

Form **990**

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

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

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	C Name of organization HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.		D Employer identification number 04-2131749
	Doing business as HOCKOMOCK AREA YMCA		E Telephone number 508-695-7001
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 22,684,031.
	300 ELMWOOD STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code NORTH ATTLEBORO, MA 02760		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: EDWIN H. HURLEY 300 ELMWOOD ST., NORTH ATTLEBORO, MA 02760		H(c) Group exemption number ▶	
I Tax-exempt status: <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			
J Website: ▶ WWW.HOCKYMCA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1972 M State of legal domicile: MA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A COMMUNITY ORG. DEDICATED TO POSITIVELY INFLUENCE THE QUALITY OF LIFE IN THE COMMUNITY.		
	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	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1199
	6 Total number of volunteers (estimate if necessary)	6	1792
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 887,229.	Current Year 1,441,723.
	9 Program service revenue (Part VIII, line 2g)	15,236,839.	15,885,687.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	363,735.	214,053.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,162.	103,899.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,618,965.	17,645,362.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,320,778.	10,631,233.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 376,996.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,553,322.	6,895,579.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,874,100.	17,526,812.	
19 Revenue less expenses. Subtract line 18 from line 12	-255,135.	118,550.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 23,588,753.	End of Year 23,037,013.
	21 Total liabilities (Part X, line 26)	14,293,912.	13,777,502.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,294,841.	9,259,511.

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 <i>Edwin H. Hurley</i>	Date 4-26-16
	EDWIN H. HURLEY, PRESIDENT Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name DEBORAH A. HOPKINS	Date 4/6/16
	Firm's name ▶ KAHN, LITWIN, RENZA & CO., LTD. Firm's address ▶ 951 NORTH MAIN STREET PROVIDENCE, RI 02904	Check if self-employed <input type="checkbox"/> PTIN P00167843 Firm's EIN ▶ 05-0409384 Phone no. 401-274-2001

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

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

[X]

1 Briefly describe the organization's mission: THE HOCKOMOCK AREA YMCA (HEREINAFTER REFERRED TO AS "THE YMCA") IS A NOT-FOR-PROFIT CHARITABLE ORGANIZATION OF MEN, WOMEN AND CHILDREN OF ALL AGES, ETHNIC ORIGINS, RELIGIOUS AFFILIATIONS AND SOCIOECONOMIC LEVELS UNITED IN THE COMMON EFFORT TO POSITIVELY INFLUENCE THE QUALITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,176,864. including grants of \$) (Revenue \$ 7,103,606.) YMCA CHILD CARE - THE HOCKOMOCK AREA YMCA IS THE LARGEST PROVIDER OF LICENSED, QUALITY CHILD CARE - INCLUDING BEFORE AND AFTER SCHOOL CARE - IN OUR 15 COMMUNITY SERVICE AREA. THE FOCUS OF ALL HOCKOMOCK AREA YMCA EARLY LEARNING CENTER PROGRAMS IS TO SUPPORT VALUES-DRIVEN GROWTH AND DEVELOPMENT IN CHILDREN AND THEIR FAMILIES. CHILD CARE OFFERINGS ARE DESIGNED TO HELP YOUNG PEOPLE DEVELOP POSITIVE VALUES, SELF-ESTEEM, LEADERSHIP AS WELL AS ENHANCING SCHOOL READINESS. OUR EARLY LEARNING CENTERS PROVIDE AN IMPORTANT CONTRIBUTION TO THE LOCAL COMMUNITY BY OFFERING AFFORDABLE AND DEPENDABLE CHILD CARE FOR WORKING PARENTS. PARENT ADVISORY COMMITTEES ENSURE IMPORTANT PARENT INPUT.

WHILE PARENTS REMAIN GAINFULLY EMPLOYED, THEY HAVE THE CONFIDENCE THAT

4b (Code:) (Expenses \$ 3,425,924. including grants of \$) (Revenue \$ 2,283,456.) YMCA AQUATICS - THE HOCKOMOCK AREA YMCA AQUATICS PROGRAMS ARE A FOUNDATION OF THE YMCA'S OVERALL FOCUS AREAS OF YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, AQUATIC PROGRAMS PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE ALONG WITH TEAMWORK, SELF-CONFIDENCE AND PERSONAL GOAL SETTING FOR ALL AGES.

THESE PROGRAMS ARE OFFERED AT AFFORDABLE FEES, WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT AFFORD THE FULL FEES. AQUATIC PROGRAMS WERE HELD AT THE NORTH ATTLEBORO, FRANKLIN AND FOXBORO BRANCHES. DURING 2015, 14,002 PARTICIPANTS TOOK PART IN HOCKOMOCK AREA YMCA AQUATICS PROGRAMS INCLUDING YOUTH LESSONS AND AQUACISE CLASSES,

4c (Code:) (Expenses \$ 2,767,585. including grants of \$) (Revenue \$ 780,684.) YMCA HEALTH AND WELLNESS - YMCA HEALTH AND WELLNESS PROGRAMS ARE AN IMPORTANT PART OF OUR FOCUS ON HEALTHY LIVING AND ARE AVAILABLE TO ALL AGES. OUR YMCA'S HEALTH ENHANCEMENT OFFERINGS INCLUDE GROUP EXERCISE PROGRAMS THAT STRESS THE VALUE OF PREVENTION THROUGH GOOD EXERCISE HABITS AND HEALTH, INCLUDING NUTRITION, STRESS MANAGEMENT AND HEALTH EDUCATION. MANY OF THESE PROGRAMS ARE OFFERED AT NO COST TO YMCA MEMBERS WHILE OTHERS ARE MADE AVAILABLE AT A FEE THAT IS AFFORDABLE TO THE COMMUNITY, WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT AFFORD THE FULL FEE. SINCE 2007, OUR YMCA HAS CONVENED COMMUNITY LEADERS AND KEY LOCAL AND REGIONAL PARTNERS IN THE 15 COMMUNITIES WE SERVE AND IMPLEMENTED A COLLECTIVE COMMUNITY RESPONSE TO THE EPIDEMIC OF CHILDHOOD OBESITY. OUR HOCKOMOCK HEALTHY FUTURES INITIATIVE WORKS TO

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,634,037. including grants of \$) (Revenue \$ 5,717,941.)

4e Total program service expenses 15,004,410.

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532002 12-18-15

SEE SCHEDULE O FOR CONTINUATION(S)

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ASSOCIATION, INC.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 8 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
2c	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	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
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8866-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **GREGORY J. MEINERTZ - 508-643-5233**
300 ELMWOOD STREET, NORTH ATTLEBORO, MA 02760

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule C contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN EARLEY CHAIRMAN	1.00	X		X			0.	0.	0.	
(2) PAUL M. LENAHAN TREASURER	1.00	X		X			0.	0.	0.	
(3) MAUREEN WILKINSON SECRETARY	1.00	X		X			0.	0.	0.	
(4) TIMOTHY J. O'NEILL ASSISTANT TREASURER	1.00	X		X			0.	0.	0.	
(5) JEFF DUFFICY BOD MEMBER	1.00	X					0.	0.	0.	
(6) F. JAY BARROWS BOD MEMBER	1.00	X					0.	0.	0.	
(7) STEPHEN D. CLAPP BOD MEMBER	1.00	X					0.	0.	0.	
(8) BLAIR E. DEENEY BOD MEMBER	1.00	X					0.	0.	0.	
(9) DANIELLE FISH BOD MEMBER	1.00	X					0.	0.	0.	
(10) THOMAS A. GRUPPIONI BOD MEMBER	1.00	X					0.	0.	0.	
(11) DARLENE GUENETTE BOD MEMBER	1.00	X					0.	0.	0.	
(12) JOHN HAGE BOD MEMBER	1.00	X					0.	0.	0.	
(13) TED KELLEY BOD MEMBER	1.00	X					0.	0.	0.	
(14) RICK LACROIX BOD MEMBER	1.00	X					0.	0.	0.	
(15) VICTORIA M. LECHNER BOD MEMBER	1.00	X					0.	0.	0.	
(16) GERARD LORUSSO BOD MEMBER	1.00	X					0.	0.	0.	
(17) WILLIAM NAPOLITANO BOD MEMBER	1.00	X					0.	0.	0.	

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HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	Former			
(18) JAMES A. NEWBURY BOD MEMBER	1.00	X						0.	0.	0.
(19) CANDACE SALLALE BOD MEMBER	1.00	X						0.	0.	0.
(20) F. GERARD SHAW BOD MEMBER	1.00	X						0.	0.	0.
(21) GREGORY SPIER BOD MEMBER	1.00	X						0.	0.	0.
(22) EDWARD F. WHALEN BOD MEMBER	1.00	X						0.	0.	0.
(23) ERIC KERVORKIAN BOD MEMBER	1.00	X						0.	0.	0.
(24) FAITH WEINER BOD MEMBER	1.00	X						0.	0.	0.
(25) WILLIAM CHOQUINARD BOD EX-OFFICIO	1.00	X						0.	0.	0.
(25) MICHAEL PATCH BOD EX-OFFICIO	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								980,611.	0.	100,878.
d Total (add lines 1b and 1c)								980,611.	0.	100,878.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOHN LOVELY HOD EX-OFFICIO	1.00	X						0.	0.	0.
(28) EDWIN HURLEY PRESIDENT	40.00			X			260,157.	0.	35,778.	
(29) GREGORY MEINERTZ SR. V. PRESIDENT/CFO	40.00			X			190,086.	0.	17,108.	
(30) JAMES DOWNS VICE PRESIDENT/COO	40.00				X		165,703.	0.	14,913.	
(30) PETER WAISGERBER V PRES/PHILANTHROPY	40.00				X		122,421.	0.	11,018.	
(31) ANTHONY CALCIA V PRES/SOCIAL RESPONSIBILITY	40.00				X		125,667.	0.	11,544.	
(33) MARY GABLASKI V PRES/HUMAN RESOURCES	40.00				X		116,577.	0.	10,517.	
Total to Part VII, Section A, line 1c								980,611.		100,878.

HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	32,001.				
	b Membership dues	1b					
	c Fundraising events	1c	93,957.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,315,765.				
	g Noncash contributions included in lines 1a-1f \$		23,670.				
	h Total. Add lines 1a-1f		1,441,723.				
	Program Service Revenue	Business Code					
2 a MEMBERSHIP FEES		713940	7,220,556.	7,220,556.			
b YMCA CHILD CARE		624410	3,874,788.	3,874,788.			
c YMCA CAMPING		713940	2,066,395.	2,066,395.			
d YMCA AQUATICS		713940	1,245,552.	1,245,552.			
e YMCA YOUTH SPORTS PROGRAMS		713940	871,746.	871,746.			
f All other program service revenue		713940	606,650.	606,650.			
g Total. Add lines 2a-2f			15,885,687.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		54,644.			54,644.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		159,409.			159,409.
	8 a Gross income from fundraising events (not including \$ 93,957. of contributions reported on line 1c). See Part IV, line 18	a	303,500.				
		b Less: direct expenses	b	155,260.			
		c Net income or (loss) from fundraising events		148,240.			148,240.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a SALES TO PARTICIPANTS	446199	81,675.			81,675.		
b LOSS ON HEDGING TRANSACTIONS	523000	-126,016.			-126,016.		
c							
d All other revenue							
e Total. Add lines 11a-11d		-44,341.					
12 Total revenue. See instructions.		17,645,362.	15,885,687.	0.	317,952.		

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HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,081,489.		948,050.	133,439.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,939,228.	7,346,475.	509,444.	83,309.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	356,792.	310,562.	38,732.	7,498.
9 Other employee benefits	453,889.	416,353.	31,976.	5,560.
10 Payroll taxes	799,835.	673,811.	109,490.	16,534.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	28,750.		28,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	154,594.	33,279.	62,180.	59,135.
12 Advertising and promotion	192,113.	170,491.	8,320.	13,302.
13 Office expenses	236,929.	161,044.	74,459.	1,426.
14 Information technology	100,120.		100,120.	
15 Royalties				
16 Occupancy	2,577,257.	2,529,194.	48,063.	
17 Travel	168,563.	166,685.	1,878.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	272,266.	115,547.	105,247.	51,472.
20 Interest	201,953.	200,338.	1,615.	
21 Payments to affiliates	209,853.	209,853.		
22 Depreciation, depletion, and amortization	1,385,506.	1,357,905.	27,601.	
23 Insurance	284,679.	284,679.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	629,814.	629,814.		
b BANK CHARGES & FEES	328,920.	322,220.	4,389.	2,311.
c EQUIP CONTRACTS & REPAIR	98,965.	59,647.	36,308.	3,010.
d MISCELLANEOUS	25,297.	16,513.	8,784.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,526,812.	15,004,410.	2,145,406.	376,996.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASG 958-720)

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HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,817,893.	1	2,656,562.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	126,029.	3	58,812.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	186,051.	9	174,398.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,956,209.		
	b Less: accumulated depreciation	10b 16,934,251.	15,491,565.	10c 15,021,958.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	4,763,066.	12	4,929,466.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	204,149.	15	195,817.
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,588,753.	16	23,037,013.	
Liabilities	17 Accounts payable and accrued expenses	1,034,039.	17	908,463.
	18 Grants payable		18	
	19 Deferred revenue	42,950.	19	64,551.
	20 Tax-exempt bond liabilities	12,485,000.	20	12,105,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	731,923.	25	699,488.
	26 Total liabilities. Add lines 17 through 25	14,293,912.	26	13,777,502.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,471,936.	27	8,500,324.
	28 Temporarily restricted net assets	235,766.	28	166,995.
	29 Permanently restricted net assets	587,139.	29	592,192.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,294,841.	33	9,259,511.
	34 Total liabilities and net assets/fund balances	23,588,753.	34	23,037,013.

Form 990 (2015)

HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	17,645,362.
2	Total expenses (must equal Part IX, column (A), line 25)	17,526,812.
3	Revenue less expenses. Subtract line 2 from line 1	118,550.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	9,294,841.
5	Net unrealized gains (losses) on investments	-153,880.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	9,259,511.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.** Employer identification number **04-2131749**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Schedule A (Form 990 or 990-EZ) 2015

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,800,255.	1,233,381.	1,136,467.	887,229.	1,441,723.	6,499,055.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15,188,573.	14,985,236.	14,522,847.	15,647,891.	16,115,602.	76,460,149.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	16,988,828.	16,218,617.	15,659,314.	16,535,120.	17,557,325.	82,959,204.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	169,079.	93,655.	95,975.	102,536.	111,188.	572,433.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 19 for the year						0.
c Add lines 7a and 7b	169,079.	93,655.	95,975.	102,536.	111,188.	572,433.
8 Public support. (Subtract line 7c from line 6)						82,386,771.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	16,988,828.	16,218,617.	15,659,314.	16,535,120.	17,557,325.	82,959,204.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,458.	60,424.	64,838.	71,392.	54,644.	299,756.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	48,458.	60,424.	64,838.	71,392.	54,644.	299,756.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	17,037,286.	16,279,041.	15,724,152.	16,606,512.	17,611,969.	83,258,960.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	98.95 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99.06 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	.36 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	.35 %

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part V how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part V how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part V when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part V what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part V how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part V what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

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Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

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Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount.	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

HOCKOMOCK YOUNG MEN'S CHRISTIAN

ASSOCIATION, INC.

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2015

Name of the organization HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 04-2131749
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
**HOCKOMOCK YOUNG MEN'S CHRISTIAN
 ASSOCIATION, INC.**

Employer identification number
04-2131749

Part I

3 needed.

(a) No.	1
(a) No.	2
(a) No.	3
(a) No.	4
(a) No.	5
(a) No.	6

NOTE: The information relating to this question has been excluded from the public inspection copy of the Form 990 in accordance with Internal Revenue Service regulations.

(c) Total contributions	(d) Type of contribution
20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**HOCKOMOCK YOUNG MEN'S CHRISTIAN
 ASSOCIATION, INC.**

Employer identification number
04-2131749

Part I

is needed.

(a)
No.

7

(c) Total contributions	(d) Type of contribution
10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a)
No.

8

(c) Total contributions	(d) Type of contribution
14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

NOTE: The information relating to this question has been excluded from the public inspection copy of the Form 990 in accordance with Internal Revenue Service regulations.

(a)
No.

9

(c) Total contributions	(d) Type of contribution
5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a)
No.

10

(c) Total contributions	(d) Type of contribution
47,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a)
No.

11

(c) Total contributions	(d) Type of contribution
32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a)
No.

12

(c) Total contributions	(d) Type of contribution
30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**HOCKOMOCK YOUNG MEN'S CHRISTIAN
 ASSOCIATION, INC.**

Employer identification number
04-2131749

Part I

Is needed.

(a)
 No.
 13

(c) Total contributions	(d) Type of contribution
25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a)
 No.
 14

(c) Total contributions	(d) Type of contribution
14,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

NOTE: The information relating to this question has been excluded from the public inspection copy of the Form 990 in accordance with Internal Revenue Service regulations.

(a)
 No.
 15

(c) Total contributions	(d) Type of contribution
25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a)
 No.
 16

(c) Total contributions	(d) Type of contribution
7,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a)
 No.
 17

(c) Total contributions	(d) Type of contribution
10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a)
 No.
 18

(c) Total contributions	(d) Type of contribution
5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC	Employer identification number 04-2131749
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Part I

as needed.

(a) No.	19
(a) No.	20
(a) No.	21
(a) No.	22
(a) No.	23
(a) No.	24

NOTE: The information relating to this question has been excluded from the public inspection copy of the Form 990 in accordance with Internal Revenue Service regulations.

(c) Total contributions	(d) Type of contribution
5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27,178.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29,678.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**HOCKOMOCK YOUNG MEN'S CHRISTIAN
 ASSOCIATION, INC.**

Employer identification number
04-2131749

Part I

(a) No.
25
26
27
28
29
30

NOTE: The information relating to this question has been excluded from the public inspection copy of the Form 990 in accordance with Internal Revenue Service regulations.

If needed,

(c) Total contributions	(d) Type of contribution
5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**HOCKOMOY YOUNG MEN'S CHRISTIAN
 ASSOCIATION**

Employer identification number
04-2131749

Part I

(a) No.
31
(a) No.
32
(a) No.
33
(a) No.
34
(a) No.
35
(a) No.
36

NOTE: The information relating to this question has been excluded from the public inspection copy of the Form 990 in accordance with Internal Revenue Service regulations.

(c) Total contributions	(d) Type of contribution
26,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
**HOCKOMOCK YOUNG MEN'S CHRISTIAN
 ASSOCIATION, INC.**

Employer identification number

04-2131749

Part I

(a) No.
37
38
39
40
41
42

NOTE: The information relating to this question has been excluded from the public inspection copy of the Form 990 in accordance with Internal Revenue Service regulations.

(c) Total contributions	(d) Type of contribution
7,905.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 04-2131749
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 04-2131749
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

OMB No. 1545-0047

2015
Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.**

Employer identification number
04-2131749

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
532051 1-02-10

Schedule D (Form 990) 2015

HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

Schedule D (Form 990) 2015

04-2131749 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,319,009.	1,269,606.	1,092,853.	979,291.	864,651.
b Contributions	5,053.	16,678.	51,476.	6,076.	3,891.
c Net investment earnings, gains, and losses	28,524.	98,299.	191,272.	107,526.	152.
d Grants or scholarships					1,500.
e Other expenditures for facilities and programs	34,250.	55,750.	57,000.		
f Administrative expenses	9,945.	9,824.	8,995.		7,903.
g End of year balance	1,308,391.	1,319,009.	1,269,606.	1,092,853.	979,291.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 48.00 %
- b Permanent endowment ▶ 45.26 %
- c Temporarily restricted endowment ▶ 6.74 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	28,000.	1,171,000.		1,199,000.
b Buildings		26,157,144.	12,892,656.	13,264,488.
c Leasehold improvements		716,995.	716,995.	0.
d Equipment		3,041,704.	2,554,649.	487,055.
e Other		841,366.	769,951.	71,415.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,021,958.

Schedule D (Form 990) 2015

HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

Schedule D (Form 990) 2015

04-2131749 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PUBLICLY TRADED		
(B) SECURITIES	4,929,466.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,929,466.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UNREALIZED LOSS ON DERIVATIVE	
(3) INSTRUMENT	699,488.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	699,488.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

532053
09/21-15

HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

Schedule D (Form 990) 2015

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	17,491,482.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-153,880.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-153,880.
3	Subtract line 2e from line 1		3	17,645,362.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,645,362.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,526,812.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	17,526,812.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	17,526,812.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUND'S PURPOSE IS CONTINUED GROWTH TO PROVIDE FINANCIAL STABILITY AND CONTINUED HERITAGE FOR THE YMCA.

PART X, LINE 2:

THE YMCA IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES AS A PUBLIC CHARITY PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE. DONATIONS TO THE YMCA QUALIFY AS CHARITABLE CONTRIBUTIONS DEDUCTIBLE TO THE FULL EXTENT ALLOWED BY LAW.

THE ORGANIZATION ANNUALLY FILES FORM 990 - RETURN OF ORGANIZATIONS EXEMPT

832054 09-21-15

Schedule D (Form 990) 2015

HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

Part XIII Supplemental Information (continued)

FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO
MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS ARE
SUBJECT TO REVIEW BY THE TAXING AUTHORITIES, AND THE FEDERAL INCOME TAX
RETURNS FOR 2012, 2013 AND 2014 ARE SUBJECT TO EXAMINATION BY THE IRS,
GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. MANAGEMENT BELIEVES THAT
THE YMCA HAS DONE NOTHING DURING THE PAST YEAR THAT WOULD JEOPARDIZE ITS
TAX-EXEMPT STATUS AT EITHER THE STATE OR FEDERAL LEVEL.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

CMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.**

Employer identification number
04-2131749

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Schedule G (Form 990 or 990-EZ) 2015

04-2131749 Page 2

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LEGENDS GALA (event type)	LEGENDS GOLF TOURNAMENT (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1	260,682.	58,659.	78,116.	397,457.
	2	68,033.	854.	25,070.	93,957.
	3	192,649.	57,805.	53,046.	303,500.
Direct Expenses	4				
	5		8,112.	6,975.	15,087.
	6			5,580.	5,580.
	7	37,965.	19,068.	2,244.	59,277.
	8				
	9	48,398.	7,497.	19,421.	75,316.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				148,240.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If 'Yes,' explain:

HOCKOMOCK YOUNG MEN'S CHRISTIAN

Schedule G (Form 990 or 990-EZ) 2015 ASSOCIATION, INC.

04-2131749 Page 3

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
c If 'Yes,' enter name and address of the third party:

Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.**

Employer identification number
04-2131749

Part 1 Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

53811
12/14/15

**HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.**

Schedule J (Form 990) 2015

04-2131749

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EDWIN HURLEY PRESIDENT	218,157.	42,000.	0.	23,414.	12,364.	295,935.	0.
(2) GREGORY MEINERTZ SR., V. PRESIDENT/CFO	175,086.	15,000.	0.	17,108.	0.	207,194.	0.
(3) JAMES DOWNS VICE PRESIDENT/COO	145,703.	20,000.	0.	14,913.	0.	180,616.	0.
	0.	0.	0.	0.	0.	0.	0.

HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

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Schedule J (Form 990) 2015
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1B:

THE ORGANIZATION DOES NOT REIMBURSE ANY OF THESE EXPENSES.

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.**
 Employer identification number: **04-2131749**

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Released		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MASS. DEVELOPMENT A FINANCE AGENCY	04-343181457583RL52	06/24/09	14,395,000	REFINANCE ALL EXISTING DEBT		X		X			X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		14,395,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows		230,163.						
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		14,164,837.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		2009						
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?	X							
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

HOCKMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

04-2131749

Schedule K (Form 990) 2015
Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	BANK OF AMERICA							
c Term of hedge	20.9200000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, SUPPLEMENTAL INFORMATION: SCHEDULE K, SUPPLEMENTAL INFORMATION: PART IV, LINE 2C - NO COMPUTATION WAS COMPLETED FOR ARBITRAGE AND THERE WERE NO PROCEEDS OUTSTANDING FOR CONSTRUCTION. THE ENTIRE PROCEEDS FUNDED A 100% REFINANCING OF THE THEN OUTSTANDING DEBT AT CLOSING.

HOCKOMOCK YOUNG MEN'S CHRISTIAN

Schedule L (Form 990 or 990-EZ) 2015 ASSOCIATION, INC.

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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CAITLIN GIBBS	FAMILY MEMBER OF ED	49,704.	EMPLOYMENT		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CAITLIN GIBBS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF EDWIN HURLEY, PRESIDENT/CEO

(C) AMOUNT OF TRANSACTION \$ 49,704.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

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

2015

Open to Public
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Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is available at irs.gov/form990.

Name of the organization
**HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.**

Employer identification number
04-2131749

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF LIFE OF OUR MEMBERS, OUR FAMILIES AND OUR COMMUNITY. BASED ON A
FOUNDATION OF JUDEO-CHRISTIAN VALUES, OUR PROGRAMS, ACTIVITIES AND
SERVICES EMPHASIZE THE DEVELOPMENT OF THE WHOLE PERSON IN SPIRIT, MIND
AND BODY AND ARE AVAILABLE TO ALL INDIVIDUALS REGARDLESS OF THEIR
ABILITY TO PAY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE AND EDUCATIONAL
ENVIRONMENT. FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, IN KEEPING
WITH THE YMCA'S MISSION, CONFIDENTIAL SCHOLARSHIP ASSISTANCE IS
PROVIDED.

IN 2015, AN AVERAGE OF OVER 700 CHILDREN PER DAY TOOK PART IN THE
VARIOUS HOCKOMOCK AREA YMCA LICENSED CHILD CARE PROGRAMS. THESE
PROGRAMS INCLUDED CHILD CARE, NURSERY SCHOOL AND BEFORE AND AFTER
SCHOOL PROGRAMS, AND WERE OFFERED AT 13 DIFFERENT LOCATIONS, INCLUDING
ON SITE LOCATIONS AT OUR NORTH ATTLEBORO, FRANKLIN MANSFIELD AND
FOXBORO FACILITIES AND OFFSITE LOCATIONS IN NORTH ATTLEBORO, FRANKLIN,
WRENTHAM AND BELLINGHAM. CONFIDENTIAL SCHOLARSHIP ASSISTANCE VALUED AT
\$563,073 WAS PROVIDED TO PARTICIPATING CHILDREN AND THEIR FAMILIES IN
2015.

AS PART OF OUR CHILD CARE AND AFTER SCHOOL CURRICULUMS, WE OFFER AN
INNOVATIVE IPAD EDUCATIONAL TECHNOLOGY/STEM COMPONENT THAT WE CREATED.

THIS GRANT-FUNDED, CUTTING EDGE ENRICHMENT PROGRAM IS DESIGNED TO HELP

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
53211
09-32-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization	HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number	04-2131749
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ADDRESS SCHOOL READINESS BY BRINGING EDUCATION TO LIFE AND FOCUSING ON TECHNOLOGICAL LITERACY, READING, MATH, AND SCIENCE. IN 2015, WE ALSO CREATED AN OUTDOOR CLASSROOM TO ENHANCE OUR STEM COMPONENT. CHILDREN IN BOTH OUR PRE-SCHOOL AND SCHOOL AGE CHILD CARE PROGRAM BENEFIT THROUGH THIS INITIATIVE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 WHICH INCREASE JOINT FLEXIBILITY AND HELP RELIEVE ARTHRITIC PAIN, A WELCOME ALTERNATIVE FOR MANY OLDER ADULTS. TEENAGE PARTICIPANTS LEARNED VALUABLE LIFEGUARDING SKILLS IN YMCA LIFEGUARD CLASSES. CPR CLASSES ARE OFFERED BY OUR Y TO POTENTIAL LIFEGUARDS, STAFF, MEMBERS AND LOCAL COMMUNITY MEMBERS. IN ADDITION, NEARLY 200 YOUTH AND TEENS PARTICIPATE IN THE YMCA'S SWIM TEAM PROGRAM. THE YMCA'S GOAL OF BEING SOCIALLY RESPONSIBLE IS EVIDENT THROUGH IMPORTANT COLLABORATIONS WITH LOCAL COMMUNITIES INCLUDING ALLOWING THE HIGH SCHOOL SWIM TEAMS IN FOXBORO, FRANKLIN AND NORTH ATTLEBORO TO UTILIZE OUR YMCA POOLS FOR MEETS AND PRACTICES AT NO CHARGE. IN ADDITION, THE YMCA PROVIDED LIFEGUARDING SERVICES AT LAKE PEARL IN WRENTHAM AND AT SILVER LAKE IN BELLINGHAM. IN 2015, THE GRANT FUNDED SPIER FAMILY SPLASH PROGRAM PROVIDED FREE SWIM LESSONS FOR MORE THAN 200 KINDERGARTEN AND FIRST GRADE STUDENTS LIVING IN FOXBORO WITH A STRONG FOCUS ON SAFETY IN AND AROUND THE WATER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION IN CHILDREN AGES 6 - 10 AND THEIR FAMILIES THROUGH STRATEGIES FOCUSED ON INTERVENTION, PREVENTION, AND SUSTAINABLE CHANGE. OUR YMCA HAS ALSO DEVELOPED AND IMPLEMENTED EFFECTIVE AND INNOVATIVE STRATEGIES AT THE COMMUNITY LEVEL THROUGH FORMING A NUMBER OF PARTNERSHIPS AND COLLABORATIONS WITH LOCAL

Name of the organization	HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number	04-2131749
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HOSPITALS. SINCE 2010, OUR YMCA HAS OFFERED LIVESTRONG AT THE YMCA, AN INNOVATIVE PROGRAM IS DESIGNED FOR CANCER SURVIVORS AND THEIR FAMILIES AND DURING 2015, 81 CANCER SURVIVORS AND THEIR FAMILIES TOOK PART IN THIS PROGRAM. IN 2015, OUR YMCA CREATED A NEW LIVING STRONGER PROGRAM, DESIGNED FOR ALUMNI OF THE LIVESTRONG PROGRAM. DURING 2015, 30 PARTICIPANTS TOOK PART IN THIS PROGRAM.

THE YMCA ANNUALLY HOSTS HEALTHY KIDS DAY IN OUR LOCAL COMMUNITY. IN 2015, THE YMCA ONCE AGAIN HELD THE EVENT AT GILLETTE STADIUM AND PATRIOT PLACE WITH NEARLY 1,500 PARTICIPANTS TAKING PART IN A VARIETY OF HEALTHY ACTIVITIES AND EDUCATIONAL OPPORTUNITIES FOR FAMILIES.

ADDITIONAL PROGRAMS FOCUSED ON CHRONIC DISEASE PREVENTION AND POST-DIAGNOSTIC REHABILITATION HAVE RECENTLY BEEN LAUNCHED INCLUDING MULTIPLE SCLEROSIS WELLNESS (29 PARTICIPANTS), DIABETES PREVENTION (10 PARTICIPANTS), EXERCISE IS MEDICINE (56 PARTICIPANTS), AND POST-CARDIAC REHABILITATION (28 PARTICIPANTS).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YMCA YOUTH SPORTS - YOUTH SPORTS PROGRAMS SUCH AS T BALL, SOCCER, BASKETBALL, FLAG FOOTBALL, KARATE, DANCE AND GYMNASTICS FOCUS ON PARTICIPATION AND SPORTSMANSHIP WITH CHILDREN AND THEIR FAMILIES ENGAGED. YMCA YOUTH SPORTS PROGRAMS EMPHASIZE CHARACTER DEVELOPMENT, SKILL DEVELOPMENT, HEALTH AND FITNESS, SAFETY, SELF-ESTEEM AND RESPECT FOR OTHERS. DURING 2015, A TOTAL OF 9,394 PARTICIPANTS TOOK PART IN VARIOUS HOCKOMOCK AREA YMCA YOUTH SPORTS PROGRAMS UTILIZING VOLUNTEER COACHES.

Name of the organization	HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number	04-2131749
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YMCA CAMPING – HOCKOMOCK AREA YMCA SUMMER CAMPING PROGRAMS PROVIDE IMPORTANT COMPONENTS OF OUR 3 FOCUS AREAS BY INTEGRATING AN EDUCATIONAL FOCUS PROMOTING YOUTH DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH AND A RESPECT FOR THE ENVIRONMENT BASED ON THE YMCA'S TRADITIONAL FOUR CORE VALUES. THROUGH A VARIETY OF ACTIVITIES AND THE USE OF NATURAL SURROUNDINGS, YMCA SUMMER CAMPING HELPS PARTICIPANTS REACH THEIR FULLEST POTENTIAL IN DEVELOPING SOCIAL AND COPING SKILLS IMPORTANT IN DEVELOPING SELF-CONFIDENCE AND SELF-ESTEEM, THEREBY REDUCING THEIR RISK OF PARTICIPATING IN RISKY BEHAVIORS. YMCA SUMMER CAMPING PROGRAMS ARE OFFERED AT OUR NORTH ATTLEBORO, FRANKLIN, FOXBORO AND MANSFIELD FACILITIES FOR YOUTH AGES 3 TO 16. BESIDES OFFERING TRADITIONAL CAMP, THE YMCA OFFERS A NUMBER OF SPECIALTY CAMPS FOR THOSE INTERESTED IN AREAS SUCH AS SPORTS, ARTS, THEATRE, ADVENTURE CAMP FOR TEENS, ALONG WITH A CAMP FOR CHILDREN WITH SPECIAL NEEDS.

HOCKOMOCK AREA YMCA CAMPING PROGRAMS OFTEN SERVE AS CHILDCARE FOR PARENTS IN THE SUMMER. YMCA SUMMER CAMPS PROVIDE SAFE, EDUCATIONAL AND NURTURING ENVIRONMENTS WITH QUALIFIED STAFF. CAMPING PROGRAMS ARE OFFERED ON A SLIDING SCALE TO PARENTS UNABLE TO AFFORD THE FULL FEE. IN 2015, THERE WERE A TOTAL OF 8,888 CAMPER WEEKS IN VARIOUS HOCKOMOCK AREA YMCA SUMMER CAMPING PROGRAMS. SCHOLARSHIPS VALUED AT \$125,427 WERE PROVIDED TO CHILDREN IN YMCA CAMPING PROGRAMS. YMCA SUMMER CAMP IS APPROVED AS A QUALIFIED PROVIDER BY THE DEPARTMENT OF CHILDREN AND FAMILIES AND LOCAL BOARDS OF HEALTH.

YMCA TEEN LEADERSHIP – OUR YMCA REMAINS COMMITTED TO ENGAGING YOUNG ADULTS THROUGH LEADERSHIP DEVELOPMENT, MENTORING, AND EXPERIENTIAL EDUCATION. OUR TEEN LEADERSHIP PROGRAMS SHAPE TOMORROW'S LEADERS BY

Name of the organization HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 04-2131749
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OFFERING TEENS SAFE AND DYNAMIC ENVIRONMENTS WHERE THEY LEARN, GROW, PLAY, AND INTERACT WITH CARING ADULTS AND WITH THEIR PEERS. DURING 2015, A TOTAL OF OVER 3,000 TEENS TOOK PART IN THE VARIOUS TEEN PROGRAMS, INCLUDING SPECIALTY PROGRAMS SUCH AS YMCA LEADERS AND JUNIOR LEADERS CLUB AND THE YOUTH & GOVERNMENT PROGRAM.

IN 2015, ADVENTURES IN RESPECT - A BULLYING PREVENTION PROGRAM FOR MIDDLE SCHOOL STUDENTS, WAS EXPANDED AT OUR Y THROUGH A GENEROUS GRANT. APPROXIMATELY 7,200 STUDENTS FROM 7 AREA SCHOOL DISTRICTS PARTICIPATED IN THIS BULLYING PREVENTION PROGRAM DURING 2015. YOUTH RECEIVED EDUCATION AND RESOURCES AND GAINED KNOWLEDGE ON HOW TO WORK TOGETHER TO COMBAT THE EPIDEMIC OF BULLYING AND CYBER BULLYING IN THEIR LIVES AND SCHOOLS. ONE OF THE TOOLS OF THIS PROGRAM IS THE USE OF OUR INNOVATIVE ROPES COURSE TEAM BUILDING FACILITIES OFFERED AT THE NORTH ATTLEBORO AND FRANKLIN BRANCHES.

FOR 17 YEARS, THE YMCA HAS OPERATED THE NORTH ATTLEBORO TEEN CENTER. THIS Y TEEN CENTER PROVIDES TEENS THE OPPORTUNITY TO PARTICIPATE IN A VARIETY OF PROGRAMS, INCLUDING WEDNESDAY NIGHT FAMILY MEALTIME, PROJECT SAFETY ZONE, TEEN NIGHTS, ADVENTURE CAMPING AND COMMUNITY SERVICE PROJECTS. OPERATED AS "THE ZONE", THE TEEN CENTER PROVIDES IMPORTANT SERVICES TO KIDS IN DOWNTOWN NORTH ATTLEBORO. IN 2015, THERE WERE 4,500 VISITS TO THE TEEN CENTER.

THE YMCA ALSO OPERATES A TEEN CENTER IN THE FOXBORO BRANCH WITH A FOCUS ON LEADERSHIP DEVELOPMENT, EDUCATION AND COMMUNITY SERVICE. THERE WERE MORE THAN 6,720 VISITS TO THE MARILYN RODMAN TEEN CENTER DURING 2015.

Name of the organization	HOCKOMOCK YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number	04-2131749
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YMCA FAMILY PROGRAMS - THESE PROGRAMS, WHICH INCLUDE ENRICHMENT PROGRAMMING, HELP PEOPLE GROW AS RESPONSIBLE MEMBERS OF FAMILIES AND THE COMMUNITY. THEY PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING AND COMPANIONSHIP. ACTIVITIES ARE PLANNED TO BRING GROUPS OF FAMILIES TOGETHER TO SUPPORT EACH OTHER AND THEIR CHILDREN. PARENTS HAVE THE OPPORTUNITY TO LEARN FROM EACH OTHER AND FROM THEIR CHILDREN IN AN ENJOYABLE WAY. A VARIETY OF PARENT-CHILD PROGRAMS ARE OFFERED. FREE FAMILY NIGHTS ARE OFFERED BI-MONTHLY AND PARENTING SEMINARS WERE OFFERED DURING 2015. IN 2015, 3,012 PARTICIPANTS TOOK PART IN STRUCTURED YMCA FAMILY PROGRAMS.

THE HOCKOMOCK AREA YMCA IS PROUD OF THE CONTINUED GROWTH OF OUR INNOVATIVE INTEGRATION INITIATIVE. THIS PROGRAM IS DESIGNED TO PROVIDE OPPORTUNITIES FOR CHILDREN WITH SPECIAL NEEDS TO PARTICIPATE IN YMCA PROGRAMS AND ACTIVITIES, WITH THEIR TYPICALLY DEVELOPING PEERS. THE INTEGRATION INITIATIVE BEGAN IN 2004 AND HAS BEEN EXPANDED INTO ALL Y PROGRAM AREAS. THE PROGRAM IS NOW OFFERED IN OUR NORTH ATTLEBORO, FRANKLIN AND FOXBORO BRANCHES. IN 2015, A TOTAL OF 273 PARTICIPANTS WERE ENROLLED IN THE PROGRAM AND SINCE ITS INCEPTION 875 CHILDREN AND THEIR FAMILIES HAVE PARTICIPATED IN THE YMCA'S INTEGRATION INITIATIVE, WITH IMPACT MEASUREMENTS SHOWING THAT PARTICIPATING CHILDREN EXPERIENCE AN INCREASE IN INDEPENDENCE AND PHYSICAL ACTIVITY WHILE IMPROVING THEIR SOCIALIZATION SKILLS AND SELF-ESTEEM. OUR NEW HORIZON SUMMER CAMP PROGRAM SERVED 150 CHILDREN WITH DISABILITIES LAST SUMMER. IN OCTOBER, WE CELEBRATED OUR 6TH ANNUAL LEGENDS GOLF CLASSIC AND IN NOVEMBER, WE CELEBRATED OUR 10TH ANNUAL LEGENDS BALL, BOTH OF WHICH SUPPORTED THE INTEGRATION INITIATIVE.

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OUR YMCA SEEKS TO FOSTER A CULTURE OF LIFELONG LEARNING AND APPRECIATION FOR THE ARTS WHERE INDIVIDUALS AND FAMILIES SPARK CREATIVE THINKING, DEVELOP ARTISTIC SKILLS AND AWAKEN CURIOSITY. THROUGH OUR MANSFIELD ARTS & EDUCATION CENTER, OUR YMCA IS ABLE TO DELIVER PROGRAMMING, THROUGH THE ARTS, THAT STRIVE TO IMPROVE ACADEMIC PERFORMANCE, INCREASE CHILDREN'S DEVELOPMENTAL ASSETS AND HELP TEENS LEARN KEY WORKFORCE SKILLS. IN 2015, THERE WERE 8 THEATER PERFORMANCES BY CHILDREN IN THE ARTS PROGRAM.

AS PART OF OUR YMCA'S COMMITMENT TO CHILD PROTECTION, WE PARTNERED WITH DARKNESS TO LIGHT TO CONTINUE A RESEARCH BASED CHILD SEXUAL ABUSE EDUCATIONAL PREVENTION PROGRAM OFFERED IN 7 AREA COMMUNITIES IN 2015. TO DATE, WE HAVE TRAINED 4,361 ADULTS AS "STEWARDS OF CHILDREN", EDUCATING AND CREATING AWARENESS OF THE PREVALENCE, CONSEQUENCES AND CIRCUMSTANCES OF CHILD SEXUAL ABUSE AND HOW TO REACT RESPONSIBLY.

THE HOCKOMOCK AREA YMCA THROUGH COMMUNITY PARTNERSHIPS AND COLLABORATIONS, IS WORKING TO MEET THE CHANGING NEEDS OF THE 15 COMMUNITIES WE SERVE THROUGH A FOCUS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY, WORKING TOGETHER WITH STAKEHOLDERS THROUGHOUT OUR SERVICE AREA TO IMPROVE THE QUALITY OF LIFE FOR THOUSANDS OF CHILDREN AND THEIR FAMILIES.

EXPENSES \$ 4,634,037. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,717,941.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION IS ORGANIZED AS A MASSACHUSETTS NOT-FOR-PROFIT CORPORATION. ANY PERSON OF GOOD MORAL CHARACTER MAY BECOME A VOTING MEMBER OF THE YMCA. THE MEMBERSHIP INCLUDES MEMBERS OF THE BOARD OF DIRECTORS, BOARDS OF

Name of the organization HOCKOMOCK YOUNG MEN'S CHRISTIAN
ASSOCIATION, INC.

Employer identification number
04-2131749

MANAGERS, BOARD OF INCORPORATORS AND BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7A:

AT EACH ANNUAL MEETING, THE MEMBERSHIP VOTES TO ELECT MEMBERS OF THE BOARD OF INCORPORATORS, NUMBERING AT LEAST 50 AND NOT MORE THAN 150. MEMBERS OF THE BOARD OF DIRECTORS, THE GOVERNING BODY OF THE YMCA, ARE ELECTED BY THE BOARD OF INCORPORATORS AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE FORM 990, ONCE COMPLETED, IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING. NO REVIEW WITH THE BOARD OF DIRECTORS WAS OR WILL BE COMPLETED. THE FORM IS INITIALLY PREPARED BY THE YMCA'S CFO, REVIEWED BY THE EXTERNAL AUDITORS, AND THEN THE CFO REVIEWS THE FORM WITH THE PRESIDENT. AT THAT TIME, THE FORM IS FINALIZED, SENT TO THE BOARD OF DIRECTORS AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR THE BOARD OF DIRECTORS IS REQUIRED TO CONFIRM WITH THE AUDITORS ANY CONFLICTS OF INTERESTS AND/OR BUSINESS RELATIONSHIPS THAT THEY HAVE WITH THE YMCA. A REPORT IS PREPARED AND REVIEWED WITH THE FINANCE COMMITTEE AND BOARD OF DIRECTORS WHO REVIEW AND AUTHORIZE THAT ANY SUCH RELATIONSHIPS ARE CARRIED OUT AS ARMS-LENGTH TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT IS EVALUATED BY THE BOARD OF DIRECTORS. ANNUALLY, THE EXECUTIVE COMMITTEE SOLICITS EVALUATIONS FROM ALL MEMBERS OF THE BOARD OF DIRECTORS. THESE EVALUATIONS ARE COMPILED BY THE EXECUTIVE COMMITTEE. A DECISION ON COMPENSATION IS BASED ON THE EVALUATION AND BASED ON THE REVIEW

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OF COMPARABLE SALARIES OF CEOs IN SIMILAR SIZE YMCAS. THE FINAL EVALUATION AND RECOMMENDATION IS PRESENTED BY THE EXECUTIVE COMMITTEE TO THE ENTIRE BOARD OF DIRECTORS. IN REGARDS TO QUESTION 15B, THE PRESIDENT ESTABLISHES THE COMPENSATION OF KEY EMPLOYEES TAKING INTO CONSIDERATION THEIR PERFORMANCE OVER THE PAST 12 MONTHS, CHANGES IN RESPONSIBILITY, IF ANY, AND COMPENSATION OF EQUIVALENT POSITIONS IN THE AREA. THE COMPENSATION OF THE PRESIDENT'S DIRECT REPORTS IS REPORTED TO THE EXECUTIVE COMMITTEE AND THE ENTIRE BOARD OF DIRECTORS, ALTHOUGH APPROVAL BY THE BOARD IS NOT REQUIRED.

FORM 990, PART VI, SECTION C, LINE 19:

THE YMCA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON REQUEST.