

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.

2025**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C CROATIAN SCHOLARSHIP FUND P.O. BOX 290 SAN RAMON, CA 94583
D Employer identification number 68-0231056	E Telephone number (530) 392-8467
G Gross receipts \$ 386,007.	
F Name and address of principal officer: BARBARA JAGIELLO SAME AS C ABOVE	
H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: WWW.CROATIANSCHOLARSHIP.ORG	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Year of formation: 1989	M State of legal domicile: CA

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PRIMARY PURPOSE OF THE CROATIAN SCHOLARSHIP FUND IS TO DEVELOP LEADERS FOR CROATIA'S FUTURE BY PROVIDING FINANCIAL ASSISTANCE TO HIGHLY QUALIFIED STUDENTS OF CROATIAN ORIGIN, LIVING IN CROATIA OR BOSNIA AND HERZEGOVINA, SO THAT THEY MAY (CONTINUED ON TOP OF FORM 990 PAGE 2)
	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)..... 3 7
	4 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 7
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)..... 5 0
	6 Total number of volunteers (estimate if necessary)..... 6 25
	7a Total unrelated business revenue from Part VIII, column (C), line 12..... 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11..... 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....
	9 Program service revenue (Part VIII, line 2g).....
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....
	11 Other revenue (Part VIII, 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).....
Expenses	15 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) 12,547.
	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 12.....
	20 Total assets (Part X, line 16).....
Net Assets or Fund Balances	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.

Sign Here	Signature of officer BARBARA JAGIELLO		Date PRESIDENT	
	Type or print name and title			
Paid Preparer Use Only	Preparer's name DOUGLAS W. REGALIA	Preparer's signature DOUGLAS W. REGALIA	Date 04-13-2026	Check ☐ if self-employed PTIN P00186389
	Firm's name REGALIA BERGER & BERGER CPAS	Firm's EIN 68-0260103		
	Firm's address 103 TOWN & COUNTRY DR STE K DANVILLE, CA 94526	Phone no. (925) 314-0390		
	May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No			

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☐**1** Briefly describe the organization's mission:

ATTEND A UNIVERSITY IN CROATIA OR BOSNIA AND HERZEGOVINA. FOR THE PAST 30 YEARS CSF HAS BEEN PROVIDING FINANCIAL ASSISTANCE TO THE FINANCIALLY DESERVING CROATIAN UNIVERSITY STUDENTS IN CROATIA AND BOSNIA-HERZEGOVINA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 429,580. including grants of \$ 428,162.) (Revenue \$)
SCHOLARSHIPS AND INTERNSHIPS WERE GIVEN TO 119 STUDENTS OF CROATIAN DESCENT IN CROATIA AND BOSNIA AND HERCEGOVINA. THE EXECUTIVE BOARD ESTABLISHED FINANCIAL NEED CRITERIA AND RIGID ACADEMIC STANDARDS FOR ADMISSION INTO THE PROGRAM IN AN EFFORT TO SELECT THE MOST PROMISING STUDENTS WHO WOULD SOMEDAY BECOME QUALIFIED LEADERS TO HELP CROATIA ESTABLISH AND MAINTAIN A FREE DEMOCRACY AND A SOUND ENTERPRISE SYSTEM. THIS WOULD ENABLE CROATIA TO BECOME MORE COMPETITIVE IN THE WORLD GLOBAL ECONOMY. STUDENTS ACCEPTED INTO THE PROGRAM RECEIVE \$2,500 PER YEAR FOR A DURATION OF THREE YEARS OF UNDERGRADUATE AND TWO YEARS GRADUATE STUDY. NO RECIPIENT MAY BE AWARDED MORE THAN FIVE ONE-YEAR SCHOLARSHIPS. STUDENTS ARE NOTIFIED OF ACCEPTANCE INTO THE PROGRAM BY JULY 1 OF EACH YEAR. PAYMENTS ARE MADE ONCE A YEAR.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 429,580.