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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 private foundations)

OMB No 1545-1150

2014

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-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- 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): 140 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: [X] Cash [ ] Accrual Other (specify)

I Website: N/A

J Tax-exempt status (check only one): [ ] 501(c)(3) [X] 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: [X] 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. Total: \$105,243

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 include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 105,126, 117, 105,243, 72,339, 1,565, 7,870, 81,774, 23,469, 123,387, 0, 146,856.

**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
<b>22</b> Cash, savings, and investments . . . . .	123,387	<b>22</b>	146,856
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	123,387	<b>25</b>	146,856
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b>	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	123,387	<b>27</b>	146,856

**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? 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	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )
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	
<b>28</b> 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 2014 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 \$ 72,339) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 74,116
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b> 74,116

**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
DAVE CONFER 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

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

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

	Yes	No
46		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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

**Sign Here** \*\*\*\*\*  
 Signature of officer  
 JOSEPH P WAGMAN CHAIR  
 Type or print name and title  
 2015-03-16  
 Date

**Paid Preparer Use Only**  
 Print/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  
 Phone no: (717) 846-7000  
 YORK, PA 174012993

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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**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 117
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 15,772
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 WEST MARKET ST YORK, PA 17401 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 25,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY IMPROVEMENT GRANTEE NAME PARTNERSHIP FOR ECONOMIC DEVELOPMENT OF YORK GRANTEE ADDRESS 144 ROOSEVELT AVENUE YORK, PA 17401 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 10,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY IMPROVEMENT GRANTEE NAME CITY OF YORK GRANTEE ADDRESS 101 SOUTH GEORGE STREET YORK, PA 17401 AMOUNT GIVEN 5,767
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY IMPROVEMENT GRANTEE NAME YORK COLLEGE OF PA GRANTEE ADDRESS 441 COUNTRY CLUB ROAD YORK, PA 17403 AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION COMMUNITY IMPROVEMENT GRANTEE NAME CAPITAL ASSOCIATES INC GRANTEE ADDRESS 200 NORTH THIRD STREET HARRISBURG, PA 17108 AMOUNT GIVEN 10,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 72,339
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADMINISTRATIVE SUPPORT AMOUNT 1,988 DESCRIPTION MISCELLANEOUS AMOUNT 15 DESCRIPTION MEETING EXPENSES AMOUNT 4,271 DESCRIPTION INSURANCE AMOUNT 1,596 TOTAL AMOUNT 7,870