EXTENDED TO NOVEMBER 15, 2023
Return of Organization Exempt From Income Tax

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

A For the 2022 calendar year, or tax year beginning and ending

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

C Name of organization
CAMP FREEDOM INC
Doing business as
3835 MAUCH CHUNK ROAD
ALLENTOWN, PA 18104
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number
81-4662848

E Telephone number
610-248-2595

G Gross receipts
1,981,108

H(a) Is this a group return for subordinates?
Yes [x] No
H(b) Are all subordinates included?
Yes [x] No

I Tax-exempt status:
- 501(c)(3)
- 501(c)(4)
- 4947(a)(1) or 527

J Website: WWW.CAMPFREEDOMPA.ORG

K Form of organization:
[x] Corporation

L Year of formation: 2016
M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: YEAR-ROUND DAY AND OVERNIGHT CAMP FOR INDIVIDUALS WITH DISABILITIES AND THEIR FAMILIES THAT

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7 Total unrelated business revenue from Part VIII, column (d), line 12

8 Contributions and grants (Part VII, line 1h)

9 Program service revenue (Part VII, line 2g)

10 Investment income (Part VII, line 4)

11 Other revenue (Part VII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (a), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 20

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Signature of officer
WILLIAM BACHENBERG, PRESIDENT

Date 2/7/24

Type or print name and title

Date 2/7/24

Preparer's signature
JOHN R. ZAYAITZ, CPA

Preparer's name
CAMPBELL RAPPOLD & YURASITS LLP

Preparer's phone number
(610) 435-7489

Use Only

Form 990 (2022)

See Schedule O for Organization Mission Statement Continuation