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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2012Open to Public
Inspection**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**HEALTHCARE INFORMATION AND MANAGEMENT
SYSTEMS SOCIETY - SO CALIFORNIA CHAPTER**

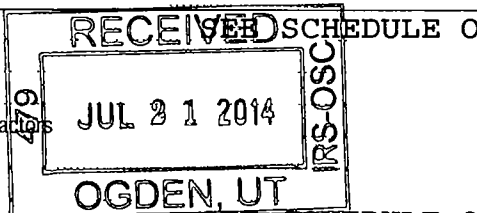
Number and street (or P.O. box, if mail is not delivered to street address)

~~189 PEBBLE BEACH DRIVE~~ **932 Saint Marks Circle**

City or town, state or country, and ZIP + 4

~~THOUSAND OAKS, CA 91320~~ **Santa Ana, CA 92705-6112****D** Employer identification number**36-4432108****E** Telephone number**925 209-6491****F** Group ExemptionNumber **▶ 3775****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) **▶****I** Website. **▶ HIMSS-SOCAL.ORG****J** Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(6) (insert no. ☐ 4947(a)(1) or ☐ 527)**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 148,615.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	87,552.
	2	Program service revenue including government fees and contracts	2	43,215.
	3	Membership dues and assessments	3	17,700.
	4	Investment income	4	148.
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less: cost or other basis and sales expenses		
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6d	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
6c	Less: direct expenses from gaming and fundraising events			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			
7a	Gross sales of inventory, less returns and allowances	7c		
7b	Less: cost of goods sold	8		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	9	148,615.	
8	Other revenue (describe in Schedule O)	10	18,000.	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	11		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	12	
	11	Benefits paid to or for members	13	11,145.
	12	Salaries, other compensation, and employee benefits	14	
	13	Professional fees and other payments to independent contractors	15	322.
	14	Occupancy, rent, utilities, and maintenance	16	134,268.
	15	Printing, publications, postage, and shipping	17	163,735.
	16	Other expenses (describe in Schedule O)	18	<15,120.>
	17	Total expenses Add lines 10 through 16 ▶	19	220,526.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	20	0.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	21	205,406.
	20	Other changes in net assets or fund balances (explain in Schedule O)		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		

**LHA** For Paperwork Reduction Act Notice, see the separate instructionsForm **990-EZ** (2012)232171
01-11-13

**HEALTHCARE INFORMATION AND MANAGEMENT
SYSTEMS SOCIETY - SO CALIFORNIA CHAPTER**

Form 990-EZ (2012)

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	220,526.	205,406.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	220,526.	205,406.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	220,526.	205,406.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 BRINGING HEALTHCARE PROFESSIONALS TOGETHER IN MEETINGS AND EDUCATIONAL CONFERENCES TO PROMOTE THE EXCHANGE OF IDEAS AND INFORMATION.		
(Grants \$ 18,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	113,158.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	113,158.

Part IV List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DESPINA HOPKINS				
PRESIDENT	8.00	0.	0.	0.
CLARK KEGLEY				
PRESIDENT-ELECT	4.00	0.	0.	0.
STEVE EDISON				
TREASURER	4.00	0.	0.	0.
SAM KING				
IMMEDIATE PAST PRESIDENT	4.00	0.	0.	0.
JAMES BRADY				
VP PROGRAMS	4.00	0.	0.	0.
SRIRAM BHARADWAJ				
VP ADVOCACY	4.00	0.	0.	0.
ANETTE ASHER				
VP ADMINISTRATION	4.00	0.	0.	0.

HEALTHCARE INFORMATION AND MANAGEMENT

Form 990-EZ (2012)

SYSTEMS SOCIETY - SO CALIFORNIA CHAPTER

36-4432108

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed CA		
42a The organization's books are in care of HIMSS Telephone no. 925 209-6491		
Located at 189 PEBBLE BEACH DRIVE, THOUSAND OAKS, CA ZIP + 4 91320		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: 		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: 		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Yes No

If "Yes," complete Schedule C, Part I

46 X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

b If "Yes," was the related organization a section 527 organization?

49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

Yes No

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 *Sam King, Treasurer* Date *11-14-12*

☒ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name BARRY B. HENSIEK	Preparer's signature BARRY B. HENSIEK	Date <i>11-14-12</i>	Check <input type="checkbox"/> if self-employed	PTIN P00163798
Firm's name HENSIEK & CARON, CPA'S		Firm's EIN 95-4611603		
Firm's address 650 SIERRA MADRE VILLA #303 PASADENA, CA 91107		Phone no. (626) 792-9988		

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Form 990-EZ (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

HEALTHCARE INFORMATION AND MANAGEMENT
SYSTEMS SOCIETY - SO CALIFORNIA CHAPTER

Employer identification number
36-4432108

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST ON SAVINGS

148.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 05/21/13

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 05/28/13

AMOUNT GIVEN:

3,000.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 05/29/13

AMOUNT GIVEN:

4,000.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE RELATIONSHIP: NONE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization	HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY - SO CALIFORNIA CHAPTER	Employer identification number 36-4432108
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PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/31/12

AMOUNT GIVEN: 5,000.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 11/02/12

AMOUNT GIVEN: 4,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 18,000.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
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PROGRAM MEETINGS HIMSS CHAPTER	104,620.
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ADVERTISING AND PROMOTION	351.
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WEBSITE AND COMPUTER COSTS	17,391.
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MEMBERSHIP DUES	785.
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DUES AND SUBSCRIPTIONS	1,342.
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INSURANCE	188.
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OFFICE SUPPLIES	1,332.
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CREDIT CARD MERCHANT FEES	8,216.
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TAXES	43.
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TOTAL TO FORM 990-EZ, LINE 16	134,268.
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FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO IMPROVE PATIENT CARE BY

BRINGING HEALTH CARE PROFESSIONALS TOGETHER TO PROMOTE AN EXCHANGE OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

HEALTHCARE INFORMATION AND MANAGEMENT
SYSTEMS SOCIETY - SO CALIFORNIA CHAPTER

Employer identification number

36-4432108

EXPERIENCES AND BY ASSISTING MEMBERS IN THEIR PROFESSIONAL GROWTH BY
PRESENTING SEMIMARS AND CONFERENCES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY - SO CALIFORNIA CHAPTER	36-4432108
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	189 PEBBLE BEACH DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	THOUSAND OAKS, CA 91320	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

HIMSS

• The books are in the care of ☒ 189 PEBBLE BEACH DRIVE - THOUSAND OAKS, CA 91320

Telephone No. ☒ 925 209-6491

FAX No. ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2014
- 5 For calendar year , or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title ☐

Date ☐