

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

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.

A For the 2024 calendar year, or tax year beginning , **and ending**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **TAMPA BAY MARITIME SCHOLARSHIP FOUNDATION INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) **P.O. BOX 173702** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code **TAMPA FL 33672-3702**

D Employer identification number **47-3073065**
E Telephone number **386-679-8402**
G Gross receipts \$ **55,293**

F Name and address of principal officer:
JERE WHITE
P.O. BOX 173702
TAMPA FL 33672-3702

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.TBMSF.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **M** State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE FOUNDATION IS TO DEVELOP SIGNIFICANT COMMUNITY-WIDE FINANCIAL RESOURCES TO PROVIDE MEANINGFUL SCHOLARSHIP SUPPORT TO HIGH ACHIEVING GRADUATES.			
	2 Check this box <input type="checkbox"/> 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)	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	21,500	18,609
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,066	10,422
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157,049	26,262
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	180,615	55,293
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	63,011	61,860
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,893	12,345
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	73,904	74,205
19	Revenue less expenses. Subtract line 18 from line 12	106,711	-18,912	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	500,162	483,645
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances. Subtract line 21 from line 20	500,162	483,645

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: **JERE WHITE** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only
 Preparer's name: **RICHARD E. HATCHER** Preparer's signature: *Richard E. Hatcher* Date: **02/19/25** Check if self-employed PTIN: **P00183386**
 Firm's name: **PRIDA, GUIDA & PEREZ, P.A.** Firm's EIN: **59-1978917**
 Firm's address: **2504 WEST KATHLEEN ST TAMPA, FL 33607** Phone no.: **813-226-6091**

May the IRS discuss this return with the preparer shown above? See instructions Yes No