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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-1150
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization
 BETTER YORK

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 2 EAST MARKET STREET

City or town, state or province, country, and ZIP or foreign postal code
 YORK, PA 17401

D Employer identification number
 23-2101795

E Telephone number
 (717) 848-5500

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

J Tax-exempt status (check only one) 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

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

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 63,488

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1 Contributions, gifts, grants, and similar amounts received							63,369																						
	2 Program service revenue including government fees and contracts																													
	3 Membership dues and assessments																													
	4 Investment income							119																						
	5a Gross amount from sale of assets other than inventory																													
	b Less cost or other basis and sales expenses																													
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6 Gaming and fundraising events																													
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																													
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																													
c Less direct expenses from gaming and fundraising events																														
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														
7a Gross sales of inventory, less returns and allowances																														
b Less cost of goods sold																														
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8 Other revenue (describe in Schedule O)																														
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														
Expenses	10 Grants and similar amounts paid (list in Schedule O)							52,567																						
	11 Benefits paid to or for members																													
	12 Salaries, other compensation, and employee benefits																													
	13 Professional fees and other payments to independent contractors																													
	14 Occupancy, rent, utilities, and maintenance																													
	15 Printing, publications, postage, and shipping																													
	16 Other expenses (describe in Schedule O)								16,808																					
17 Total expenses. Add lines 10 through 16								69,375																						
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)							-5,887																						
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)							146,856																						
	20 Other changes in net assets or fund balances (explain in Schedule O)							0																						
	21 Net assets or fund balances at end of year. Combine lines 18 through 20								140,969																					

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	146,856	22	140,969
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	146,856	25	140,969
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	146,856	27	140,969

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

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
 PROVIDE SUPPORT AND LEADERSHIP ON ISSUES OF IMPORTANCE TO ECONOMIC DEVELOPMENT AND PUBLIC SAFETY IN THE CITY OF YORK BY FOSTERING PUBLIC AND PRIVATE PARTNERSHIPS FOR COMMUNITY INITIATIVES AND WORKS WHEREVER POSSIBLE THROUGH EXISTING ORGANIZATIONS

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

28 BETTER YORK BELIEVES THAT WE HAVE A TREMENDOUS ASSET IN THE ARCHITECTURAL INFRASTRUCTURE OF THE YORK CITY BUSINESS DISTRICT THAT CAN BECOME AN ECONOMIC DRIVER AND QUALITY OF LIFE ENHANCER FOR ALL OF THE BUSINESSES IN YORK COUNTY IF WE MAKE IT A DYNAMIC URBAN SCENE. IN 2015 BETTER YORK WILL CONTINUE TO FOCUS ON IMPLEMENTING THE ROGER BROOKS MARKETING PLAN TO ESTABLISH A VIBRANT MARKET DISTRICT IN DOWNTOWN YORK, THE RENOVATION OF CONTINENTAL SQUARE, REPOSITIONING OF THE UNIT (FIRST) BLOCK OF WEST MARKET STREET, AND, CONTINUING IN THE MULTI-PARTY EFFORT, LED BY DOWNTOWN, INC, TO FORMULATE AND IMPLEMENT STATE-OF-THE-ART MEASURES TO IMPROVE PUBLIC SAFETY (Grants \$ 52,567) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	56,503
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	56,503

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOSEPH P WAGMAN CHAIR	1 00	0	0	0
ERIC MENZER VICE CHAIRMAN	2 00	0	0	0
LARRY MILLER TREASURER	1 00	0	0	0
LOUIS APPELL JR EXEC BOARD MEMBER	1 00	0	0	0
TONY CAMPISI EXEC BOARD MEMBER	1 00	0	0	0
JOE CROSSWHITE EXEC BOARD MEMBER	1 00	0	0	0
JACK KAY EXEC BOARD MEMBER	1 00	0	0	0
LARRY RICHARDSON EXEC BOARD MEMBER	1 00	0	0	0
DARRELL AUTERSON EXEC BOARD MEMBER	1 00	0	0	0
FRANK COUNTLESS EXEC BOARD MEMBER	1 00	0	0	0
JOSH HANKEY EXEC BOARD MEMBER	1 00	0	0	0
PAMELA GUNTER-SMITH EXEC BOARD MEMBER	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding significant activities, document changes, income, and tax shelter transactions.

41 List the states with which a copy of this return is filed PA
42a The organization's books are in care of JODY CHESLA Telephone no (717) 848-5500
Located at 140 EAST MARKET STREET YORK, PA ZIP +4 17401

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A

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 2016-05-12 Date RONALD ERIC MENZER VICE CHAIR Type or print name and title

Paid Preparer Use Only Pmnt/Type preparer's name PAUL W MAULFAIR Preparer's signature Date Check if self-employed PTIN P00744929 Firm's name BAKER TILLY VIRCHOW KRAUSE LLP Firm's EIN 39-0859910 Firm's address SUITE 200 221 W PHILADELPHIA STREET YORK, PA 174012993 Phone no (717) 846-7000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
BETTER YORK

Employer identification number

23-2101795

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 119
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY IMPROVEMENT GRANTEE NAME DOWNTOWN, INC GRANTEE ADDR ESS 1 EAST MARKET STREET YORK, PA 17401 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 27,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY IMPROVEMENT GRANTEE NAME YORK COUNTY CONVENTION & VIS ITOR BUREAU GRANTEE ADDRESS 60 E. NORTH STREET YORK, PA 17401 GRANTEE RELATIONSHIP NON E AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY IMPROVEMENT GRANTEE NAME CITY OF YORK GRANTEE ADDRES S 101 SOUTH GEORGE STREET YORK, PA 17401 AMOUNT GIVEN 15,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 47,000
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADMINISTRATIVE SUPPORT AMOUNT 7,821 DESCRIPTION MISCELLANEOUS AMOUNT 15 DESCRIPTION MEETING EXPENSES AMOUNT 7,327 DESCRIPTION INSURANCE AMOUNT 1,596 DESCRIPTION POSTAGE AMOUNT 49 TOTAL TO FORM 990-EZ, LINE 16 16,808