

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/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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) 849-2331
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____
I Website: WWW.BETTERYORK.ORG
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. \$ 98,278

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.

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	98,269
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	9
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	98,278
		Expenses	
10	Grants and similar amounts paid (list in Schedule O)	10	112,000
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,322
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	19,853
17	Total expenses. Add lines 10 through 16	17	133,175
		Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-34,897
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)	19	148,795
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	113,898

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	148,795	22 113,898
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	148,795	25 113,898
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)	148,795	27 113,898

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 <input type="checkbox"/>	28a
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)	32 119,879

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	1 00	0	0	0
CO-VICE CHAIRMAN				
R ERIC MENZER	2 00	0	0	0
CHAIRMAN				
LARRY MILLER	1 00	0	0	0
TREASURER				
ANTHONY CAMPISI	1 00	0	0	0
EXEC BOARD MEMBER				
JACK KAY	1 00	0	0	0
EXEC BOARD MEMBER				
LARRY RICHARDSON	1 00	0	0	0
EXEC BOARD MEMBER				
FRANK COUNTESS	1 00	0	0	0
CO-VICE CHAIRMAN				
JOSH HANKEY	1 00	0	0	0
EXEC BOARD MEMBER				
PAMELA GUNTER-SMITH	1 00	0	0	0
EXEC BOARD MEMBER				
JAMES HOEHN	1 00	0	0	0
EXEC BOARD MEMBER				
KEVIN MOSSER	1 00	0	0	0
EXEC BOARD MEMBER				
BILL HYNES	1 00	0	0	0
EXEC BOARD MEMBER				

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 response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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 2018-07-24 Date
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 2017 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 \$ 112,000)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	119,879

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

2017**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 9

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 S 2 EAST MARKET STREET YORK, PA 17401 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 52,500

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 PARTNERSHIP FOR ECONOMIC DEVELOPMENT OF YORK GRANTEE NAME PARTNERSHIP FOR ECONOMIC DEVELOPMENT OF YORK GRANTEE ADDRESS 144 ROOSEVELT AVENUE YORK, PA 17401 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 2,500

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 CITY OF YORK GRANTEE ADDRESS S 101 SOUTH GEORGE STREET YORK, PA 17401 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 52,000

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 10000 FRIENDS OF PA GRANTEE ADDRESS 240 N 3RD ST #407 HARRISBURG, PA 17101 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 5,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 112,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MISCELLANEOUS AMOUNT 15 DESCRIPTION INSURANCE AMOUNT 1,596 DESCRIPTION MEETING EXPENSES AMOUNT 3,806 DESCRIPTION ADMINISTRATIVE SUPPORT AMOUNT 14,250 DESCRIPTION POSTAGE AMOUNT 186 TOTAL TO FORM 990-EZ, LINE 16 19,853