(Rev. January 2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. For the 2019 calendar year, or tax year beginning , 2019, and ending D Employer identification number Check if applicable: Address change Croatian Scholarship Fund 68-0231056 E Telephone number PO Box 290 Name change San Ramon, CA 94583 925 556 6263 Initial return Final return/terminated 237,490 G Gross receipts \$ Amended return F Name and address of principal officer: Gary Allen H(a) Is this a group return for subordinates Yes |X|_{No} Application pending H(b) Are all subordinates included?
If "No," attach a list. (see instructions Yes Same As C Above Tax-exempt status: 4947(a)(1) or X 501(c)(3) 501(c) () (insert no.) Website: ► www.croatianscholarship.org H(c) Group exemption number X Corporation Trust L Year of formation: 1989 M State of legal domicile: CA Form of organization: Association Summary Briefly describe the organization's mission or most significant activities: The primary purpose of this organization is to develop leaders for Croatia's future by providing financial Activities & Governance assistance to highly qualified students of Croatian origin, living in Croatia or Bosnia-Hercegovina, so that they may attend a university in Croatia. Check this box ► | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a)..... 5 Total number of volunteers (estimate if necessary). 6 7a Total unrelated business revenue from Part VIII, column (C), line 12..... b Net unrelated business taxable income from Form 990-T, line 39..... 0. **Current Year** Contributions and grants (Part VIII, line 1h)..... 179,706. 161,668. Program service revenue (Part VIII, line 2g)..... Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 35,404. 10 29,363. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 49,499. 10,058. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 258,568. 207,130. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 138,675. 160,315. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 35,038 32,415. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 173,713 192,730. Revenue less expenses. Subtract line 18 from line 12..... 84,855. 14,400 **End of Year Beginning of Current Year** Total assets (Part X, line 16)..... 1,720,309 1,589,386. 21 Total liabilities (Part X, line 26)..... Net assets or fund balances. Subtract line 21 from line 20. 1,720,309 1,589,386. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, includi complete. Declaration of preparer (other than officer) is based on all informa schedules and statements, and to the best of my knowledge and belief, it is true, correct, and Signature of officer Date Sign Here Gary Allen President Type or print name and title Print/Type preparer's name Preparer's signature Date Check Terri T. Terri T. Crinnion Paid Crinnion 4/20/20 self-employed P00051281 Terri T. Crinnion, CPA Preparer Firm's name Use Only ▶ 9481 Thunderbird Place Firm's address Firm's EIN ► 20-5749730 San Ramon, CA 94583 925 828-5309 May the IRS discuss this return with the preparer shown above? (see instructions)..... X Yes No

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| | rt III State | ement of Prograi | n Service Accor | nplishments | | | | - ugo | = |
| | Checl | k if Schedule O conta | ains a response or n | ote to any line in thi | s Part III | | | | x |
| 1 | Briefly descr | ibe the organization's | s mission: | | | | | | |
| | See Sche | dule 0 | | | | | | | |
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| 2 | Did the organ | ization undertake any | significant program se | ervices during the year | r which were not liste | d on the prior | | | |
| | Form 990 or | 990-EZ? | | | | a on the phon | TYes | V No | |
| | If "Yes," desc | ribe these new service | s on Schedule O. | | | | | X No | |
| 3 | Did the organ | nization cease condu | cting, or make signi | ficant changes in ho | w it conducts, any r | orogram services? | TYes | V Na | |
| | If "Yes," desc | ribe these changes on | Schedule O. | | in it solitations, any p | orogram scrvices. | 1es | X No | |
| 4 | | | | ishments for each of | its three largest or | ogram services es | mossured by | | |
| | Section 501(and revenue | organization's progra c)(3) and 501(c)(4) o , if any, for each prog | rganizations are req gram service reporte | uired to report the a | mount of grants and | d allocations to oth | ers, the total | expenses, | |
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