	lust	.₩	Ke	E Hig	For			
(1) MARK ANDERSON	0.25	4								
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 THRU 6/24/24		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) AMY E. LOWENSTEIN	35.00									
DIRECTOR OF POLICY		1				x		106,987.	0.	8,761
(9) DANNA CASSERLY, ESQ.	35.00							,		,
CO-EXECUTIVE DIRECTOR	-	1		X				82,652.	0.	26,998
(10) ERIN GUAY	35.00							, -		,
CO-EXECUTIVE DIRECTOR		1		x				88,605.	0.	33,411
		\vdash						11,111,		,
		1								
		\vdash								
		1								
		\vdash		\vdash						
		-								
		\vdash		\vdash						
		1								
		\vdash		\vdash		-	<u> </u>			
		-								
		\vdash	_	\vdash	_	_				
		1								
		\vdash		<u> </u>						
		1								
			l	1		1	1	1		

Form 990 (2023) 332007 12-21-23

Part VII Section A. Officers, Directors,		loy	ees,			gnes	it C					/C \		
(A)	(B) Average			(C Posi		1		(D)	(E)			(F)		
Name and title	hours per		not c	heck r	more	than o		Reportable compensation	Reportable compensation		l	stimate nount		
	week			ss per ıd a di				from	from related		اما	other	JI	
	(list any	tor						the	organization		com	pensa	tion	
	hours for	ndividual trustee or director				- -			(W-2/1099-MIS		l	om th		
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		l	anizat		
	organizations	truste	Institutional trustee		yee	a m		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,		ı ~	d relat		
	below	idual	ution	-ia	Key employee	est co	-e-				orga	anizati	ons	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form							
-														
						\vdash								
1b Subtotal								278,244.		0.		69,	170.	
c Total from continuation sheets to Pa	rt VII, Section A							0.		0.		0.		
d Total (add lines 1b and 1c)								278,244.		0.	. 69,170.			
2 Total number of individuals (including to compensation from the organization	out not limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			1	
compensation from the organization												Yes	No	
3 Did the organization list any former of	ficer, director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated empl	oyee on					
line 1a? If "Yes," complete Schedule J	for such individual		•	-	-		_		•		3		Х	
4 For any individual listed on line 1a, is the	ne sum of reportable	е со	mpe	ensa	tion	and	oth	ner compensation from the	ne organization					
and related organizations greater than	\$150,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		Х	
5 Did any person listed on line 1a receive														
rendered to the organization? If "Yes."	complete Schedule	J fo	or su	ıch r	oers	on .					5		Х	
Section B. Independent Contractors							41.	t i d th (h	100,000 of com-		L:			
1 Complete this table for your five highes the organization. Report compensation										Jensa	LION IN	וווכ		
(A) Name and busin)	NO						(B) Description of s		C	(C	C) nsatio	n	
		110												
							\dashv							
							\dashv							
							-							
							\downarrow							
Total number of independent contractor\$100,000 of compensation from the or		ot lin	nited	to t		se lis 0	ted	above) who received mo	ore than					

Form 990 (2023) PENNSYLVAN:
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a	response	e or note to any lin	e in this Part VIII			
							,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
ស ស	1	a	Federated campaigns			1a					sections 512 - 514
ran			Membership dues			1b					
Ē,S		С	Fundraising events			1c					
ifts ar A			-			1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contr			1e	1,525,722.				
Sign		f	All other contributions, gifts,	grant	s, and						
but			similar amounts not included			1f	311,586.				
Öğ		g	Noncash contributions included in			1g \$					
a S		h	Total. Add lines 1a-1f					1,837,308.			
							Business Code				
g.	2	а	MISCELLANEOUS				900099	3,604.	3,604.		
Program Service Revenue		b	HONORARIUM				900099	995.	995.		
Se		С									
am		d									
P. B.		е									
Ŗ.		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					4,599.			
	3		Investment income (include	ling c	divide	nds, inte	rest, and				
			other similar amounts)					82.			82.
	4		Income from investment of								
	5		Royalties								
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)				·····				
	7	а	Gross amount from sales of		(i) S	ecurities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
an			and sales expenses	7b							
Ş.		С	Gain or (loss)	7с							
her Revenue			Net gain or (loss)								
	8	а	Gross income from fundraising		-						
₽			including \$			- 1					
			contributions reported on		•						
			Part IV, line 18								
			Less: direct expenses				0				
	_		Net income or (loss) from								
	9	а	Gross income from gamin								
		L	Part IV, line 19								
			Less: direct expenses Net income or (loss) from				<u>D </u>				
	10		Gross sales of inventory, I	-	-						
	10	а)a				
		h	and allowances 10a Less: cost of goods sold 10b								
			Net income or (loss) from								
\dashv			1102 INDOLLIC OF (1000) HOLL	Juico	, 0, 111	· OI ICOI y	Business Code				
sno	11	а									
Miscellaneous Revenue	••	b									
ella ver		c									
isc			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue See instruction					1 841 989.	4 599.	0.	82.

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

Secu	On 50 (C)(5) and 50 (C)(4) Organizations must comple				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	250,546.	220,730.	22,800.	7,016.
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	965,758.	895,776.	39,620.	30,362.
8	Pension plan accruals and contributions (include	, , , , , , ,	,,,,,,,,	, , - , •	, · · · = •
3	section 401(k) and 403(b) employer contributions)	58,562.	54,008.	2,723.	1,831.
9	Other employee benefits	215,288.	200,010.	8,429.	6,849.
10		100,789.	92,709.	4,969.	3,111.
11	Payroll taxes Fees for services (nonemployees):	100,700.	52,105.	2,505.	~,+++•
	` ' ' '				
a	Management				
b	Legal	25 206		25 206	
	• · · · · · · · · · · · · · · · · · · ·	35,386.		35,386.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	• • • • • • • • • • • • • • • • • • • •				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	34,397.	560.	32,523.	1,314.
12	Advertising and promotion				
13	Office expenses	19,884.	18,290.	980.	614.
14	Information technology	14,067.	12,939.	694.	434.
15	Royalties				
16	Occupancy	75,270.	69,235.	3,711.	2,324.
17	Travel	12,571.	8,236.	4,335.	
18	Payments of travel or entertainment expenses				
. =	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,576.	3,780.	796.	_
20	Interest	, -	, -		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Industrance	10,785.		10,785.	
23 24	Other expenses. Itemize expenses not covered	_ , ,			
4 4	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.) MISCELLANEOUS EXPENSE	11,909.		2,077.	9,832.
a	DUES EXPENSE	4,612.	4,057.	150.	405.
b	TRAINING AND SEMINARS	3,439.		130.	405.
C	CONNECTIVITY	,	3,439.	167.	104.
d		3,366.	3,095.	10/.	104.
e	All other expenses	1,376.	1,376.	170 145	C4 10C
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,822,581.	1,588,240.	170,145.	64,196.
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)				
332010) 12-21-23				Form 990 (2023)

Part X Balance Sheet

PENNSYLVANIA HEALTH LAW PROJECT

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,458,126. 1,345,448. 1 Cash - non-interest-bearing 275,706. 275,788. Savings and temporary cash investments 2 130,227. 290,033. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 14,921. Prepaid expenses and deferred charges 36,823. 9 10a Land, buildings, and equipment: cost or other 107,910. basis. Complete Part VI of Schedule D ______ 10a 0. 0. b Less: accumulated depreciation 10b 10c 441. 441. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 12,096. 8,373. Other assets. See Part IV, line 11 15 15 1,913,419. 1,935,004. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 27,230. 51,189. Accounts payable and accrued expenses 17 17 18 18 Grants payable 43,976. 24,880. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 52,222. 25 49,536. of Schedule D 123,428. 125,605. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,789,991. 1,809,399. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 1,789,991. 32 1,809,399. 32 1,913,419. 1,935,004. 33 Total liabilities and net assets/fund balances 33

Form 990 (2023)

Ра	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	841,	989.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		581.				
3	Revenue less expenses. Subtract line 2 from line 1	3			408.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	789,	991.				
5	5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10									
	column (B))	10	1,	809,	399.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
review, or compilation of its financial statements and selection of an independent accountant?									
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
За									
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?									
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
				$\Omega\Omega\Omega$					

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

PENNSYLVANIA HEALTH LAW PROJECT

Open to Public Inspection

OMB No. 1545-0047

23-2749089

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

Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.			
he	organ	zation is not a private found								
1	Ŭ.	A church, convention of chu	•		-	-)(A)(i).			
2	Ħ	A school described in secti	•				7. 7.7			
3	H			·		/h\/1\/	:1			
<u>ح</u>	H	A hospital or a cooperative	•					the beenitel's name		
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,		
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	complete Part II.)							
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	⁷ 0(b)(1)(A)	(v).			
7	X									
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9	一	An agricultural research org				ed in coni	inction with a land-grant	college		
Ū		or university or a non-land-g				-	-	-		
		· · · · · ·	rant college of agrici	ulture (see ilistructions).	Enter the i	iarrie, city	, and state of the college	; OI		
		university:	. (3)							
10		An organization that normal								
		activities related to its exem		•	` '			· ·		
		income and unrelated busing	ess taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ıfter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne function	ns of, or to carry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3). (Check the box on		
		lines 12a through 12d that of								
а		Type I. A supporting orga	* *					aivina		
_		the supported organization	•	•	•	_				
		• • • •			majority c	i tric direc	tors or trastees or the st	ррогинд		
		organization. You must o					-l			
D			· ·					-		
		control or management of	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported		
	_	organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)		
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and an attentiv	veness .		
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	٧.			
е		Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Type I. Type II. Type III			
		functionally integrated, or					31 · 7 31 · 7 31 ·			
f	Ente	er the number of supported o	* *	,9						
		ride the following information		d organization(s)						
9		i) Name of supported	(ii) EIN	(iii) Type of organization		inization listed	(v) Amount of monetary	(vi) Amount of other		
	•	organization	, ,	(described on lines 1-10	in your governi	·	support (see instructions)	support (see instructions)		
				above (see instructions))	Yes	No				

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	1,728,449.	2,438,248.	2,413,246.	1,756,699.	1,837,308.	10,173,950.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,728,449.	2,438,248.	2,413,246.	1,756,699.	1,837,308.	10,173,950.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						10,173,950.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,728,449.	2,438,248.	2,413,246.	1,756,699.	1,837,308.	10,173,950.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	566.	132.	83.	83.	82.	946.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10,174,896.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	27,920.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop		_				
	tion C. Computation of Publi						
	Public support percentage for 2023 (li					14	99.99 %
	Public support percentage from 2022					15	99.98 %
16a	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2022. If the c						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts					_	
L	meets the facts-and-circumstances te	· ·	•	,	•	70. and line 15 is 1	
a	10% -facts-and-circumstances test	_					U% OF
	more, and if the organization meets the				•		
10	organization meets the facts-and-circu						
ΙĞ	Private foundation. If the organization	n dia not check a l	oux on line 13, 16a	, 10D, 1/a, 0r 1/b	, cneck this box ar	iu see instructions	

Schedule A (Form 990) 2023 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 business 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Var	NI.
	Yes	No
1		
2		
3a		
3b		
3c		
4a		
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4b		
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5b		
5с		
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8		
9a		
əa		
9b		
9с		
10a		
 10b	. 000	0000
ILAFF		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	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	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion B. All Type in Supporting Organizations		V	N.
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		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	•		
2	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			
Ū	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? <i>If</i> "Yes." <i>describe in</i> Part VI <i>the role the organization</i> '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	s).	
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	^ 1		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		1

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	inization (see
	instructions)	· -		•

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions		•	Í	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	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	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	\$	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
<u> </u>	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>d</u>	Excess from 2022				
6	Evenes from 2023				

Schedule A (Form 990) 2023

PENNSYLVANIA HEALTH LAW PROJECT

Schedule A	(Form 990) 2023	PENNSYLVANIA HEALT	TH LAW PROJECT	23-2749089	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, line	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 lines 2 and 3; Part IV, Sec	planations required by Part II, line 10; Part II, la, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio tion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, li ines 2, 5, and 6. Also complete this part for a	n B, lines 1 and 2; Part IV, Section ne 1; Part V, Section B, line 1e; Pai	C,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

P	23-2749089				
Organization type (check	one):	-			
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	X 501(c)(³) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.			
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	• • •			
Special Rules					
sections 509(a)(1 contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PFing requirements of Schedule B (Form 990).	• •			
For Paperwork Reduction A	ct Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Name of organization

Employer identification number

PENNSYLVANIA HEALTH LAW PROJECT

23-2749089

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$	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		\$1,302,113.	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		\$100,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$88,685.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$84,450.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$125,000.	Person X 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 a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		i *	i .

Employer identification number

Name of organization

				02.0540000		
Part III	ANIA HEALTH LAW PROJECT Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following line entry. haritable, etc., contributions of \$1,000 or les	For organizations			
a) No.	Osc duplicate copies of Fait III II additional s	pace is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	Tuesday da anno address an	(e) Transfer of gift	Deletionation of two			
	Transferee's name, address, an	10 ZIP + 4	relationship of trai	nsferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
a) No. from	(b) Power and of wife		(d) D			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, an	nd ZIP + 4	Relationship of trai	nsferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
Part I						
	,	(e) Transfer of gift	•			
	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

PENNSYLVANIA HEALTH LAW PROJECT

Employer identification number 23 - 2749089

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	·	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		0-
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year	, ,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		her 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 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
L	Accets included in Form 000 Part V		φ.

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar As	sets	(contir	nued)	
3	Usin	g the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make siç	gnificant use o	of its		-	
	colle	ction items (check all that apply).										
а		Public exhibition	d		Loan or excl	hange progra	am					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Prov	ide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	n's exem	npt purpose in	Part X	III.		
5	Durir	ng the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er similar	assets				
_		sold to raise funds rather than to be ma								Yes		No
Par	t IV	•		te if the	organization	answered "	Yes" on F	orm 990, Par	t IV, lin	e 9, or		
		reported an amount on Form 990, Par										
1a		e organization an agent, trustee, custodi										7
	on Form 990, Part X?							No				
b												
										Amoun	t	
С	-	nning balance										
d		tions during the year										
е		ibutions during the year										
f		ng balance										٦
2a		the organization include an amount on Fo						ty?	📖	Yes		∐ No
Par		es," explain the arrangement in Part XIII. Endowment Funds Complete if						······································				
ı aı	LV	Lindowillett i dinds Complete if	(a) Current year		rior year	(c) Two year		d) Three years	hack	(e) Four	veare	hack
4.	Dogi	nning of year balance	(a) Ourrent year	(6)	noi yeai	(C) TWO you	13 Dack	(u) Tilloo yoars	Dack	(e) i oui	yours	Dack
1a		nning of year balance										
b		tributions										
C		investment earnings, gains, and losses its or scholarships										
d												
е		er expenditures for facilities										
f		programs inistrative expenses										
g												
2		of year balance ide the estimated percentage of the curr	ent vear end halance	line 1c	ı column (a)) held as.						
a		d designated or quasi-endowment	•	% %	j, ooiaiiii (a)	, mora ao.						
b		nanent endowment	%									
c		Term endowment %										
•		percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the possession of the organization that are held and administered for the											
	organization by:							Yes	No			
	•	Unrelated organizations?								3a(i)		
										3a(ii)		
b	If "Ye	es" on line 3a(ii), are the related organiza								3b		
4		cribe in Part XIII the intended uses of the										
Par	t VI	Land, Buildings, and Equipm	ent									
		Complete if the organization answered	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		(b) Cost basis (٠,	ccumulated preciation	((d) Boo	k valu	e
1a	Lanc	i										
b		lings							4			
С		sehold improvements										
d	Equi	pment				107,910.		107,910				0.
		er										
Total	. Add	lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10	Oc. column	(B))						0.

Part VII Investments - Other Securities			rage
Complete if the organization answered "Yes" o		_	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		
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		17776 57 777. 556 7 5777 556, 7 4777, 1177 26.	(b) Book value
(1) Federal income taxes			(D) Dook value
(2) PAYROLL RELATED LIABILITIES			49,536.
(3)			,
(4)			
(5)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		49,536.
 Liability for uncertain tax positions. In Part XIII, provide t 			at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pai	rt XI Reconciliation of Revenue per Audited Financial St		e per Keturn	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1			1	1,841,989.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а				
b				
С	. , , , , , , , , , , , , , , , , , , ,			
d	,	2d		
е				0.
3	Subtract line 2e from line 1		3	1,841,989.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	, , , , , , , , , , , , , , , , , , , ,	4b		
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1:	2.)	5	1,841,989.
Pa	rt XII Reconciliation of Expenses per Audited Financial S		ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,			1 000 501
1	Total expenses and losses per audited financial statements		1	1,822,581.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		0
е				0.
3	Subtract line 2e from line 1		3	1,822,581.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	, , , , , , , , , , , , , , , , , , , ,			
b				0
	Add lines 4a and 4b			1 922 591
5 D a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information	<u>18.)</u>	5	1,822,581.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	·		

Schedule D (Form 990) 2023

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.

Employer identification number

23-2749089

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

PENNSYLVANIA HEALTH LAW PROJECT

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: CLIENTS KEEP MEDICAID COVERAGE AND SERVICES; ENGAGING IN COMMUNITY EDUCATION AND OUTREACH; AND ADVOCATING FOR POLICIES THAT BEST ADDRESS OUR CLIENTS' HEALTHCARE NEEDS AND PROTECT THEIR LEGAL RIGHTS, FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ACCESS HEALTH INSURANCE COVERAGE OR HEALTH CARE TREATMENT AND SERVICES THEY NEED. IN FYE 2024, PHLP HANDLED MORE THAN 1,800 CASES FOR PEOPLE ACROSS PENNSYLVANIA. 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 EMPOWER PEOPLE IN THEIR SELF-ADVOCACY EFFORTS. IN FYE 2024, PHLP EDUCATED MORE THAN 2.200 PEOPLE AND DISTRIBUTED A MONTHLY NEWSLETTER TO MORE THAN 4,600 SUBSCRIBERS. ENGAGING IN SYSTEMIC ADVOCACY TO IMPROVE THE MEDICAID SYSTEM FOR ALL

PENNSYLVANIANS WHO RELY ON THIS IMPORTANT PROGRAM AND TO PROTECT THE

Schedule O (Form 990) 2023 Page **2**

Name of the organization PENNSYLVANIA HEALTH LAW PROJECT	Employer identification number 23-2749089
RIGHTS OF PEOPLE IN MANAGED CARE.	
SERVING AS A RESOURCE TO OTHER LEGAL AID PROGRAMS AS WELL AS SOCIAL	
WORKERS, HEALTH CARE PROVIDERS, LAWYERS, AND OTHER PROFESSIONALS	
WORKING WITH OUR CLIENT COMMUNITY ACROSS PENNSYLVANIA BY PROVIDING	
TECHNICAL ASSISTANCE/CASE CONSULTATION, EDUCATION, AND OTHER SUPPORT.	
IN FYE 2024, PHLP HELPED PROFESSIONALS WITH MORE THAN 400 TECHNICAL	
ASSISTANCE/CASE CONSULTATION REQUESTS.	
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.	

332212 11-14-23 Schedule O (Form 990) 2023