



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101 (973) 504-6215

Form CRI-200 **Short-Form Registration/Verification Statement**

Charitable organizations domiciled or doing business in the State of New Jersey, which receive gross contributions of \$25,000 or less per year, are required to submit an initial registration and to renew registration annually. In both circumstances this form may be used. In the event an organization receives gross contributions of less than \$10,000 per year and does not compensate anyone to solicit or perform fund-raising activities on its behalf, the organization is exempt from registration, but may still choose to register. The registration fee for charities with gross contributions between \$0 and \$25,000 is \$30, whether the fee is for an initial or renewal registration.

1. This statement is an Initial or Renewal Registration: **Renewal**
 - a) This statement contains the facts and financial information for the fiscal year ending: **6/30/2025**
2. Federal ID Number: **821889877**
 - a) N.J. Charities Registration Number: **CH4004000**
3. Full legal name of the registering organization: **SILENT KNIGHTSS**

In care of: **CARL CASPERSON**
4. Mailing Address:
26 CHRISTOPHER ST
DOVER, NJ 07801
5. Physical Address:
26 CHRISTOPHER ST
DOVER, NJ 07801

6. Does the organization have any offices in New Jersey in addition to the one listed above? **No**

- a) If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

**Carl Casperson
26 CHRISTOPHER ST
DOVER, NJ 07801**

7. Organization's contact information:

Telephone: **(201) 841-3419**
Email: **carl@silentknightss.com**
Website: **http://www.silentknightss.com**

8. The organization is eligible to file a Short Form Registration because:

- a) It did not receive gross contributions in excess of \$25,000 in the preceding fiscal year, AND all of the organization's functions, ~~including fund-raising~~, are conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions. **Yes**
- b) Is the organization a fraternal, patriotic, social or alumni organization, historical society or similar organization organized under the provisions of Title 15 of the New Jersey. Revised Statutes or Title 15A of the New Jersey Statutes, and solicitation of contributions is confined to the organization's membership and performed by members of the organization? **No**
- c) Does the organization solicit on behalf of a specified individual, and are all contributions, without any deductions what so ever, turned over to this beneficiary? **Yes**
- d) Is the organization a local post, camp, chapter or similarly designated element or county unit, of a bona fide veterans' organization which issues charters to the local elements throughout New Jersey or to any veterans' organization chartered under federal law or a service foundation of such an organization recognized in the organization's by-laws?
- e) Is the organization a private foundation that raised less than \$25,000 in public contributions? **No**

9. Have there been changes in the organization's name, address, Internal Revenue Service (I.R.S.) status, etc. since the date of your last reporting? **No**

- a) Is the organization a chapter or local unit of a parent organization? **No**

Parent Organization:

- b) Does the organization have chapter or local units?

No

Chapter

10. Purpose for which the organization was created: **To provide random acts of good**

- a) Does the organization solicit or intend to solicit contributions from the general public in the State of New Jersey (including through the sale of merchandise)? **No**

- b) Does the organization solicit funds under any other name(s)? **No**

DBA

11. Does the organization register or solicit in other states? **No**

If yes:

- a) Has the organization ever been enjoined in any jurisdiction from soliciting contributions or has it been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets? **No**
- b) Has the organization's charity registration been denied, suspended or revoked by any jurisdiction or state? **No**
- c) Has the organization voluntarily entered into an assurance of voluntary compliance agreement or any similar order or legal agreement with any jurisdiction, state or federal agency or officer? **No**

12. Is the organization currently I.R.S. tax-exempt? **Yes**

13. Has the organization's tax-exempt status been revoked, changed, or refused by the I.R.S.? **No**

14. Has the organization used an independent paid fund-raiser, fund-raising counsel or commercial co-venturer? **No**

If yes, for what purpose(s) are the funds being raised?

PFR	PFR Have Custody to Org Funds

Coventure Business

15. Provide the name, title, street address, telephone number and salary of each officer, director and trustee, and the five most-highly compensated employees in the organization.

Name	Title	Salary
Carl J Casperson		\$0.00
Kathy Betz		\$0.00
Michelle Casperson		\$0.00
Charles D Betz		\$0.00
Carl J Casperson Jr		\$0.00

CRI-200 Short-Form Registration Verification Financial Statement

A. Revenue

Line A1. Contributions & Donations: Includes but is not limited to individual and corporate contributions, donations, legacies, bequests and gross receipts from fundraising:

A1a. Gross Direct Public Support.....	\$1,671.00
A1b. Gross Indirect Public Support (including donations from other charities).....	\$0.00
A1c. Gross Fund Raising and Gaming Income.....	\$0.00
A1d. Gross Contributions.....	\$1,671.00
Line A2 Government Grants.....	\$0.00
A3a. Program service revenue.....	\$0.00
A3b. Other Support.....	\$0.00
Line A4. Total Gross Revenue.....	\$1,671.00

B. Expenses

Line B1. Program Expenses.....	\$0.00
Line B2. Management Expenses.....	\$1,156.00

Line B3. Fund-raising Expenses..... **\$0.00**

Line B4. Affiliate Expenses..... **\$0.00**

Line B5. Total Expenses (add lines B1, B2, B3 and B4)..... **\$1,156.00**

C. Net Assets

Line C1. Net Assets..... **\$0.00**