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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial 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: 140 EAST MARKET STREET; City or town, state or country, and ZIP + 4: YORK, PA 17401

D Employer identification number: 23-2101795; E Telephone number: (717) 848-5500; F Group Exemption Number

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: N/A

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

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 53,531

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 [X]

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total revenue: 53,531). Rows 10-17: Expenses (Total expenses: 71,976). Rows 18-21: Net Assets (Net assets at end of year: 97,604).

Part II Balance Sheets

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

(See the instructions for Part II)

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|------------------|
| 22 Cash, savings, and investments | 112,549 | 22 97,604 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | 3,500 | 24 0 |
| 25 Total assets | 116,049 | 25 97,604 |
| 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) | 116,049 | 27 97,604 |

Part III Statement of Program Service Accomplishments

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 and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
PROVIDE SUPPORT AND LEADERSHIP ON ISSUES OF IMPORTANCE TO THE ECONOMIC PROSPERITY AND SOCIAL WELL BEING OF THE CITY OF YORK

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| | | | |
|--|---|------------|--------|
| 28 GRANTS WERE MADE TO FOUR DIFFERENT CHARITABLE ORGANIZATIONS WHOSE PROGRAMS BENEFIT YORK CITY (Grants \$ 51,000) | If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 57,924 |
| 29 (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) (Grants \$) | If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 | 57,924 |

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 address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|--|---|--|
| JOSEPH P WAGMAN 140 EAST MARKET STREET YORK, PA 17401 | CHAIRMAN 1 00 | 0 | 0 | 0 |
| LARRY J MILLER 140 EAST MARKET STREET YORK, PA 17401 | VICE CHAIRMAN 2 00 | 0 | 0 | 0 |
| LOUIS J APPELL JR 140 EAST MARKET STREET YORK, PA 17401 | SEC/TREASURER 1 00 | 0 | 0 | 0 |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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

| | | Yes | No |
|-----|---|-----|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | No |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T | | |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | | No |
| 35b | If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions) | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0 |
| 37b | Did the organization file Form 1120-POL for this year? | 37b | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | No |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 | Section 501(c)(7) organizations. Enter | | |
| 39a | Initiation fees and capital contributions included on line 9 | 39a | |
| 39b | Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955 | | |
| 40b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | No |
| 40c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0 |
| 40d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | 0 |
| 40e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | No |
| 41 | List the states with which a copy of this return is filed | | PA |
| 42a | The organization's books are in care of | | JOHN L FINLAYSON Telephone no (717) 848-5500 140 EAST MARKET STREET Located at YORK, PA ZIP + 4 17401 |
| 42b | 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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | No |
| 42c | At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country | 42c | No |
| 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 | |

| | | Yes | No |
|-----|---|-----|----|
| 44a | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. | 44a | No |
| 44b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | No |
| 44c | Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| 44d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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 address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances.

50(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 address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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

Sign Here section containing signature of officer (LOUIS J APPELL JR TREASURER) and date (2011-04-22).

Paid Preparer's Use Only section containing preparer's signature (EDWARD A STANKOSKI JR), date (2011-04-21), firm's name (PARENTEBEARD LLC), address, EIN, and phone number.

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BETTER YORK

Employer identification number
23-2101795

| Identifier | Return Reference | Explanation |
|-------------------------|-----------------------------|---------------------|
| OTHER INVESTMENT INCOME | FORM 990-EZ, PART I, LINE 4 | INTEREST INCOME 179 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION YORK COUNTS PROGRAMS GRANTEE NAME YORK COLLEGE OF PA/YORKCOUNTS GRANTEE ADDRESS 105 LEADER HEIGHTS RD, SUITE 2 YORK, PA 17403 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 35,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION DEVELOP COORDINATION GROUP GRANTEE NAME YORK COUNTY COMMUNITY FOUNDATION GRANTEE ADDRESS 14 WEST MARKET ST YORK, PA 17401 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 10,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|---|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION GUARDIAN ANGELS PROGRAM GRANTEE NAME DOWNTOWN, INC GRANTEE ADDRESS 1 EAST MARKET STREET YORK, PA 17401 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 5,000 |

| Identifier | Return Reference | Explanation |
|---------------------------------|------------------------------|--|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10 | ACTIVITY CLASSIFICATION BEAUTIFICATION GRANT GRANTEE NAME DOWNTOWN, INC GRANTEE ADDRESS 1 EAST MARKET STREET YORK, PA 17401 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 51,000 |

| Identifier | Return Reference | Explanation |
|----------------|------------------------------|--|
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | DESCRIPTION ADMINISTRATIVE SUPPORT AMOUNT 10,614 DESCRIPTION MISCELLANEOUS AMOUNT 15 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 5,885 DESCRIPTION INSURANCE AMOUNT 1,259 TOTAL TO FORM 990-EZ, LINE 16 17,773 |

| Identifier | Return Reference | Explanation |
|-----------------|----------------------------------|--|
| OTHER ASSETS | FORM 990-EZ, PART II, LINE 24 | DESCRIPTION LOAN RECEIVABLE - YORK CITY SCHOOL DISTRICT BEG OF YEAR AMOUNT 3,500 END OF YEAR AMOUNT 0 |

**TY 2010 Transfers Personal Benefits
Contracts Declaration****Name:** BETTER YORK**EIN:** 23-2101795**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.