

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	140,969	22 148,795
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	140,969	25 148,795
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)	140,969	27 148,795

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 THE ORGANIZATION PROVIDES 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

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

28
 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29
 (Grants \$) If this amount includes foreign grants, check here **29a**

30
 (Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 69,134

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 CO-VICE CHAIRMAN	1 00	0	0	0
R ERIC MENZER CHAIRMAN	2 00	0	0	0
LARRY MILLER TREASURER	1 00	0	0	0
TONY CAMPISI 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 COUNTESS CO-VICE CHAIRMAN	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
JAMES HOEHN EXEC BOARD MEMBER	1 00	0	0	0
SONIA HUNTZINGER 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 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of JODY CHESLA Telephone no (717) 849-2331 Located at 2 EAST MARKET STREET YORK, PA ZIP + 4 17401

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

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 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

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

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 Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here *****
Signature of officer
Date 2017-05-15
R ERIC MENZER CHAIRMAN
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name JULIUS C GREEN CPA
Preparer's signature
Date
Check [X] if self-employed PTIN P00350393
Firm's name BAKER TILLY VIRCHOW KRAUSE LLP
Firm's EIN 39-0859910
Firm's address 221 W PHILADELPHIA STREET SUITE 200 YORK, PA 17401
Phone no (717) 846-7000

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

Additional Data

Software ID:

Software Version:

EIN: 23-2101795

Name: BETTER YORK

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>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 2016 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</p> <p>(Grants \$ 61,400)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	69,134

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
BETTER YORK**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

2016**Open to Public Inspection**

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 14

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY IMPROVEMENT GRANTEE NAME DOWNTOWN INC GRANTEE ADDRESS 2 EAST MARKET STREET YORK, PA 17401 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 30,400

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY IMPROVEMENT GRANTEE NAME YORK COUNTY COMMUNITY FOUNDATION GRANTEE ADDRESS 14 W MARKET STREET YORK, PA 17401 AMOUNT GIVEN 23,500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 53,900

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADMINISTRATIVE SUPPORT AMOUNT 12,450 DESCRIPTION MISCELLANEOUS AMOUNT 15 DESCRIPTION MEETING EXPENSES AMOUNT 4,604 DESCRIPTION INSURANCE AMOUNT 1,596 DESCRIPTION OFFICE SUPPLIES AMOUNT 603 DESCRIPTION BUSINESS GIFTS AMOUNT 500 TOTAL T O FORM 990-EZ, LINE 16 19,768