

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1104 MADISON PLAZA City or town, state or province, country, and ZIP or foreign postal code CHESAPEAKE VA 23320	<b>D Employer identification number</b> 54-0977032 <b>E Telephone number</b> 757-963-0632 <b>G Gross receipts \$</b> 1,806,150
<b>F Name and address of principal officer:</b> STEWART W. MARTIN MD 613 FORD RALEIGH DRIVE VIRGINIA BEACH VA 23451-4872		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b>
<b>J Website:</b> WWW.TIDEWATEREMS.ORG		<b>L Year of formation:</b> 1974 <b>M State of legal domicile:</b> VA
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: PLANNING, COORDINATION AND TRAINING OF EMERGENCY MEDICAL SERVICE. THE ORGANIZATION DEVELOPS AND IMPLEMENTS AN EFFICIENT AND EFFECTIVE REGIONAL EMERGENCY SERVICE DELIVERY SYSTEM.		
	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)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	33
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0
<b>Revenue</b>		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	55,712	63,530
	9 Program service revenue (Part VIII, line 2g)	1,521,800	1,605,357
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,370	49,639
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,932	87,624
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,696,814	1,806,150
<b>Expenses</b>			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	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)	898,505	806,772
	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)	797,313	831,014
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,695,818	1,637,786
	19 Revenue less expenses. Subtract line 18 from line 12	996	168,364
<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,251,039	2,386,729
	21 Total liabilities (Part X, line 26)	97,847	65,408
	22 Net assets or fund balances. Subtract line 21 from line 20	2,153,192	2,321,321

**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.

<b>Sign Here</b>	Signature of officer STEWART W. MARTIN MD Type or print name and title	Date 11/27/19	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DONALD BIERNOT, CPA Firm's name ▶ ZUKERMAN & ASSOCIATES LTD. Firm's address ▶ 168 BUSINESS PARK DR STE 202 VIRGINIA BEACH, VA 23462-6532	Preparer's signature Date 11-19-19 Check <input type="checkbox"/> if self-employed	PTIN P00035413 Firm's EIN ▶ 54-1244551 Phone no 757-473-3777