

# California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name <b>CROATIAN SCHOLARSHIP FUND</b>		California corporation number <b>1466943</b>
Additional information. See instructions. <b>MARIJANA PAVIC, PRESIDENT</b>		FEIN <b>68-0231056</b>
Street address (suite or room) <b>P.O. BOX 290</b>		PMB no.
City <b>SAN RAMON</b>	State <b>CA</b>	Zip code <b>94583</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input checked="" type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy) ● _____</p> <p><b>E</b> Check accounting method:                  1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? 1 ● <input type="checkbox"/> 990T 2 ● <input type="checkbox"/> 990-PF 3 ● <input type="checkbox"/> Sch H (990)                  4 <input type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption                  If "Yes," what is the parent's name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$ _____</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8. ●	1	4,537,071.
	2 Gross dues and assessments from members and affiliates. ●	2	
	3 Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B. ●	3	4,016,425.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. ●	4	8,553,496.
	5 Cost of goods sold. ●	5	
	6 Cost or other basis, and sales expenses of assets sold. ●	6	2,870,000.
	7 Total costs. Add line 5 and line 6. ●	7	2,870,000.
	8 Total gross income. Subtract line 7 from line 4. ●	8	5,683,496.
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18. ●	9	486,998.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ●	10	5,196,498.
<b>Filing Fee</b>	11 Total payments. ●	11	
	12 Use tax. See General Information K. ●	12	
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. ●	13	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. ●	14	
	15 Penalties and interest. See General Information J. ●	15	
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result. ●	16	0.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer <b>PRESIDENT</b>	Date _____	
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>DOUGLAS W. REGALIA</b>	Date <b>08-25-2022</b>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address <b>REGALIA &amp; ASSOCIATES CPAS 103 TOWN &amp; COUNTRY DR STE K DANVILLE, CA 94526</b>		Telephone <b>(925) 556-6263</b>
			Firm's FEIN <b>P00186389</b>
			Telephone <b>(925) 314-0390</b>
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	136,956.
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	4,225,000.
	7	Other income. Attach schedule. <b>SEE STATEMENT 1</b>	●	7	175,115.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	4,537,071.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	191,377.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. <b>SEE STMT 2</b>	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other expenses and disbursements. Attach schedule. <b>SEE STATEMENT 3</b>	●	17	295,621.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	486,998.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		144,464.	●	188,390.
2	Net accounts receivable			●	
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock <b>STMT 4</b>		1,732,274.	●	6,903,263.
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule. <b>STM 5</b>		950.	●	950.
13	<b>Total assets</b>		1,877,688.		7,092,603.
<b>Liabilities and net worth</b>					
14	Accounts payable			●	18,417.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund		1,877,688.	●	7,074,186.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		1,877,688.		7,092,603.

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	5,196,498.	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6		5,196,498.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	<b>Total.</b> Add line 1 through line 5		5,196,498.				