

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

OMB No. 1545-0047

2019
 Open to Public Inspection

▶ 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 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

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

C Name of organization: **TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL, INC.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **1104 MADISON PLAZA** Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **CHESAPEAKE VA 23320**

D Employer identification number: **54-0977032**
E Telephone number: **757-963-0632**
G Gross receipts \$: **1,438,005**

F Name and address of principal officer:
STEWART W. MARTIN MD
613 FORD RALEIGH DRIVE
VIRGINIA BEACH VA 23451-4872

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

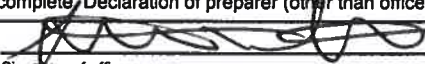
J Website: **WWW.TIDEWATEREMS.ORG** **H(c)** Group exemption number ▶ _____
K Form of organization: Corporation Trust Association Other ▶ _____ **L** Year of formation: **1974** **M** State of legal domicile: **VA**

Part I Summary

Activities & Governance	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	22
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	27
	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 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	63,530	64,595
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,605,357	1,242,745
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,639	41,053
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,806,150	1,438,005
Expenses	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)	806,772	743,287
	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)	831,014	761,014
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,637,786	1,504,301	
19 Revenue less expenses. Subtract line 18 from line 12	168,364	-66,296	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,386,730	2,518,857
	22 Net assets or fund balances. Subtract line 21 from line 20	65,400	263,823
		2,321,330	2,255,034

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:  Date: **2/10/21**
STEWART W. MARTIN MD **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **DONALD BIERNOT, CPA** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00035413**
 Firm's name: **ZUKERMAN & ASSOCIATES LTD.** Firm's EIN: **54-1244551**
 Firm's address: **168 BUSINESS PARK DR STE 202 VIRGINIA BEACH, VA 23462-6532** Phone no.: **757-473-3777**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No