

Form **990EZ**
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.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- 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. ▶ \$ 93,373

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	92,800
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	573
	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	93,373	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	56,300
	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	1,250
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	22,184
17 Total expenses. Add lines 10 through 16	17	79,734	

Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,639
	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	82,165
	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	95,804	

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	82,165 22	95,804
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	82,165 25	95,804
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)	82,165 27	95,804

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** 65,567

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 (DEPARTED 3/19)				
BILL HYNES	1 00	0	0	0
EXEC BOARD MEMBER (DEPARTED 2019)				

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 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, and 42a.

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

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 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 columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 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

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
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 "

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 2020-06-02 Date R ERIC MENZER CHAIRMAN Type or print name and title

Paid Preparer Use Only Print/Type preparer's name KERRI N BOGDA CPA Preparer's signature Date Check if self-employed PTIN P00760402 Firm's name BAKER TILLY VIRCHOW KRAUSE LLP Firm's EIN 39-0859910 Firm's address 1570 FRUITVILLE PIKE SUITE 400 LANCASTER, PA 17601 Phone no (717) 740-4863

May the IRS discuss this return with the preparer shown above? See instructions

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 2019 BETTER YORK CONTINUED 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 \$ 56,300)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	65,567

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

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 573

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 42,500

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 YORK YOUNG PROFESSIONALS GR ANTEE ADDRESS PO BOX 2721 YORK, PA 17405 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 YORK COLLEGE OF PA GRANTEE ADDRESS 441 COUNTRY CLUB ROAD YORK, PA 17403 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 YORK COUNTY COMMUNITY FOUNDATION GRANTEE ADDRESS 14 W MARKET STREET YORK, PA 17401 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 800

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 ST ELMO COMMUNITY BUILDERS GRANTEE ADDRESS 401 HUME AVENUE ALEXANDRIA, VA 22301 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 8,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 56,300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE SUPPLIES AMOUNT 179 DESCRIPTION INSURANCE AMOUNT 1,639 DESCRIPTION MEETING EXPENSES AMOUNT 3,266 DESCRIPTION ADMINISTRATIVE SUPPORT AMOUNT 12,500 DESCRIPTION BOOKS AND SUBSCRIPTIONS AMOUNT 4,600 TOTAL TO FORM 990-EZ, LINE 16 22,184