

Form **990EZ**


Short Form
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/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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) Room/suite
9932 SAINT MARYS CIRCLE
City or town, state or province, country, and ZIP or foreign postal code
SANTA ANA, CA 92705

D Employer identification number
36-4432108
E Telephone number
(949) 357-0403
F Group Exemption Number ▶ 3775

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶ _____

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ [HTTP://SOCAL.HIMSSCHAPTER.ORG](http://SOCAL.HIMSSCHAPTER.ORG)

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 136,406

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	58,450
	2	Program service revenue including government fees and contracts	2	58,773
	3	Membership dues and assessments	3	19,144
	4	Investment income	4	39
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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)	7c	
	7a	Gross sales of inventory, less returns and allowances		
	7b	Less: cost of goods sold		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8	Other revenue (describe in Schedule O)	9	136,406
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		

Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	46,586
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	21,236
	14	Occupancy, rent, utilities, and maintenance	14	390
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	138,960
	17	Total expenses. Add lines 10 through 16 ▶	17	207,172
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-70,766
	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)	19	339,139
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	268,373

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	343,056	22	254,762
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	9,064	24	13,611
25 Total assets	352,120	25	268,373
26 Total liabilities (describe in Schedule O).	12,981	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	339,139	27	268,373

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?
TO IMPROVE PATIENT CARE BY BRINGING HEALTH CARE PROFESSIONALS TOGETHER TO PROMOTE AN EXCHANGE OF EXPERIENCES AND BY ASSISTING MEMBERS IN THEIR PROFESSIONAL GROWTH BY PRESENTING SEMIMARS AND CONFERENCES.

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; optional for others.)

28

See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

197,007

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
GERI PAVIA	8.00	0	0	0
PRESIDENT				
KAREN KENNEDY	4.00	0	0	0
IMMEDIATE PAST PRESIDENT				
LEROY SMITH	4.00	0	0	0
PRESIDENT ELECT				
MIDORI KONDO	4.00	0	0	0
VP ADMINISTRATION				
CLARK KEGLEY	4.00	0	0	0
TREASURER				
KRYSTAL DI STEFANO	4.00	0	0	0
VP PROGRAM				
IAN SLADE	4.00	0	0	0
VP ADVOCACY				
ERNESTO SANTANA	2.00	0	0	0
DIRECTOR				
C'MONE BYRD	2.00	0	0	0
DIRECTOR				
REGINA ATIM	2.00	0	0	0
DIRECTOR				
DON BOATRIGHT	2.00	0	0	0
DIRECTOR				
ALAN YOUNG MD	2.00	0	0	0
DIRECTOR				

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 Schedule 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	33	No
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.	34	No
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)?	35a	No
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	35b	
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	35c	No
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	36	No
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?	37b	
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?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
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	40e	No
41 List the states with which a copy of this return is filed. ▶ CA		
42a The organization's books are in care of ▶ AGNES MORALES Telephone no. ▶ (714) 904-0866		
Located at ▶ 9932 SAINT MARYS CIRCLE SANTA ANA , CA ZIP + 4 ▶ 92705		
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)?	42b	No
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No

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 Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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	(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

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."

(a) Name and business address of each independent contractor	(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 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		2021-04-02 Date	
	CLARK KEGLEY TREASURER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name BARRY B HENSIEK	Preparer's signature	Date	Check ☐ 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 ☒ **Yes** ☐ **No**

Additional Data

Software ID:
Software Version:
EIN: 36-4432108
Name: HEALTHCARE INFORMATION AND MANAGEMENT
SYSTEMS SOCIETY - SO CALIFORNIA CHAPTER

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)	
28 BRINGING HEALTHCARE PROFESSIONALS TOGETHER IN MEETINGS AND EDUCATIONAL CONFERENCES TO PROMOTE THE EXCHANGE OF IDEAS AND INFORMATION. (Grants \$ 7,500) If this amount includes foreign grants, check here . . . ☐		28a	197,007

TY 2019 Transfers Personal Benefits Contracts Declaration

Name: HEALTHCARE INFORMATION AND MANAGEMENT
SYSTEMS SOCIETY - SO CALIFORNIA CHAPTER

EIN: 36-4432108

Declaration: 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

36-4432108

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION: INTEREST ON SAVINGS. AMOUNT: 39.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: EDUCATIONAL. GRANTEE NAME: STEPHANIE NJAU. GRANTEE RELATIONSHIP: NONE. PROPERTY DESCRIPTION: CASH. DATE OF GIFT: 07/01/19. AMOUNT GIVEN: 1,500.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: EDUCATIONAL. GRANTEE NAME: CHARISSE L TABOTABO. GRANTEE RELATIONS HIP: NONE. PROPERTY DESCRIPTION: CASH. DATE OF GIFT: 07/01/19. AMOUNT GIVEN: 4,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: EDUCATIONAL. GRANTEE NAME: STEPHEN V. SPEICHER, MD. GRANTEE RELAT IONSHIP: NONE. PROPERTY DESCRIPTION: CASH. AMOUNT GIVEN: 2,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: OPERATIONAL. GRANTEE NAME: RONALD MCDONALD HOUSE OF SOUTHERN CALIFORNIA. GRANTEE RELATIONSHIP: NONE. PROPERTY DESCRIPTION: CASH. AMOUNT GIVEN: 39,086. TOTAL INCLUDED ON FORM 990-EZ, LINE 10: 46,586.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: PROGRAM MEETINGS HIMSS CHAPTER. AMOUNT: 120,868. DESCRIPTION: TRAVEL AND MEETING EXPENSES. AMOUNT: 10,432. DESCRIPTION: MEMBERSHIP DUES. AMOUNT: 559. DESCRIPTION: DUES AND SUBSCRIPTIONS. AMOUNT: 2,963. DESCRIPTION: OFFICE SUPPLIES. AMOUNT: 189. DESCRIPTION: CREDIT CARD MERCHANT FEES. AMOUNT: 3,949. TOTAL TO FORM 990-EZ, LINE 16: 138,960.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: ACCOUNTS RECEIVABLE. BEG. OF YEAR AMOUNT: 1,109. END OF YEAR AMOUNT: 0. DESCRIPTION: PREPAID EXPENSES. BEG. OF YEAR AMOUNT: 7,955. END OF YEAR AMOUNT: 13,611.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: ACCOUNTS PAYABLE. BEG. OF YEAR AMOUNT: 12,981. END OF YEAR AMOUNT: 0.