

# BEWARE Compliance Letter Scams

Whether your nonprofit is brand new or well established, large or small, there's a scammer looking for a crack in your security.

According to a report by the Association of Certified Fraud Examiners, nonprofit organizations were the victims in 9% of the reported fraud cases and suffered a median loss of \$60,000 between January 2020 and September 2021.

Compliance letter scams are quite prevalent and hard to spot. Newly formed nonprofits commonly fall victim to them because the state and federal compliance requirements are confusing and still new to them. But long-time nonprofits are also getting caught off guard by these.

It pays to stay vigilant.

## Beware of Compliance Letter Scams

One type of scam on the rise comes in a very official looking envelope.

The letter or form inside looks legit. They will offer you services to assist you with compliance issues that you think you need, but are either not necessary or can be obtained for free.



## What To Look For ...

Scam letters will often include these elements:

- Be addressed from an official sounding entity, such as "Corporate Compliance Center: Annual Minutes Compliance Notice." "Periodic Report Service Form." "Certificate of Status Request" or similar wording.
- Contain a government department (real or fake) logo.
- Include accurate details about your organization, such as the official name and corporate address, the EIN number, and even the name of one or more current board members.
- It will be making what appears to be a legitimate request for information to confirm or correct existing data.
- There will be a deadline date by which to comply....
- **... AND there will be a fee to pay... often with a convenient return envelope.**

## **Real Life Examples**

To help you learn to spot the frauds, some actual compliance scam letters received by nonprofit organizations are included with this document. Identifying information has been blurred out for privacy reasons.

Two of the organizations are well established. Two are only a few months old and received the compliance scam shortly after registering with the state.

### **Can you spot the giveaway details?**

Yellow highlighting has been added to at least one giveaway detail on each of the real life examples. Would you have noticed them? Spot any others?

The 501-C scam is particularly clever as the instruction sheet looks just like an IRS instruction booklet.

### **What to do if you receive a scam request ...**

With so many projects and details to juggle managing the day-to-day operation of a nonprofit you might think just pitching a scam request in the trash is the best solution. You didn't fall for it so no harm done, right?

While that may be the easiest way for you to handle it, it does nothing to help solve this growing problem.

If you receive any type of scam request, by mail or email, please take time to report it to your State's Attorney General's office, specifically, the Consumer Protection Division.

Hopefully, as more organizations take the time to share evidence and complaints, legal action against the individuals and businesses engaged in this type of fraud will be pursued and successfully thwarted.

Be on the alert! Protecting the integrity and assets of your nonprofit is always a priority.

New or old, every nonprofit organization is at risk for this type of scam.

**THIS PRODUCT OR SERVICE HAS NOT BEEN APPROVED OR ENDORSED BY ANY GOVERNMENTAL AGENCY, AND THIS OFFER IS NOT BEING MADE BY AN AGENCY OF THE GOVERNMENT**

1. Corporation Name	2. Street Address of Principal Executive Office (Do not list PO Box)	3. Foreign Jurisdiction (only if formed outside of California)
<input type="checkbox"/> Address Change Do not list a P.O. Box	City State Zip	<b>Service Process Fee</b> <b>\$243.00</b>
		Respond no later than <b>January 15, 2023</b>

▲ Please allow 4-6 weeks for your order to be processed



California Corporations Code § 1502: Every domestic [and] foreign corporation registered to transact intrastate business in this state shall deliver to the Secretary of State for filing within 90 days after the filing of its original articles of incorporation or registering to transact intrastate business and annually thereafter during the applicable filing period. The appropriate filing period for a corporation is the calendar month during which its original articles were filed and the immediately preceding five calendar months. A corporation is required to file their Statement of Information even though it may not be actively engaged in business at the time their Statement is due. Changes to information contained in a previously filed Statement can be made by filing a new Statement of Information in its entirety.

Statutory filing provisions are found in California Corporations Code Section 1502, unless otherwise indicated. Failure to file the Statement of Information by the **DUE DATE** will result in the assessment of a **\$250.00 penalty** which will be assessed by the California Franchise Tax Board. (Sections 2204 and 2206; California Revenue and Taxation Code section 19141.)

**4. Business Addresses**

a. Mailing Address of Corporation, if different than field 2	City (no abbreviations)	State	Zip Code
b. Mailing Address of California Office, if different than item 4a (Do not list a PO Box)	City (no abbreviations)	State <b>CA</b>	Zip Code

**5. Officers**

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

<b>a. Chief Executive Officer</b>	First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State	Zip Code
<b>b. Secretary</b>	First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State	Zip Code
<b>c. Chief Financial Officer</b>	First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State	Zip Code

**6. Director(s)**

At least one name and address must be listed. If the Corporation has additional directors, attach the name(s) and address on a separate sheet.

a. First Name	Middle Name	Last Name	Suffix
Address		City (no abbreviations)	State Zip Code

**7. Type of Business**

**8. Labor Judgement**

Yes  No

Does any Officer or Director have an outstanding final judgment issued by the Division of Labor Standards Enforcement or court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?

**9. Service of Process**

Must provide either individual OR Corporation. Individuals (9a & 9b) provide full name and address. Corporations (9a) use name only.

a. California Agent's First Name (or Corporation Name)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter PO Box		City (no abbreviations)	State Zip Code

**THIS IS NOT A BILL. THIS IS A SOLICITATION. YOU ARE UNDER NO OBLIGATION TO PAY THE AMOUNT STATED ABOVE UNLESS YOU ACCEPT THIS OFFER.** Failure to comply with the necessary filing will cause the entity to be assessed penalties, fines and SUSPENSION. Should the entity become SUSPENDED, you will not have the right to conduct business and your entity could be taken, and could have many negative ramifications. CA B&P CODE SECTION 1502. In submitting this form you authorize and cause Corporate Processing Service to file your Statement of Information on your behalf. Under Penalty of Perjury, you declare you are authorized to sign this order form on behalf of the above organization and that you have examined this order form, including the accompanying schedules and attachments, and to the best of your knowledge it is true and correct.

Please Sign Here

Signature of Director, Officer, or an authorized company official

Date

(Type or print name of signer)

Title

Mail Form and \$243 check to:

**CORPORATE PROCESSING SERVICE**  
836 57TH ST, SUITE 490  
SACRAMENTO CA 95819-3327



# Instructions for Order Form 501-C

## California Corporation Annual Declaration of Directors and Officers

THIS PRODUCT OR SERVICE HAS NOT BEEN APPROVED OR ENDORSED BY ANY GOVERNMENTAL AGENCY, AND THIS OFFER IS NOT BEING MADE BY AN AGENCY OF THE GOVERNMENT

California law requires all corporations to update the records of the California Secretary of State on the anniversary month of registration by filing a statement of information.

Section references are to the California Corporations Code unless otherwise noted.

### Do You Have to File?

Statutory filing provisions are found in California Corporations Code Section 1502. Should the Corporation fail to file their State of Information by its due date, they will be assessed a **penalty** in the amount of **\$250** which will be assessed by the California Franchise Tax Board. (California Corporations Code Section 1502; Revenue and Taxation Code Section 19141).



Failure to file your Statement of Information may cause the Corporation to become **SUSPENDED**. While the Corporation is under Suspension status the following will be affected:

- Lose the right to conduct business
- Lose the right to retain entity name
- Lose the right to answer lawsuit
- Leaves the Corporation's properties vulnerable

### What If You Can't File On Time?

Domestic and Foreign California Corporations are required to file or cause to be filed a Statement of Information with the California Secretary of State within 90 days after filing of its original Articles of Incorporation or Application of Registration and annually thereafter during the applicable filing period.

The application filing period for a Corporation is the calendar month during which its original Articles of Incorporation or Application of Registration were filed and then immediately preceding five calendar months. A Corporation is required to file their Statement of Information even though it may not be actively engaged in business at the time their statement is due. Changes to the Statement of Information which was previously filed can be made by filing a new Statement of Information and completed in its entirety.

## General Instructions

**Part 1. Business Name.** The legal name of your Corporation as it appears on your Articles of Incorporation.

**Part 2. Business Address.** The physical business address, must not be a P.O. Box.

**Part 3. Foreign Entity.** If your Corporation is a Foreign Entity, provide the State or Country where formed.

### Part 4. Business Addresses.

**a. Mailing Address.** Your Mailing Address if different than (2) your business Address

**b. Street Address.** Your California address if your 4(a) mailing address is not in California.

**Part 5. Officers.** List your Officers. Must include CEO, CFO, and Secretary, even if the same person elected to more than one position. You may add, but not change the prefilled titles.

**Part 6. Director(s).** List at least one Director and their address. If more than one appointed, please list and attach on a separate sheet.

**Part 7. Type of Business.** Describe your type of business or service(s).

**Part 8. Outstanding Judgement.** Check YES or NO to disclose if any Officer or Director have an outstanding final judgement issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal is pending, for the violation of any wage order or provision of the Labor Code.

**Part 9. Service of Process.** Must provide full name and address of Agent for Service of Process, either an individual or a Corporation (must not be the corporation listed in Part 1).

### Where to File

Your order of \$243 includes applicable Secretary of State filing and processing fees. Checks should be made payable to

**Corporate Processing Service**  
836 57th Street, Suite 490  
Sacramento CA 95819-3327

Upon receipt, Corporate Processing Service shall file the Statement of Information on your behalf and the Secretary of State will endorse and file one copy.

### Notice

Corporate Processing Service will not be responsible for any penalties arising from late filing, incomplete, or clerical errors on form.

39 U.S. Code 3001(d)(2)(a) This is a solicitation for the order of goods or services, or both, and not a bill, invoice, or statement of account due. You are under no obligation to make any payments on account of this offer unless you accept this offer. You may remove your corporation from future offers by calling (916) 249-5400. Returned checks will be charged a \$25 return check fee. Form must be completed in its entirety.

# 2023 CERTIFICATE OF GOOD STANDING REQUEST FORM



**CO Certificate Service**  
191 University Blvd Suite 310  
Denver, CO 80206

QUESTIONS?




PLEASE EMAIL:

**COCS@certificatefilingservice.com**

OR CALL TOLL FREE

**1-866-301-2738**

**IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT CLEARLY.**

Key Code: CO-6371583-37	Notice Date: 01/02/2023	<b>PLEASE RESPOND BY:</b> 01/16/2023
Business Address: Sterling Thomas Foundation Fort Collins CO 80526-3039		

Congratulations on registering your business with the State of Colorado. Your Articles have been filed with the secretary of state and are complete. You have one step left in order to buy your optional Certificate of Good Standing from Colorado Certificate Service.

**Please confirm the accuracy of the information below for your Colorado Certificate of Good Standing.**

A Colorado Certificate of Good Standing is issued by the Secretary of State and may be required for loans, to renew business licenses, or for tax or other business purposes. Colorado Certificate Service is not affiliated with any government or state agency and this notice is a solicitation for your business. The Certificate of Good Standing shows the official evidence of an entity's existence and provides a statement of an entity's status, current legal name and date of formation. The Certificate of Good Standing bears the official seal of the Colorado Secretary of State. Colorado Certificate Service will mail a hard copy of your Certificate of Good Standing to your business address.

### Business Information:

Business Type: Nonprofit Corporation  
Date of Registration: 12/30/2022  
Certificate of Good Standing Fee: \$70.00

### Step 1: Please Confirm Business Name & Address Are Correct

Sterling Thomas Foundation Fort Collins CO 80526-3039	Identification Number: 20228291509
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### Step 2: Contact Information – Do NOT Skip This Step! Email & Contact Number Required for Processing.

Name:	Email:	Phone Number:
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### Step 3: Payment – Select Payment Method & Double Check Payment Information.

CHECK OR MONEY ORDER ENCLOSED  
IN THE AMOUNT OF: \$70.00

Please make your check or money order payable to:

**CO Certificate Service**  
191 University Blvd Suite 310  
Denver, CO 80206

[PLEASE ALLOW UP TO TWO WEEKS FOR  
PROCESSING AND RETURN OF DOCUMENT]



### Step 4: Authorization Please Sign, Date & Return this Form with Payment Enclosed in Return Envelope Provided

Signature:	Date:
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# CORPORATE COMPLIANCE CENTER ANNUAL MINUTES COMPLIANCE NOTICE

Entity File No. [REDACTED]  
CCC File No. [REDACTED]

231843 \*\*\*\*\*AUTO\*\*ALL FOR AADC 945  
AREA

257-2  
\*71686



**PLEASE RETURN BY 9/30/21 TO ALLOW  
ADEQUATE PROCESSING TIME FOR YOUR  
DOCUMENTS**

**California Law Annual Minutes Requirements.** CA Corp. Code sections 5510, 7110, Et. Seq. requires non-exempt California corporations to keep minutes of member, director and director committee proceedings.

**Consequence of Non-Compliance.** Failure to comply with these statutes is a factor courts may consider that can result in personal liability of corporation members for corporation debts and obligations without limit to amount as a result of alter ego liability.

**Complete and Return the Form Below** so that CCC can prepare the documents to meet the terms of the Annual Minutes Requirements of CA Corp. Code §5510, 7110, Et. Seq.

**Make Your Check for \$179.00 Payable to CCC.** It is important we receive your response by 9/30/21 to ensure the timely preparation of your Annual Minutes. You should receive your Certificate of Minutes within 3 weeks of sending your form.

**(916) 480-9006 \* Return this form with your check and mail to us in the enclosed envelope.\***

BUSINESS INFORMATION		(COMPLETE/MAKE CHANGES WHERE NECESSARY (PRINT OR TYPE))	
Business Name & Principal Office Street Address		City	State Zip Code
Person To Contact		Telephone (With Area Code)	Fax (With Area Code)
E-mail		( ) -	( ) -
OFFICERS – NAMES OF ALL OFFICERS, INCLUDING OFFICERS WHO ARE DIRECTORS		DIRECTORS – NAMES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE OFFICERS	
PRESIDENT / CEO (Required Position)	DIRECTOR #1 NAME (Required Position)		
VICE-PRESIDENT (Optional Position)	DIRECTOR #2 NAME (Required if there are 2 Shareholders)		
SECRETARY (Required Position)	DIRECTOR #3 NAME (Required if 3 or more Shareholders)		
TREASURER / CFO (Required Position)	DIRECTOR #4 NAME (Optional Position)		
PURPOSE (Check Only One) Public or Charitable Purpose [ ] Any lawful mutual benefit purpose [ ]	DIRECTOR #5 NAME (Optional Position)		
MEMBERS (Check Only One) This Corporation Has No Members [ ] The Articles/Bylaws Provide [ ] For Members	DIRECTOR #6 NAME (Optional Position)		
PLEASE RETURN BY 9/30/21 TO ALLOW ADEQUATE PROCESSING TIME FOR YOUR DOCUMENTS		If additional space is needed for director names, please attach a separate sheet of paper.	

<input type="checkbox"/> CHECK ENCLOSED FOR \$179.00 MADE PAYABLE TO CORPORATE COMPLIANCE CENTER		<input type="checkbox"/> CHARGE MY CREDIT CARD \$179.00	
Credit Card Type <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	Credit Card Number	Expiration Date	
Cardholder Name As it appears on card:	CCV	VISA/MASTERCARD/DISCOVER 3 DIGIT CODE ON BACK OF CARD	
Billing Address On Card Account:			
I authorize Corporate Compliance Center to charge my card the amount listed at the right. The charge will appear on statement as		Compliance Filings Inc.	Credit Card Payment Amount \$179.00
Signature	Date	 C8707065	

**THIS PRODUCT OR SERVICE HAS NOT BEEN APPROVED OR ENDORSED BY ANY GOVERNMENTAL AGENCY, AND THIS OFFER IS NOT BEING MADE BY AN AGENCY OF THE GOVERNMENT.**

**RETURN THIS FORM NO LATER THAN 9/30/21 TO ENSURE TIME FOR PROCESSING OF YOUR DOCUMENTS. CORPORATE COMPLIANCE CENTER, 2740 FULTON AVE, SUITE 203, SACRAMENTO, CA 95821 (916) 480-9006**



BUSINESS CERTIFICATE SERVICES  
400 CAPITAL CIRCLE SE, SUITE 18-238  
TALLAHASSEE, FL 32301

**2022 CERTIFICATE OF STATUS REQUEST FORM**

FOR QUESTIONS CALL:  
855-755-3357



MON-FRI 9am - 5pm EST



3488\*\*\*\*\*AUTO\*\*ALL FOR AADC 342\*\*\*2-11



**IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT CLEARLY.**

Document Number: <b>N22000004761</b>	Notice Date: <b>5/19/2022</b>	Please Respond By: <b>5/29/2022</b>
Business Address: 		

Congratulations on registering your business with the State of Florida. Your Articles have been filed with the secretary of state and are complete. You have one step left in order to attain your elective Florida Certificate of Status. Below is a form for your newly registered business. Please confirm the accuracy of the information below for your Florida Certificate of Status request.

A Florida Certificate of Status is issued by the Secretary of State and may be required for loans, to renew business licenses, or for tax or other business purposes. A certificate of Status certifies that your Florida business is in existence, is authorized to transact business in the state and complies with all state requirements. The Certificate of Status shows the official evidence of an entity's existence and provides a statement of an entity's status, current legal name and date of formation. The Certificate of Status bears the official seal of the Florida Secretary of State.

**Business Information**

Business Name:

Document Number:

Certificate of Status Fee: **\$87.25**

*This is not a government agency*

**Step 1 BUSINESS INFORMATION** Confirm Business Name & Document Number are Correct Above

**Check or Money Order Enclosed**

Email Address: \_\_\_\_\_

Make check or money order payable to:  
**BUSINESS CERTIFICATE SERVICES**

Phone Number: \_\_\_\_\_

Notice Send Date: 5/19/2022

Document #:



Amount enclosed: \$87.25

<b>Step 2.</b> Please print and sign your name for authorization.	
Print Name	Signature

**Step 3.** Return this completed form with payment in return envelope provided.