Definition of the sector       Description       Description       Inspection         A For the 2020 calendary year, or tax year beginning       and ending       Description       and ending         B creat if endeding       Charme of organization       THE PENNSYLVANIA INNOCENCE PROJECT       26-3176893         Doing business as inverting       Diring business as inverting       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Inspection       Diring business as inverting       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Inspection       Agentaria       ISIS MARKET STREET       300       Carce recepts as inverting       1 (a construction and address of principal officer: Nan Fey1er       Yes       Yes         Inspection       Same as C above       H(b) Are all addredings include?       Yes       Yes         I make struction:       Struction is mission or most significant activities:       See Part IIII.       Yes         I briefly describe the organization's mission or most significant activities:       See Part IIII.       Set         I briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.       Number of independent voting members of the governing body (Part Vi, line 1a)       Set         I briefly descr	Sign E	Envelo	ope ID: 23A2	2B209-66D0-417E-8EB3-233D1B88F	FCA PUBLIC DISCL	.OSURE	COPY		
Form 9990       Provide the second second second second provide conditionant and the second second provide conditionant and second second provides and second				•		-			
Description         De Do not notice social security numbers on this form as it may be made public.         Description           AF or the 2020 calendary year, or tax year beginning         and ending         and ending           B creating         Channe of organization         D Employer identification number           THE PENNSYLVANIA INNOCENCE PROJECT         26-3176893           Doint business and street (or P.0. box if mails not defivered to street address)         Room/suite         E Telephone number           Channe of province, country, and ZPP of resign postal code         G Green except 1, 320,7         Vest           Chy or town, state or province, country, and ZPP of resign postal code         H(b) except as accontains transform a street (or P.0. box if mails not defivered to street address)         Room/suite         F Name and address of principal office.           If a merk yWW. INNOCENCEPROJECTPA.ORG         H(b) except as accontains transform.         H(b) except as accontains transform.         H(b) except as accontains transform.           If a merk yWW. INNOCENCEPROJECTPA.ORG         H(c) except as accontains transform.         H(b) except as accontains transform.         H(c) except as accontains transform.           If a merk yWW. INNOCENCEPROJECTPA.ORG         H(c) except as accontains transform.         H(c) except as accontains transform.         H(c) except as accontains transform.           If a merk yWW. INNOCENCEPROJECTPA.ORG         H(c) except as accontains transform.         H(		00	າດ						
Direction of the Teamy         Conserversing of the Teamy of the Second Se	Form	3	10			-			
A. For the 2020 calendary year, or tax year beginning       and ending         B contained or granization       Demployer identification number         Contained or granization       THE PENNSYLVANIA INNOCENCE PROJECT       26 – 3176893         Doing business as       Number and street (or P.0. box if mail is not deliverat to street address)       PdomSuite       E Telephone number         Contained or granization       Number and street (or P.0. box if mail is not deliverat to street address)       PdomSuite       E Telephone number         Contained or granization       Number and street (or P.0. box if mail is not deliverat to street address)       PdomSuite       Concernments       1, 320.7         Contained or granization       Number or province, country, and ZIP or foreign postal code       Concernments       1, 320.7         Method Network       F hame and address of principal officer.NBID Feyler       Hold Street Person       Number       Yes in bordinates for the Yes         Image: Street Person       Street Person       Number or bordinates for the governing body (Part V, line 1a)       Hold Street Person       Hold Street Person         1       Better Vill Woodcome network or the governing body (Part V, line 1a)       3       Number of volting members or the governing body (Part V, line 1a)       3         1       Better Vill Woodcome Street for Part Numer or Vill Column (A), lines 5, 4, and 7a)       10       10       10	Departn	nent of	the Treasury		•	-	•	Open to Public	
B       Comparison       D       Employer identification number <sup>1</sup> HE PENNSYLVANIA INNOCENCE PROJECT        26-3176893 <sup>1</sup> Darip business as        Darip business as        1.515 MARKET STREET        300 <sup>1</sup> ME PENNSYLVANIA INNOCENCE PROJECT        26-3176893        215-204-4255 <sup>1</sup> Mean and address or province, country, and ZIP or foreign postal code        0.0 cere-receive 3        1.320,7 <sup>1</sup> Mean and address or province, country, and ZIP or foreign postal code        0.0 cere-receive 3        1.320,7 <sup>1</sup> Mean and address or province, country, and ZIP or foreign postal code        0.0 cere-receive 3        1.320,7 <sup>1</sup> Mean and address or province, country, and ZIP or foreign postal code        Mean address or province, country, and ZIP or foreign postal code        Mean address or province, country, and ZIP or foreign postal code            I mace comparison or province, country, and ZIP or foreign postal code        Mean address or province, country, and ZIP or foreign postal code            I mace comparison or province, country, and ZIP or foreign postal code        Mean address or province, country, and ZIP or foreign postal code            I mace comparison or moratry code matery or foreingn postal code							information.	Inspection	
average       THE PENNSYLVANIA INNOCENCE PROJECT       26-3176893         Data business as       Number and street (or P.0. box if mail is not delivered to street address)       Roomstate       E Telephone number         Care       This PENNSYLVANIA INNOCENCE PROJECT       Care       Care       Care       1.320-70.4 + 4255         Care	_					i chung	D Employer identific	ation number	
THE       PENNSTIVANIA       INNOCENCE PROJECT       26-3176893         Invalue and street (or PL. Doubling as all is not delivered to street address)       Room/suite       E Totephone number         Invalue and street (or PL. Doubling as all is not delivered to street address)       Room/suite       E Totephone number         Invalue and street (or PL. Doubling as all is not delivered to street address)       Gottem number       215-204-4255         Invalue and address of principal officer. Nall Feyler       Fill DABELPHIA, PA 19102       Hill ball bits a group network         Invalue and address of principal officer. Nall Feyler       If the regarization is a group network       Yes IX         Invalue and address of principal officer. Nall Feyler       If the stage officer. 2008 M State of legal domic         Invalue and invalue IX       Store of conscionates. IX address of principal officer. Nall Feyler       If the organization is sonic most significant activities:       See Part III.         Invalue and value and address of the governing body (Part VI, line ta)       I       I       I         Invalue and value and address of the governing body (Part VI, line ta)       I       I         Invalue add ball street address (Part VI, line ta)       I       I         Invalue add ball street address (Part VI, line ta)       I       I         Invalue add ball street address (Part VI, line ta)       I       I <tr< td=""><td>app</td><td>licable:</td><td></td><td>organization</td><td></td><td></td><td>D Employer lacitation</td><td></td></tr<>	app	licable:		organization			D Employer lacitation		
Correg Usamess as		Address change	• THE	PENNSYLVANIA INNOC	ENCE PROJECT				
Image: Telephone number       1515 MARKET STREET       1300       215-204-4255         City or town, state or province, courty, and 2/P or foreign postal code       G oran reveals       1,320,7         High and states of principal officer. Nan Feyler       Fall as bits a group network       for subordinates?       Yes IX         It accessmpt status: IX 3010(2)(3)       501(2)       (insert no.)       4947(a)(1) or 201       High and state of accessmpt status: IX 3010(2)(3)       Tit No.' attach a less enstructions         J Westets > WWW. INNOCENCEPROJECTPA. ORG       High and state of examption number       Mich and state of examption number       Mich and state of examption number >         Part II Summary       I Briefly describe the organization's mission or most significant activities. See Part III.       See instructions         2       Check this box > If the organization's mission or most significant activities. See Part III.       III.         3       Number of individuals employed in calendar year 2020 (Part V, line 1a)       3         4       Aumeber of individuals employed in calendar year 2020 (Part V, line 1a)       10, a 5, 5         5       Total number of individuals employed in calendar year 2020 (Part V, line 1a)       10, a 6, 5         5       Total number of individuals employed in calendar year 2020 (Part V, line 1a)       10, a 5, 5         6       Total number of individuals employed in calendar year 2020 (Part V, line		change	Doing b	ousiness as		_	26-317689	93	
Image: Second Secon	r	return			elivered to street address)				
PHILADELPHIA, PA 19102       H(a) is this a group return         Approximate       F Name and address of principal officer.Nan Feyler         Intervention       F Name and address of principal officer.Nan Feyler         Intervention       Solid (3)         Solid (3)       Solid (3)         Intervention       Solid (3)         Solid (3)       So	L	return/				300			
Investment       F Name and address of principal officer. Nan Feyler       Hb xet and address of principal officer. Nan Feyler         I Taxeexempt status: X 5010(3)       S010(1)       (insert no.)       4947(a)(1) or 527         I Taxeexempt status: X 5010(3)       S010(1)       (insert no.)       4947(a)(1) or 527         I Taxeexempt status: X 5010(3)       S010(1)       (insert no.)       4947(a)(1) or 527         I Taxeexempt status: X 5010(3)       S010(1)       (insert no.)       4947(a)(1) or 527         I Taxeexempt status: X 5010(3)       S010(1)       (insert no.)       4947(a)(1) or 527         I Brefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.       3         Number of voting members of the governing body (Part VI, line 1a)       4       4         4 Number of independent voting members of the governing body (Part VI, line 1a)       4       4         5 Total number of undividuals employed in calendary year 2020 (Part VI, line 1a)       4       4         6 Total number of undividuals employed in calendary year 2020 (Part VI, line 1a)       5       5         7 Total unrelated business raxable income from Form 9907, Part I, line 11       7b       7b         9 Program service revenue Part VIII, column (A), lines 3, 4, and 7d)       13, 354.       8, 778.2         10 totarinorasing appendent voting members (Part XI,									
proming       same       as C       absolute       H(l)       control       Yes         1       Taxeexempt status:       X       Solic(i)       (inset no.)       4947(a)(1) or       527         1       Webste:       WWW.1NNOCENCEPROJECTPA.ORG       H(l) Across and absolutes related with the comparison of thecomparison of the comparison of the compar		return Applica					T		
1       Taxeexempt status:       X       501(c)(3)       501(c)(4)       (insert no.)       4947(a)(1) or       527         3       Websete:       WWW. INNOCENCEPROJECTPA.ORG       Http://www.sempton.number/>Http://www.sempton.number/         1       Breidy describe the organization       Tax (congration       Tax (congration)       <					гтеутег			=	
J website: ► WTWN. INNOCENCEPROJECTPA.ORG       H(c) Group exemption number ►         K form of organization: X Corporation       Tust       Association       Other ►       L Year of formation: 2008       M State of legal domici         Part II       Summary       I       Briefly describe the organization's mission or most significant activities:       See Part III.         2       Check this box ►       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voling members of the governing body (Part VI, line 1a)       3         4       Number of individuals employed in calendar year 2020 (Part VI, line 1a)       4         4       Number of individuals employed in calendar year 2020 (Part VI, line 1a)       6         5       Total number of individuals employed in calendar year 2020 (Part VI, line 1a)       7a         7a       Total number of volunteers (estimate if necessary)       6         7a       Total numere to the governme Part VIII, column (A), line 12       7a         9       Program service revernue (Part VIII, line 1n)       Prior Year       Current Year         9       Program service revernue (Part VIII, column (A), lines 3.4, and 7d)       13, 354.4, 8, 778, 2       0.1, 88         10       Invertment income (Part VIII, column (A), lines 1a, 114.116, 114, 1172.0, 13, 354.9, 977, 1, 320, 778, 2       0.1	I Ta	x-exe			) (insert no.) 4947(a)(1)	or 527	7		
K form dramatization:       X Comporation       Trust       Association       Other ▶       L Year of formation:       2008 M State of legal domical provides and state of legal domical second provides and state and state stable income from Form 900 (Part VI, line 12)       Control to the second provides and state assets.         a       Contributions and grants (Part VIII, line 19)       Program service revenue (Part VIII, column (Q), line second provides and state and state assets.       A (Part Part Part Part Part Part Part Part							1 '		
PartIl       Summary         a       Briefly describe the organization's mission or most significant activities:       See Part III.         c       Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets.         a       Number of independent voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1a)       4         6       Total number of voting members of the governing body (Part VI, line 2a)       6         6       Total number of voting members are increasary)       6         7       Total unrelated business revenue from Part VIII, column (O), line 12       7a         b       Net unrelated business revenue from Part VIII, column (O), line 12       7a         9       Program service revenue (Part VIII, olumn (A), lines 3, 4, and 7d)       13, 354.       8, 7         10       Interventue (Part VIII, column (A), lines 3, 4, and 7d)       13, 354.       8, 7         11       Other revenue (Part VIII, column (A), lines 4, and 7d)       0.       1, 8         12       Total revenue- add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10       0.       0.         12       Total service sevenue (Part VI, column (A), line 13-10       0.       0.       0.         13       <		m of o	organization:	X Corporation Trust A		L Year			
2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       a         4       Number of independent voting members of the governing body (Part VI, line 1a)       a         5       Total number of individuals employed in calendar year 2020 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       7a         7a       Total number of volunteers (estimate if necessary)       7a         b Net unrelated business taxable income from Form 990-T, Part I, line 11       7a         b Net unrelated business taxable income from Form 990-T, Part I, line 11       7a         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       13, 354.       8, 7         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       1, 8         12       Total revenue - add lines 8 through 11 funds equal Part VIII, column (A), line 13.       0.       0.         15       Salaries, other compensation, employee benefits Part VII, column (A), line 41.       0.       0.         16       Profersesional fundraising expenses (Part IX, column (A), line 111-114.       0.       0.         19       Programestrevere - add lines 31.7 (must equal Part IX, column (		tl	Summary	1					
b Net unrelated business taxable income from Form 990-T, Part I, line 11       Tb         B       Net unrelated business taxable income from Form 990-T, Part I, line 11       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 1h)       806,525.1,273,7       9         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       13,354.8,7       8,7         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.1,8       13,354.8,7         12       Total revenue - add lines 6 through 11 (must equal Part VIII, column (A), line 12)       836,979.1,320,7       1,320,7         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       603,988.778,2       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 25)       127,446.       0.       0.         16       Professional fundraising fees (Part IX, column (D), line 11-11d, 11f-24e)       0.       0.       0.       0.         17       Other expenses (Part X, line 16)       1,239,077.1,797.9       2.239,077.1,797.9		<b>1</b> E	Briefly describ	be the organization's mission or mos	t significant activities: See	Part I	II.		
b Net unrelated business taxable income from Form 990-T, Part I, line 11       To         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       17, 100.       36, 5         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       13, 354.       8, 7         10       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       1, 8         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1:3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 1:3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)       603, 988.       778, 2         16       Professional fundraising fees (Part IX, column (D), line 25)       127, 446.       0.       0.         17       Other expenses (Part IX, column (A), lines 11:11:11:11:22       288, 693.       170, 8       892, 681.       949, 1         19       Revenue less expenses. Subtract line 18 from line 12       -55, 702.       371, 6       Beginning of Current Year       End of Year     <	ance	_							
b Net unrelated business taxable income from Form 990-T, Part I, line 11       Tb         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       17, 100.       36, 525.       1, 273, 7         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       13, 354.       8, 7         10       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       1, 8         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1:3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 1:3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)       603, 988.       778, 2         16a       Professional fundraising fees (Part IX, column (D), line 25)       127, 446.       0.       0.         17       Other expenses (Part IX, column (D), line 25)       127, 446.       17, 239, 077.       1, 797, 9         19       Revenue less expenses. Subtract line 18 from line 12       -55, 702.       371, 6       Beginning of Current Year       End of Year	erné					sed of more			
b Net unrelated business taxable income from Form 990-T, Part I, line 11       Tb         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       17, 100.       36, 525.       1, 273, 7         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       13, 354.       8, 7         10       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       1, 8         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1:3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 1:3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)       603, 988.       778, 2         16a       Professional fundraising fees (Part IX, column (D), line 25)       127, 446.       0.       0.         17       Other expenses (Part IX, column (D), line 25)       127, 446.       17, 239, 077.       1, 797, 9         19       Revenue less expenses. Subtract line 18 from line 12       -55, 702.       371, 6       Beginning of Current Year       End of Year	NO5			· · · · · ·				2	
b Net unrelated business taxable income from Form 990-T, Part I, line 11       To         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       17, 100.       36, 5         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       13, 354.       8, 7         10       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       1, 8         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1:3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 1:3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)       603, 988.       778, 2         16       Professional fundraising fees (Part IX, column (D), line 25)       127, 446.       0.       0.         17       Other expenses (Part IX, column (A), lines 11:11:11:11:22       288, 693.       170, 8       892, 681.       949, 1         19       Revenue less expenses. Subtract line 18 from line 12       -55, 702.       371, 6       Beginning of Current Year       End of Year     <	8							2	
b Net unrelated business taxable income from Form 990-T, Part I, line 11       To         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       17, 100.       36, 5         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       13, 354.       8, 7         10       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       1, 8         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1:3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 1:3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)       603, 988.       778, 2         16       Professional fundraising fees (Part IX, column (D), line 25)       127, 446.       0.       0.         17       Other expenses (Part IX, column (A), lines 11:11:11:11:22       288, 693.       170, 8       892, 681.       949, 1         19       Revenue less expenses. Subtract line 18 from line 12       -55, 702.       371, 6       Beginning of Current Year       End of Year     <	ties				30				
b Net unrelated business taxable income from Form 990-T, Part I, line 11       To         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         B       Contributions and grants (Part VIII, line 2g)       17, 100.       36, 5         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       13, 354.       8, 7         10       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       1, 8         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1:3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 1:3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)       603, 988.       778, 2         16       Professional fundraising fees (Part IX, column (D), line 25)       127, 446.       0.       0.         17       Other expenses (Part IX, column (A), lines 11:11:11:11:22       288, 693.       170, 8       892, 681.       949, 1         19       Revenue less expenses. Subtract line 18 from line 12       -55, 702.       371, 6       Beginning of Current Year       End of Year     <	ivi							0	
Prior Year       Current Year         9       Program service revenue (Part VIII, line 1p)       806, 525.1, 273, 7         10       Investment income (Part VIII, column (A), lines 3, 4, and 7c)       13, 354.8, 7         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.1, 8         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       836, 979.1, 320, 7         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       603, 988.778, 2         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       603, 988.778, 2         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 12)       0.         16       Profer expenses (Part IX, column (A), line 114.114, 11724e)       0.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       892, 681.949, 1         19       Revenue less expenses. Subtract line 18 from line 12       -55, 7.02.371, 6         10       Inder expenses (Part X, line 16)       1, 212, 91, 077.1, 1, 797, 9         21       Total assets (Part X, line 16)       1, 212, 812.1, 1, 611, 5         104       Beginning of Current Year       End of Year	Ă							0	
9       Program service revenue (Part VIII, line 2g)       17,100.       36,5         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       13,354.       8,7         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       1,320,7         12       Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)       603,988.       778,2         16a       Professional fundraising expenses (Part IX, column (A), line 25)       127,446.       0.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       288,693.       170,8         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.       371,6         19       Revenue less expenses. Subtract line 21 from line 20       1,212,812.       1,611,5         19       Part II       Signature Block       1,212,812.       1,611,5         Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, an					, , ,			Current Year	
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       1, 0         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       836, 979.       1, 320, 7         13       Grants and similar amounts paid (Part IX, column (A), line 4)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 11e)       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (A), line 25)       127,446.       0.       0.         19       Total expenses (Part IX, column (A), lines 11a:11d, 11f.24e)       288,693.       170,8       892,681.       949,1         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.       371,6       892,625.       186,4         20       Total assets (Part X, line 26)       26,265.       186,4       1,212,812.       1,611,5         21       Total assets or fund balances. Subtract line 21 from line 20       1,212,812.       1,611,5         221       Total assets or fund balances. Subtract line 21 from line 20       9/13/2021       1.36 PArt 1         222       Total assets or fund balances. Subtract line	a	8 (	Contributions	and grants (Part VIII, line 1h)				1,273,723	
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       1, o         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       836, 979.       1, 320, 7         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       603, 988.       778, 2         16a       Professional fundraising expenses (Part IX, column (D), line 25)       127, 446.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       288, 693.       170, 8         19       Revenue less expenses. Subtract line 18 from line 12       -55, 702.       371, 6         19       Revenue less expenses. Subtract line 18 from line 20       1, 212, 812.       1, 611, 5         20       Total assets (Part X, line 26)       26, 265.       1866, 4         21       Total assets (Part X, line 26)       26, 265.       1866, 4         22       Net assets or fund balances. Subtract line 21 from line 20       1, 212, 812.       1, 611, 5         Part II       Signature Block       9713/2021       1.36 PM T         Unde	enu	<b>9</b> F	Program servi	ice revenue (Part VIII, line 2g)				36,500	
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       1, 0         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       836, 979.       1, 320, 7         13       Grants and similar amounts paid (Part IX, column (A), line 4)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 11e)       0.       0.       0.         16a       Professional fundraising expenses (Part IX, column (A), line 25)       127,446.       0.       0.         19       Total expenses (Part IX, column (A), lines 11a:11d, 11f.24e)       288,693.       170,8       892,681.       949,1         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.       371,6       892,625.       186,4         20       Total assets (Part X, line 26)       26,265.       186,4       1,212,812.       1,611,5         21       Total assets or fund balances. Subtract line 21 from line 20       1,212,812.       1,611,5         221       Total assets or fund balances. Subtract line 21 from line 20       9/13/2021       1.36 PArt 1         222       Total assets or fund balances. Subtract line	. le							8,742	
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       603,988.778,2         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       127,446.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       892,681.949,1         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.371,6         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.371,6         10       Total assets (Part X, line 26)       1,239,077.1,797,9         20       Total assets (Part X, line 26)       1,212,812.1,611,5         17       Other expenses. Subtract line 21 from line 20       1,212,812.1,611,5         19       Revenue less expenses. Subtract line 21 from line 20       1,212,812.1,611,5         10       Signature Block       1,212,812.1,611,5         11       Signature Block       9/13/2021   1:36 PM 1         11       Signature & Mark Status       9/13/2021   1:36 PM 1         11       Signature & Mark Status       9/13/2021   1:36 PM 1								1,801	
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       603,988.       778,2         16a       Professional fundraising fees (Part IX, column (D), line 25)       127,446.       0.         17       Other expenses (Part IX, column (D), line 25)       127,446.       0.         19       Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       892,681.       949,1         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.       371,6         20       Total assets (Part X, line 16)       1,239,077.       1,797,9         21       Total liabilities (Part X, line 26)       26,265.       186,4         22       Net assets or fund balances. Subtract line 21 from line 20       1,212,812.       1,611,5         Part II       Signature Block       9/13/2021       1:67.40         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and compfete. Beclaratton of preparer (other than officer) is based on all information of which preparer has any knowledge.       9/13/2021       1:36.90         Sign       Nan Feyler, Executive Director       9/13/2021       1:36.90       1:12.91       Pfb0 04716<								1,320,700	
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       603,988.778,2         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       127,446.         17       Other expenses. (Part IX, column (D), line 11e)       0.         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.3711,6         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.3711,6         20       Total assets (Part X, line 16)       -55,702.3711,6         21       Total liabilities (Part X, line 26)       26,265.186,4         22       Net assets or fund balances. Subtract line 21 from line 20       1,212,812.1,611,5         Part II         Signature Block         Under read time and this return, including accompanying schedules and statements, and to the best of my knowledge and belief, rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Signature & Block         Date         Date         Name Feyler, Executive Director         Type or print name and title         Preparer's Signature of the streements and treements of pring name					( ), ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )			0	
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       127,446.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       288,693.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       892,681.         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.         20       Total assets (Part X, line 16)       -55,702.         21       Total assets (Part X, line 26)       26,265.         21       Total assets or fund balances. Subtract line 21 from line 20       1,212,812.         21       Total liabilities (Part X, line 26)       26,265.         22       Net assets or fund balances. Subtract line 21 from line 20       1,212,812.         21       total assets of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete.       Maw. Fuller         Sign       Maw. Fuller       9/13/2021   1:36 PM 1         Sign       Nan Feyler, Executive Director       Date         Type or print name and title       Preparer's signature       9/13/2021   1:36 PM 1         Sign       Joyce Miller       Joyue Miller       9/13/2021   1:32 PM 1      <	I.							778,288	
18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       19       17.07,0         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.371,6         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.371,6         20       Total assets (Part X, line 16)       1,239,077.1,797,9         21       Total liabilities (Part X, line 26)       26,265.186,4         22       Net assets or fund balances. Subtract line 21 from line 20       1,212,812.1,611,5         Part II         Signature Block         Under generation of preparer (other than officer) is based on all information of which preparer has any knowledge.         Vision of the expense of the preparer is name         Preparer's signature         Joate         Vision of the expense of the preparer is name         Preparer's signature         Joate         Print/Type preparer's name         Discussioned by:         Total assets > 1617         Vision of the expense > 1617         Preparer's signature         Discussioned by:         Signature displiced rise of print name and title <td co<="" td=""><td>. ses</td><td></td><td></td><td></td><td></td><td></td><td>· · · · ·</td><td>0</td></td>	<td>. ses</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>· · · · ·</td> <td>0</td>	. ses						· · · · ·	0
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       19       170,000,000,000,000,000,000,000,000,000,	per				4 6 5 4	46.			
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       892,681.       949,1         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.       371,6         19       Revenue less expenses. Subtract line 18 from line 12       -55,702.       371,6         10       Beginning of Current Year       End of Year         11       Signature 80       26,265.       186,4         12       Total liabilities (Part X, line 26)       26,265.       186,4         12       Nat assets or fund balances. Subtract line 21 from line 20       1,212,812.       1,611,5         11       Signature Block       1,212,812.       1,611,5         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaring by:         11       Signature £0.54000 for preparer (other than officer) is based on all information of which preparer has any knowledge.         11       Nan Feyler, Executive Director         Type or print name and title       Preparer Signature         13/2021       1:12       Print         13/2021       1:12       Print         13/2021       1:12       Print         13/2021       1:12       Print	Щ			- · · · · · · · · · · · · · · · · · · ·			288,693.	170,852	
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       1,239,077.1,797,9         21       Total liabilities (Part X, line 26)       26,265.186,4         22       Net assets or fund balances. Subtract line 21 from line 20       1,212,812.1,611,5         Part II       Signature Block       1,212,812.1,611,5         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       9/13/2021   1:36 PM I         Sign       Nan Feyler, Executive Director       9/13/2021   1:36 PM I         Signature &f #ff@el_47384A0       Date         Print/Type preparer's name       Preparer's Signature       9/13/2021   1:12 PM         Joyce Miller       Joyue Miller       Pob004716         Firm's name       J. MILLER & ASSOCIASTES4FCB4C9       Firm's EIN > 27-2001590         Vise Only       Firm's address > 1617 John F. Kennedy Blvd.       Firm's address > 1617	·	<b>18</b> T	otal expense	es. Add lines 13-17 (must equal Part	IX, column (A), line 25)			949,140	
20       Total assets (Part X, line 16)       1,239,077.       1,797,9         21       Total liabilities (Part X, line 26)       26,265.       186,4         22       Net assets or fund balances. Subtract line 21 from line 20       1,212,812.       1,611,5         Part II Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign         Nam Feyler, Executive Director         Type or print name and title         Preparer Signature Joyce Miller         Paid         Print/Type preparer's name         Joyce Miller         Joyce Miller         Preparer Signature         Firm's name J. MILLER & ASSOCIANTESidetce.         Firm's address J 1617 John F. Kennedy Blvd.	_	<b>19</b> F	Revenue less	expenses. Subtract line 18 from line	9 12			371,626	
2∃ 22 Net assets or fund balances. Subtract line 21 from line 20       1,212,812.       1,611,5         Part II       Signature Block       1,212,812.       1,611,5         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       9/13/2021   1:36 PM I         Sign       Nan Feyler, Executive Director       Date         Sign Here       Print/Type preparer's name       Date         Paid       Print/Type preparer's name       Preparer's signature       9/13/2021   1:32 PM         Paid       Print/Type preparer's name       Preparer's signature       9/13/2021   27-2001590         Firm's name       J. MILLER & ASSOCIASES4FC664C9       Firm's EIN > 27-2001590         Vise Only       Firm's address > 1617 John F. Kennedy Blvd.       Firm's ElN > 27-2001590	s or DCes						ginning of Current Year	End of Year	
2∃ 22 Net assets or fund balances. Subtract line 21 from line 20       1,212,812.       1,611,5         Part II       Signature Block       1,212,812.       1,611,5         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.       9/13/2021   1:36 PM I         Sign       Nan Feyler, Executive Director       Date         Sign Here       Print/Type preparer's name       Date         Paid       Print/Type preparer's name       Preparer's signature       9/13/2021   1:32 PM         Paid       Print/Type preparer's name       Preparer's signature       9/13/2021   27-2001590         Firm's name       J. MILLER & ASSOCIASES4FC664C9       Firm's EIN > 27-2001590         Vise Only       Firm's address > 1617 John F. Kennedy Blvd.       Firm's ElN > 27-2001590	Bala		·						
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Nan Feyler, Executive Director         Sign Here       Nan Feyler, Executive Director         Print/Type preparer's name       Preparer's signature         Joyce Miller       Potousigned by:         Print/Type preparer's name       Preparer's signature         Joyce Miller       Potousigned by:         Firm's name       J. MILLER & ASSOCIASES4FC664C9         Firm's address       1617 John F. Kennedy Blvd.	let A			, , , ,					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete. Beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Nan Feyler, Executive Director         Sign Here       Print/Type preparer's name         Print/Type preparer's name       Preparer's signature         Joyce Miller       Potousigned by:         Joyce Miller       Potousigned by:         Firm's name       J. MILLER & ASSOCIASES4FC564C9         Firm's address       1617 John F. Kennedy Blvd.		∠∠	signature	e Block	1 IIIIe 20		1,414,014•	<u>, , , , , , , , , , , , , , , , , , , </u>	
true, correct, and complete. Becklaration by preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Num Fugur       9/13/2021   1:36 PM           Sign       Signature & Affle@4/384A0       Date         Here       Nan Feyler, Executive Director       Date         Print/Type or print name and title       Preparer's signature       9/13/2021   1:36 PM           Paid       Print/Type preparer's name       Preparer's signature       9/13/2021   1:2 PM         Preparer       Firm's name       J. MILLER & ASSOCIASPESAFCE64Ce       Firm's EIN > 27-2001590         Use Only       Firm's address > 1617 John F. Kennedy Blvd.       Firm's EIN > 27-2001590					including accompanying schedule	s and stateme	ents and to the best of my	knowledge and belief it i	
Sign       Nam Feyler       9/13/2021       1:36 PM         Bignature & ###################################							has any knowledge		
Sign       Date         Nan Feyler, Executive Director       Date         Nan Feyler, Executive Director       Date         Print/Type or print name and title       Preparer's signature       Date         Print/Type preparer's name       Preparer's signature       Date         Joyce Miller       Preparer       Date       PTIN         Firm's name       J. MILLER & ASSOCIARES₄FCB64C9       Date       PTIN         Use Only       Firm's address ▶ 1617 John F. Kennedy Blvd.       Firm's EIN ▶ 27-2001590		Ī		Nan Feyler			9/13/202	1   1:36 PM PDT	
Type or print name and title       Preparer       Date       Check       PTIN         Paid       Joyce Miller       Joyce Miller       Joyce Miller       9/13/2021         1:12 PM       P0004716         Preparer       Firm's name ▶ J. MILLER & ASSOCIASEAS4FC584C5       Firm's EIN ▶ 27-2001590         Use Only       Firm's address ▶ 1617 John F. Kennedy Blvd.       Firm's EIN ▶ 27-2001590	Sign		Signatur	CE 8539520E47384A0			Date		
Print/Type preparer's name       Preparer's signature       Date       Check       PTIN         Joyce Miller       Joyce Miller       Joyce Miller       9/13/2021         1:12 PM       P0504716         Preparer       Firm's name       J. MILLER & ASSOCIA®/B54FC564C5       Firm's EIN ▶ 27-2001590         Use Only       Firm's address ▶ 1617 John F. Kennedy Blvd.       Firm's EIN ▶ 27-2001590	Here				Director				
Preparer       Firm's name       J. MILLER & ASSOCIA9EE4FCB64C9       Firm's EIN ▶ 27-2001590         Use Only       Firm's address ▶ 1617 John F. Kennedy Blvd.       Firm's EIN ▶ 27-2001590			,	•	L DocuSigned by:	ı.			
Preparer       Firm's name       J. MILLER & ASSOCIA©EE64C9       Firm's EIN ▶ 27-2001590         Use Only       Firm's address ▶ 1617 John F. Kennedy Blvd.       Firm's EIN ▶ 27-2001590	<b>.</b>				Preparer's signature				
Use Only Firm's address 🕨 1617 John F. Kennedy Blvd.						57		<u>a                                    </u>	
	•		Firm's name	► U. MILLER & ASSU	<u>いままいのの340</u> 4FCB64C9		Firm's EIN	21-2001390	
	use UI	iiiy	FIRM'S address				Dhone no 21	5-600-1701	
May the IRS discuss this return with the preparer shown above? See instructions	May +	he ID'	S discuss this						

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1 990 (2020) THE PENNSYLVANIA INNOCENCE PROJECT	26-3176893	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		_
	The Pennsylvania Innocence Project works to exonerate the	nose convicte	d
	of crimes they did not commit, to prevent innocent peop		
	convicted and to help the wrongfully convicted in their	transition t	0
	freedom.		
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>T7</b>
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		<b>T7</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?Yes	XNo
_	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, ar	nd
4-	revenue, if any, for each program service reported.	20	301.)
4a	(Code:) (Expenses \$ 753,867. including grants of \$) (Reverse Pair executes the mission in several ways: (1) conducting	enue \$ <u> </u>	<u> </u>
	legal and factual review of claims of innocence raised b	<u>lg thorough</u>	<u></u>
	individuals, and where such review reveals credible class	ime of actual	eu
	innocence, partners with pro bono outside counsel to pro		
	representation seeking exoneration; (2) engaging in advo		hon
	appropriate, working with the law enforcement community		
	systemic causes of wrongful convictions, increase access		
	and prevent wrongful convictions; (3) providing clinical		
	experience to students in the fields of law, journalism		<u>u</u>
	justice, and forensic science to educate a new generation		es
	for the innocent; and 4) providing support to exonerces		
	after many years in prison, return to their communities.	<u> </u>	
4b		• enue \$	)
			/
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	)
4d	Other program services (Describe on Schedule O.)	,	
	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 753,867.	)	
4e	Total program service expenses 753,867.		990 (2020)
		Form 2	~~~ (2020)

Form 990 (20	20) THE	PENNSYLVANIA	INNOCENCE	PROJECT
Part IV C	Checklist of Require	d Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>v</b>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
	Part VI	<u>11a</u>		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
d	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	11c		- 23
u		11d		x
е	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
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			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 (	2020)		PENNSYLV		
Part IV	Checklist of	Require	d Schedules	(continue	d)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<b></b> _		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~~		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	1
Par		30	11	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

	990 (2020) THE PENNSYLVANIA INNOCENCE PROJECT 26-3176	<u>893</u>	Р	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 11		_						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
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							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		_						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).		_						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand			X					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>					
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x					
	excess parachute payment(s) during the year?	15							
40	If "Yes," see instructions and file Form 4720, Schedule N.	10		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16							
-	If "Yes," complete Form 4720, Schedule O.		000	(0000)					

Form **990** (2020)

Form 990	(2020)
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#### THE PENNSYLVANIA INNOCENCE PROJECT

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI					X
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	<b>1</b> a	29			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direc <sup>.</sup>	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 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point (	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, st	tockho	lders, 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	ar by the	e following:			
а	The governing body?			8a	X	
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 read	ched a	t 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 Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	licts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ")	/es," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					37
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	's			
0	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ PA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	- I (Section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	of interest policy, and	financ	ial	
•-	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 boo	oks and	records			
	The Organization - 215-204-4255	<u>.</u>				
	1515 MARKET STREET, No. 300, PHILADELPHIA, PA 1910	14				

Form 990 (2020)	THE PENNSYLVANIA	INNOCENCE	PROJECT	26-3176893	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, a	and Independent Contractor	rs in the second se						
Check if Schedul	e O contains a response or note to a	ny line in this Part V	11					
Section A. Officers, Direct	ors, Trustees, Key Employees, and	Highest Compens	ated Employees					
	ors, Trustees, Key Employees, and persons required to be listed. Report			or within the organization's	s tax year.			
<ul> <li>1a Complete this table for al</li> <li>List all of the organization</li> </ul>		rt compensation for	the calendar year ending with	0	,			

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is bot officer and a director/trus		n an	compensation	compensation	amount of		
	week		cer an	id a di	irecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		66	upens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con				organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Nan Feyler	40.00				×					
Executive Director		1		x				117,817.	Ο.	24,289.
(2) Sam Silver	1.00									
President		X		х				0.	Ο.	0.
(3) John Summers	1.00									
Vice President		X		X				0.	Ο.	0.
(4) Martha Morse	1.00									
Vice President		Х		Х				0.	0.	0.
(5) Pedro De La Torre	1.00									
Vice President		Х		Х				0.	0.	0.
(6) Anthony Creamer	1.00									
Treasurer		Х		Х				0.	0.	0.
(7) Kevin V. Mincey	1.00									
Secretary		Х		Х				0.	0.	0.
(8) Karen Abrams	1.00									
Board Member		Х						0.	0.	0.
(9) Mira Baylson	1.00									
Board Member		Х						0.	0.	0.
(10) David Berardinelli	1.00									
Board Member		Х						0.	0.	0.
(11) Paul Brandes	1.00									
Board Member		Х						0.	0.	0.
(12) Doris Brogan	1.00									
Board Member		Х						0.	0.	0.
(13) J.Gordon Cooney	1.00									
Board Member		Х						0.	0.	0.
(14) Joyce Cullinan Dailey	1.00									
Board Member		Х						0.	0.	0.
(15) Harris Devor	1.00									
Board Member		Х						0.	0.	0.
(16) Dave Fawcett	1.00									
Board Member		Х						0.	0.	0.
(17) Thomas Gallagher	1.00									_
Board Member		Х						0.	0.	0.

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Form 990 (2020) THE PENNS	YLVANIA	I	NN	oc	EN	CE	Ρ	ROJECT	26-3176	893	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	<b>(B)</b> Average hours per week	box,	not ch unles cer an	neck i is per	ition more son is	than c s both	an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estima amour othe	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compen from organiz and rel organiza	the ation ated
(18) Martin Heckscher	1.00										0
Board Member	1 0 0	Х						0.	0.		0.
(19) Tomi Herold Board Member	1.00	х						0.	0.		0.
(20) Kelley B. Hodge	1.00	Δ						0.			<u> </u>
Board Member	1000	х						0.	0.		0.
(21) Chester Hollman, III	1.00										
Board Member		х						0.	0.		0.
(22) Alycia Horn	1.00										
Board Member		Х						0.	0.		0.
(23) Zane David Memeger	1.00	77						0	0		0
Board Member (24) Anton Moore	1.00	Х						0.	0.		0.
Board Member	1.00	х						0.	0.		0.
(25) William Nugent	1.00										
Board Member		х						0.	0.		Ο.
(26) Shanda Sibley	1.00										
Board Member		Х						0.	0.		0.
1b Subtotal								117,817.	0.	24,	289.
c Total from continuation sheets to Part VII								0.	0.	24	$\frac{0.}{200}$
d Total (add lines 1b and 1c)								<u>117,817.</u>		24,	289.
2 Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	a ad	ove	) wn	o re	ceived more than \$100,	000 of reportable		1
										Ye	s No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for se	uch individual									3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a										5	x
rendered to the organization? If "Yes." com Section B. Independent Contractors	olete Schedule	<u>, J T</u>	or su	<u>cn r</u>	bers	on .				5	
1 Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compensa	ation from	
the organization. Report compensation for t	he calendar ye	ar e	ndin	g w	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	NC	ONE	]			_	Description of s	services (	Compensat	ion
							-				
							Ţ				
2 Total number of independent contractors (ir	ocluding but or	nt lin	nited	to t	thee			above) who received m	ore than		
\$100.000 of compensation from the organiz	•	/C 1111	nteu	.01	0		u	above, who received the			

Form 990 THE PENNS	YLVANIA	I	NN	OC	EN	CE	Ρ	ROJECT	26-317	6893
Part VII Section A. Officers, Directors, Tru	stees, Key En	Key Employees, and Highest C				lighe	est (	Compensated Employ		
(A) Name and title	<b>(B)</b> Average hours	rage Position					ly)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) Joshua Snyder	1.00	v						0	0	0
Board Member (28) David Sonenshein	1.00	х						0.	0.	0.
Board Member	1.00	x						0.	0.	0.
(29) Robert Hunter Taylor	1.00									<b>.</b>
Board Member	1.00	х						0.	0.	0.
Total to Part VII, Section A, line 1c										

						VA	NIA INNO	CENCE PROJE	ECT	26-3176	893 <sub>Page</sub> 9
Pa	rt V	111	Statement of Rev	ven	ue						
			Check if Schedule O c	conta	ains a respo	nse	or note to any lin		(D)	(0)	
								<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	<b>(D)</b> Revenue excluded
								rotarrotonido		business revenue	from tax under
											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns								
Gra			Membership dues								
ts, An			Fundraising events								
Gif İlar			Related organizations				75 650				
ns, Sim			Government grants (contri				75,659.				
utio er (		t	All other contributions, gifts,		s, and	1	100 061				
oth			similar amounts not included				198,064.				
not		-	Noncash contributions included in	lines 1	a-1f <b>1g</b> \$	)	<b>&gt;</b>	1,273,723.			
a C		h	Total. Add lines 1a-1f				Ducinosa Carda	1,213,123.			
	_		Wankahan Roog				Business Code 541100	26 500	26 500		
ice	2		Workshop Fees				541100	36,500.	36,500.		
erv ue		b									
n S /eni		С									
jrar Be∖		d									
Program Service Revenue		e									
а			All other program service	rever	nue		<u> </u>	36,500.			
		g	Total. Add lines 2a-2f				►	30,300.			
	3		Investment income (incluc					8,742.			8,742.
			other similar amounts)					0,742.			0,742.
	4		Income from investment o		-	-					
	5		Royalties		(i) Real		(ii) Personal				
	•	_	0	<b>a</b> -			(II) Fersonal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)	) <u></u>	(i) Securit		(ii) Other				
	1	а	Gross amount from sales of	7-		103					
		Ŀ-	assets other than inventory	7a							
Ð		D	Less: cost or other basis	76							
venue		_	and sales expenses	7b 7c							
			Gain or (loss)								
er Re			Net gain or (loss) Gross income from fundraisir								
Other	0	a	including \$	•	•						
0			contributions reported on								
			Part IV, line 18		-	8a					
		h	Less: direct expenses			8b					
			Net income or (loss) from								
			Gross income from gamin								
	v	u	Part IV, line 19			9a					
		h	Less: direct expenses			9b					
			Net income or (loss) from				<b>&gt;</b>				
			Gross sales of inventory, I								
		-	and allowances			10a					
		þ	Less: cost of goods sold			10b					
			Net income or (loss) from								
		-		20100	0	,	Business Code				
sno	11	а	Other income				900099	1,801.	1,801.		
Dec		b						,	,		
Miscellaneous Revenue		č									
lisc. Be		-	All other revenue								
Σ			Total. Add lines 11a-11d					1,801.			
	12		Total revenue. See instruction					1,320,766.	38,301.	0.	8,742.

THE PENNSYLVANIA INNOCENCE PROJECT

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 4 9 5 9 9	~~ == ~	1.6 .605	22.105
	trustees, and key employees	142,500.	92,750.	16,625.	33,125
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F10 00F	400 100	0.055	10.004
7	Other salaries and wages	510,237.	488,186.	2,957.	19,094
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	74 020		0.045	F 000
9	Other employee benefits	74,830.	66,599.	2,245. 1,522.	5,986 4,058
0	Payroll taxes	50,721.	45,141.	1,522.	4,058
1	Fees for services (nonemployees):				
	Management				
	Legal	10 222		10 222	
	Accounting	18,332.		18,332.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		F2 261	0 261	847.	11 152
	column (A) amount, list line 11g expenses on Sch O.)	53,361.	8,361.	047.	44,153
2	Advertising and promotion	9,853.	1,536.	508.	7,809
3	Office expenses	9,055.	,JJU•	500.	7,009
4	Information technology				
15 16	Royalties	24,565.		24,565.	
6  7		15,238.	14,958.	37.	243
	Travel Payments of travel or entertainment expenses	15,250.	14,5501		245
8	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9 20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
3	Insurance	3,232.	3,140.	25.	67
.3 24	Other expenses. Itemize expenses not covered	.,	0,110.	201	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		24,443.	24,443.		
a b	Bank fees	7,605.	3,022.	102.	4,481
с С	Fundraising expenses	6,917.	,		6,917
d	Licenses and fees	2,359.	1,472.		887
	All other expenses	4,947.	4,259.	62.	626
5	Total functional expenses. Add lines 1 through 24e	949,140.	753,867.	67,827.	127,446
26	Joint costs. Complete this line only if the organization				_ · <b>, ·</b>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

THE	PENNSYLVANIA	INNOCENCE	PROJECT
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26-3176893 Page 11

		Check if Schedule O contains a response or no	ote to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			327,121.	1	714,261.
	2	Savings and temporary cash investments			536,885.	2	487,516.
	3	Pledges and grants receivable, net			20,945.	3	173,166.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		· · ·		5	
	6	Loans and other receivables from other disgual					
		under section 4958(f)(1)), and persons describe		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			1,557.	9	4,994.
		Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation		10c			
	11	Investments - publicly traded securities	352,569.	11	417,996.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			1,239,077.	16	1,797,933.
	17	Accounts payable and accrued expenses	26,265.	17	74,923.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or forr					
itie		trustee, key employee, creator or founder, subs	stantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese per	sons		22	
Ë	23	Secured mortgages and notes payable to unrel	lated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	111,500.
	25	Other liabilities (including federal income tax, pa	ayable	s to related third			
		parties, and other liabilities not included on line	es 17-2	4). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			26,265.	26	186,423.
		Organizations that follow FASB ASC 958, cho	eck he	ere 🕨 🗴			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,172,351.	27	1,457,310.
Bal	28	Net assets with donor restrictions			40,461.	28	154,200.
pu		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
šor	29	Capital stock or trust principal, or current funds	s			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated ir				31	
Vet	32	Total net assets or fund balances			1,212,812.	32	1,611,510.
~	33	Total liabilities and net assets/fund balances			1,239,077.	33	1,797,933.

Form **990** (2020)

Form 990 (2020)
Part X Balance Sheet

	990 (2020) THE PENNSYLVANIA INNOCENCE PROJECT	26-	<u>3176</u>	<u>893</u>	Pa	<sub>ge</sub> 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,32		
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		37:	1,6	26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,21		
5	Net unrealized gains (losses) on investments	5				72.
6	Donated services and use of facilities	6	1	,03	9,1	75.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	,03	9,1	75.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,61	1,5	10.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				X
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it			1
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				_	000	(0000)

Form **990** (2020)

(Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service				► Go to www.irs.go	oformation.	Open to Public Inspection				
Nan	ne of t	the organizati	-	de le miniseige				inormation.	Employer	identification numbe
		5		PENNSYLVAN	IA INNOCENCE	PROJ	ЗСT			6-3176893
Pa	rt I	Reason			(All organizations must of			ee instructior		0 01/0000
The	organ				For lines 1 through 12, c					
1			-		on of churches described	•	-	I)( <b>A</b> )(i)		
2	H				(Attach Schedule E (Forr			·//~///		
3	H				anization described in s			i)		
4	H	•	•		njunction with a hospital			•	)(iii). Enter	the hospital's name.
•		city, and stat	-						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5	$\square$	-		or the benefit of a co	llege or university owned	d or operat	ed by a oc	vernmental u	nit describe	ed in
Ŭ				Complete Part II.)		, et eperat	54 ×) 4 95			
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
	X				intial part of its support f				ne general i	oublic described in
				omplete Part II.)	······ [-··· -· ·· -· - - ···				5	
8	$\square$				(1)(A)(vi). (Complete Par	t II.)				
9		-			in section 170(b)(1)(A)(	-	ed in conju	inction with a	land-grant	college
					culture (see instructions).					
		university:			. ,				Ū	
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities rela	ted to its exem	npt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
					(less section 511 tax) fro					
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	irry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) of	or section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a thro	ough 12d that	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority c	of the direc	tors or truste	es of the su	upporting
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	d or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ving
			-		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С			-		g organization operated				lly integrate	ed with,
		¬ ··	0		s). You must complete			-		
d			-		porting organization oper				-	
			•		zation generally must sat	•		-	an attentiv	/eness
	_	_			mplete Part IV, Sections					
е		_	0		written determination fro			Туре I, Туре	II, Type III	
	<b>-</b> .				nally integrated supporti					
		er the number		•						
<u> </u>		(i) Name of supp		about the supporte	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetarv	(vi) Amount of other
		organization		(-)	(described on lines 1-10	in your governi Yes	ing document? No	support (see ii	-	support (see instructions
					above (see instructions))	100				
						1				
Tota	ıl									

# Schedule A (Form 990 or 990-EZ) 2020 THE PENNSYLVANIA INNOCENCE PROJECT Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	584,501.	930,062.	685,031.	806,525.	1273723.	4279842.
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	584,501.	930,062.	685,031.	806,525.	1273723.	4279842.
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)						118,193.
	Public support. Subtract line 5 from line 4.						4161649.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
7	Amounts from line 4	584,501.	930,062.	685,031.	806,525.	1273723.	4279842.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	5,396.	7,085.	11,567.	12,891.	8,742.	45,681.
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.)						
	Total support. Add lines 7 through 10						4325523.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
0	organization, check this box and stor						
	ction C. Computation of Publi						06 01
	Public support percentage for 2020 (I		•			14	<u>96.21 %</u>
	Public support percentage from 2019					15	86.57 %
16a	33 1/3% support test - 2020. If the c						
la	stop here. The organization qualifies		-				
D	33 1/3% support test - 2019. If the c						
47-	and stop here. The organization qual		•••			and line 14 is 10%	
1/8	<b>7a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	-			-	conization	-	
Ь	meets the facts-and-circumstances te	-			-	7a and line 15 is 1	
D D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
19	organization meets the facts-and-circu <b>Private foundation</b> If the organization						
10	Private foundation. If the organization	in did hot check a l		a, 100, 17a, 01 170	, UNCON UNIS DOX A	na see instructions	

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 THE PENNSYLVANIA INNOCENCE 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		(a) 2010	( <b>D)</b> 2017	(0) 2018	( <b>u)</b> 2019	(e) 2020	(I) I Olai
	Amounts from line 6 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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	zation,
_	check this box and stop here						
Sec	ction C. Computation of Public	: Support Per	centage				
15	Public support percentage for 2020 (li	ne 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	d stop here. The	organization quali	fies as a publicly s	supported organiza	ation	►
-	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

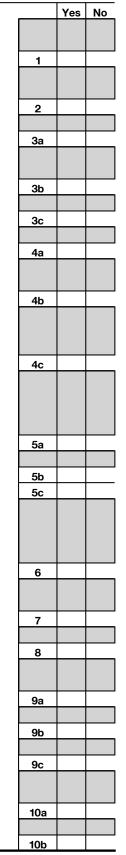
Schedule A (Form 990 or 990-EZ) 2020

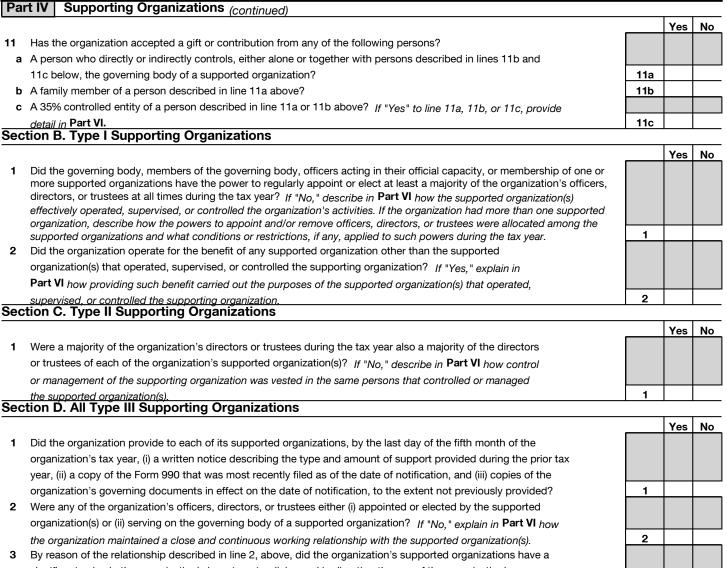
#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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





significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

### Section E. Type III Functionally Integrated Supporting Organizations

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

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

b		The organization is	the parent of each	n of its supported	organizations.	Complete line 3 below.
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<b>c</b> [		The organization suppo	rted a governmenta	al entity. Describe	in Part VI how	you supported a	governmental entity	/ (see instruction <u>s).</u>
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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.* 

3

2a

2b

3a

3h

Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		-	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-		- II	d Tours a III as us a station	/

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

Schedule A (Form 990 or 990-EZ) 2020

26-3176893 Page 6

Fai	Type in Non-Functionally integrated 509	alls) Supporting Orga	continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	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	es of supported organizations	6	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	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 $ { m T}$	HE PENNSYLVA	ANIA INNOCI	ENCE PROJECT	26-3176893 Page 8
Part VI	<b>Supplemental Informa</b> Part IV, Section A, lines 1, 2,	<b>tion.</b> Provide the exp 3b, 3c, 4b, 4c, 5a, 6, 9 s 2 and 3; Part IV, Sect	lanations required b a, 9b, 9c, 11a, 11b, a ion E, lines 1c, 2a, 2	y Part II, line 10; Part II, line and 11c; Part IV, Section B b, 3a, and 3b; Part V, line 1	a 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, l; Part V, Section B, line 1e; Part V,

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(Form	990)
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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.



Department of the Treasury Internal Revenue Service

Name of the organization

Part I       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)
1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)
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2       Aggregate value of contributions to (during year)
2       Aggregate value of contributions to (during year)
<ul> <li>Aggregate value of grants from (during year)</li> <li>Aggregate value at end of year</li> <li>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?</li> <li>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>Purpose(s) of conservation easements held by the organization or education or education)</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of a during habitat</li> <li>Preservation of open space</li> <li>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</li> <li>a Total number of conservation easements</li> <li>b Total acreage restricted by conservation easements</li> <li>b Total acreage restricted by conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</li> <li>a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  </li> <li>A Number of states where property subject to conservation easement is located &gt;</li> <li>A d Number of states where property subject to conservation easements is located &gt;</li> <li>Conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Conservation easements during the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it h</li></ul>
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<ul> <li>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li></ul>
<ul> <li>listed in the National Register</li></ul>
<ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li> <li>4 Number of states where property subject to conservation easement is located ▶</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> </ul>
<ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li> <li>4 Number of states where property subject to conservation easement is located ▶</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> </ul>
<ul> <li>4 Number of states where property subject to conservation easement is located ▶</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> </ul>
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li></li></ul>
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li></li> </ul>
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li></li> </ul>
▶
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.</li> </ul>
7 Amount of expenses incurred in monitoring inspecting handling of violations, and enforcing conservation essements during the year
►\$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
organization's accounting for conservation easements.           Part III         Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
provide the following amounts relating to these items:
<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990. Part X</li> </ul>
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$
<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>\$</li> </ul>
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

		SYLVANIA						26-31			<sub>age</sub> 2
Par	t III Organizations Maintaining Co	llections of Ar	t, Histe	orical Tre	easures, or C	other S	imila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the	following that ma	ake signi	ficant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change program						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explair	n how th	ey further th	ne organization's	s exempt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit or					imilar as	sets		_		_
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	on answered "Ye	s" on Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodiar							_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing t	able:							
									Amount		
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						<b>1</b> f		7		
	Did the organization include an amount on For					•	•	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. C										
1 ai							<b>T</b> 1		() [		h a a la
4-	F	(a) Current year	(D) F	rior year	(c) Two years b	аск (а)	Three y	ears back	(e) Four	years	DACK
1a	Beginning of year balance										
D	Contributions										
C	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance	nt year and belance	lino 1								
2		•		y, column (a	III HEIU AS.						
a b	Board designated or quasi-endowment ▶ _ Permanent endowment ▶	%	70								
	Permanent endowment ►										
C	The percentages on lines 2a, 2b, and 2c should										
30	Are there endowment funds not in the possess		tion that	t are held a	nd administered	for the o	ragniza	ation			
Ja	by:	son of the organiza					nganiza		<b></b>	Yes	No
	(i) Unrelated organizations								3a(i)	103	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the o										
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990, P	art X, line	e 10.				
	Description of property	(a) Cost or o basis (investn	ther	(b) Cos	t or other (other)	(c) Accu		ed	<b>(d)</b> Book	valu	е
10	Land			20010	()	Jopio	2.4001				
	Land										
	Buildings Leasehold improvements										
	EquipmentOther										
	Other		V colum	n (D) line 1							0.
Tota		<u>иан понні 990. РАП.</u>	A. COIUN		00.1			Schodulo	D (Carm	000)	

Schedule D (Form 990) 2020

Sch	nedule D	(Form 990) 2020	THE	PENNSYL	VANIA	INNOCEN	CE PROJECT	26	-3176893	Page 3
	art VII	Investments - C	Other Se	ecurities.						
		Complete if the orga	anization a	nswered "Yes"	on Form 9	90, Part IV, line	11b. See Form 990, Pa	rt X, line 12.		
(a	a) Descrip	tion of security or categ	Ory (including	name of security)	(b) B	Book value	(c) Method of valu	ation: Cost or end	d-of-year market va	lue
(1)	Financia	al derivatives								
(2)	Closely	held equity interests								
(3)	Other									
	(A)									
	(B)									
	(C)									
	(D)									
	(E)									
	(F)									
	(G)									
	(H)	h) must squal Form 000	Dort V. ool	(D) line 10 )						
		b) must equal Form 990, Investments - F								
			-		on Form Q	00 Part IV line	11c. See Form 990, Pa	rt X line 13		
		(a) Description of i				Book value			d-of-year market va	lue
	(1)	()			. ,				,	
	(2)									
	(3)									
	(4)									
	(5)									
	(6)									
	(7)									
	(8)									
	(9)									
		<u>b) must equal Form 990,</u>	, Part X, col	. (B) line 13.) 🕨						
Pa	art IX	Other Assets.								
		Complete if the orga	anization a				11d. See Form 990, Pa	rt X, line 15.		
				(a)	Descriptio	n			(b) Book val	ue
	(1)									
	(2)									
	(3)									
	(4) (5)									
	(5) (6)									
	<u>(6)</u> (7)									
	(8)									
	<u>(9)</u>									
		ımn (b) must equal Foi	rm 990 Pa	urt X col (B) line	15)					
	art X	Other Liabilities		<u>, , , , , , , , , , , , , , , , , , , </u>	. 10.7				•	
		Complete if the orga	anization a	nswered "Yes"	on Form 9	90, Part IV, line	11e or 11f. See Form 9	90, Part X, line 25		
1.		<b>(a)</b> De	escription of	of liability					(b) Book val	ue
	(1) Fec	leral income taxes								
	(2)									
	(3)									
	(4)									
	(5)									
	(6)									
	(7)									
	(8)									
	(9)									
Tot	al. <u>(Colu</u>	<u>ımn (b) must equal For</u>	<u>rm 990, Pa</u>	rt X, col. (B) line	<u>e 25.)</u>			🕨		

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

X

Sche	edule D (Form 990) 2020 THE PENNSYLVANIA INNOCENCE	PROJECT	26-	3176893 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		. 1	2,387,013.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a 27,072	•	
b	Donated services and use of facilities	2b 1,039,175		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	<u>1,066,247.</u> <u>1,320,766.</u>
3	Subtract line 2e from line 1		3	1,320,766.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue Add lines 2 and 4 or the state of a state to the		5	1,320,766.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,320,700.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe		<u> </u>
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With Expenses pe	r Returi	n.
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With Expenses pe	r Returi	1,988,315.
Pa	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With Expenses per		n.
Pa 1	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With Expenses per		n.
Pa 1 2	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With Expenses per		n.
Pa 1 2	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With Expenses per 2a 1,039,175		n.
Pa 1 2	<b>Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ents With Expenses per 2a 1,039,175 2b 2c		n. <u>1,988,315</u> .
Pa 1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents With Expenses per 2a 1,039,175 2b 2c 2d		n. <u>1,988,315</u> .
Pa 1 2 a b c d	<b>Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ents With Expenses per 2a 1,039,175 2b 2c 2d		n.
Pa 1 2 a b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ents With Expenses per 2a 1,039,175 2b 2c 2d		n. <u>1,988,315</u> .
Pa 1 2 b c d e 3	<b>Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With Expenses per 2a 1,039,175 2b 2c 2d		n. <u>1,988,315</u> .
Pa 1 2 a b c d e 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With Expenses per 2a 1,039,175 2b 2c 2d 2d		n. <u>1,988,315.</u> <u>1,039,175.</u> <u>949,140.</u>
Pa 1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a       1,039,175         2b       2c         2d       4a         4b       4b		n. <u>1,988,315.</u> <u>1,039,175.</u> <u>949,140.</u> 0.
Pa           1           2           b           c           d           e           3           4           b           c           5	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a       1,039,175         2b       2c         2d       2d	1 1 2e 3 4c	n. <u>1,988,315.</u> <u>1,039,175.</u> <u>949,140.</u>

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

Part X, Line 2:

PaIP is a not-for-profit organization exempt from income taxes under
Section 501 (c) (3) of the Internal Revenue Code and classified by the
Internal Revenue Service as other than a private foundation. Accordingly,
no provision for Federal or state income taxes is included in these
financial statements. PaIP follows the income tax standard for uncertain
tax positions. Should the tax-exempt status be challenged in the future,
PaIP's last three tax years are open for examination by the IRS.

SCHEDULE G	HEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990 or 990-EZ)	990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2020	
Department of the Treasury		Attach to Form 990							Open to Public
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for instr	ruction	s and	the latest information	on.	Employer		Inspection ntification number
Name of the organization		NSYLVANIA INNOCENC	ים ים	о.т <b>т</b>	тСт		26-31		
Part I Fundrais		Complete if the organization answe				ino 1			
	complete this par		ereu r	es 01	1 FOITT 990, Fait IV, I	ne i	. Form 990	-EZ	mers are not
· · ·	· · ·	sed funds through any of the followir	ng activ	vities. (	Check all that apply.				
a 🛛 X Mail solicitati	-		-		overnment grants				
<b>b</b> X Internet and	email solicitations	s f Solicita	ation of	gover	nment grants				
c Phone solicit		g 📃 Specia	l fundra	aising	events				
d X In-person sol									
•		or oral agreement with any individual	•	•		tees,			<b>—</b>
, , ,		art VII) or entity in connection with p			U U		X		
compensated at lea	•	viduals or entities (fundraisers) pursu	lant to	agreei	ments under which tr	ne fur	idraiser is to	b be	1
	asi \$5,000 by the								
(i) Name and address	s of individual		(iii)	Did raiser	(iv) Gross receipts		Amount pai		(vi) Amount paid
or entity (fund		(ii) Activity	have c	ustody htrol of	from activity		or retained k fundraiser		to (or retained by) organization
				utions?		lis	ed in col. (i	)	organization
Quinn Consulting As			Yes	No					
658 Fernfield Circl	e, Wayne,	Fundraising		x	0.			0.	10,000.
			_						
Total			<u></u>						10,000.
3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt fron	n reg	gistration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		5 5			<b>v</b> 1	•		
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))		
Ð			(event type)	(event type)	(total number)	- coi. (c))		
Revenue	1	Gross receipts						
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
Direct Ex	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses						
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line						
Pa	rt I			1 990, Part IV, line 19, or r	reported more than			
		\$15,000 on Form 990-EZ, line 6a.						
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue								
Ве	1	Gross revenue						
ses	2	Cash prizes						
xpen	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
			<b>Yes</b> %		<b>Yes</b> %			
	6	Volunteer labor	No No	No	No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
9 Enter the state(s) in which the organization conducts gaming activities:								
	a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:							
		ere any of the organization's gaming licenses re	woked, suspended, or te	erminated during the tax y	/ear?	Yes No		
b	lf "	Yes," explain:						
	_							

Sch	edule G (Form 990 or 990-EZ) 2020 THE PENNSYLVANIA INNOCENCE PROJECT 26-3	<u>1768</u>	<u>893</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	,	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	· 🗌	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		/0
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
ł	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to			_
	retain the state gaming license?	<u> </u>	Yes	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 💲			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
с.	hodulo C Dont T Line Ob Ligt of Mon Highogt Doid Eurodroigong			
20	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers	<u>:</u>		
<u>(i</u>	) Name of Fundraiser: Quinn Consulting Associates			
(i	) Address of Fundraiser: 658 Fernfield Circle, Wayne, PA 19087			
<u> </u>				

Schedule G	(Form 990 or 990-EZ)	THE	PENNSYLVANIA	INNOCENCE	PROJECT	26-3176893	Page <b>4</b>
Part IV	(Form 990 or 990-EZ) Supplemental Inform	mation	(continued)				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ.

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



OMB No. 1545-0047

THE PENNSYLVANIA INNOCENCE PROJECT

26-3176893

Form 990, Part III, Line 4a, Program Service Accomplishments:

PaIP receives participation by law students and faculty from accredited

law schools in greater Philadelphia and throughout Pennsylvania, as

well as students and faculty in various other disciplines, including

journalism, criminal justice and forensic science whose academic focus

is directly relevant to advancing PaIP's mission.

Form 990, Part VI, Section B, line 11b:

Form 990 is reviewed and approved by the Executive Director, Per Diem

Accountant and current Treasurer prior to filing.

Form 990, Part VI, Section B, Line 12c:

The Executive Director closely monitors the COI policy on an on-going

basis.

Form 990, Part VI, Section B, Line 15:

The Board of Directors meet in executive session to review and set the

salaries of the top management official (Executive Director) and certain

others, using all necessary data to establish fair and appropriate salaries

for an agency the size and complexity of the Pennsylvania Innocence

Project.

Form 990, Part VI, Section C, Line 19:

Organizing documents, financial and policy statements are made available to

the public upon request.

Schedule O (Form 990 or 990-EZ) 2020	Page 2				
Name of the organization THE PENNSYLVANIA INNOCENCE PROJECT	Employer identification number 26-3176893				
Form 990, Part XI, line 9, Changes in Net Assets:					
Donated services	-1,025,540.				
Donated facilities	-13,635.				
Total to Form 990, Part XI, Line 9	-1,039,175.				