Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

101	cale	ndar year 2017 of tax year beginning DEC	6, 2017	, and ending	DEC 31, 2017	
		of foundation			A Employer identification	number
_		MASTER FOUNDATION				
	:/0	DANIEL HAINES			82-3712820	
		and street (or P O box number if mail is not delivered to street a	address)	Room/suite	B Telephone number	
2	17	1 BACHMANVILLE ROAD			717-579-93	77
Cit	y or t	town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pe	ending, check here
_ H	ER	SHEY, PA 17033			j	
G (Check	k all that apply: X Initial return	Initial return of a f	ormer public charity	D 1 Foreign organizations	, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations med check here and attach cor	eting the 85% test, inputation
H (Check	k type of organization: X Section 501(c)(3) ex	kempt private foundation	,	E If private foundation stat	tus was terminated
] Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation .	under section 507(b)(1)	
l Fa	air m	arket value of all assets at end of year J Account	ng method: X Cash	Accrual	F If the foundation is in a (
(f	rom I	Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1)	
	\$	176,349. (Part I, colur	nn (d) must be on cash basi	S.)	() , ,	. ,,
Pa	irt l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
. 10	1	Contributions, gifts, grants, etc., received	176,198.		N/A	
10	2	Check If the foundation is not required to attach Sch. B	******			2 4 3 2 C 4 C 8 3 2 C
0	3	Interest on savings and temporary cash investments				
, U	4	Dividends and interest from securities				44243 F 1 2 T 1 1 2 T
IK	5a	Gross rents				
•	Ь	Net rental income or (loss)				
-	6a	Net gain or (loss) from sale of assets not on line 10		()) () * () * () * () * () * () * () *		
Revenue	b	Gross sales price for all assets on line 6a	17848114436			
Š	7	Capital gain net income (from Part IV, line 2)		0.		
ă	8	Net short-term capital gain			3	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				****
	C	Gross profit or (loss)			X .	
	11	Other income				441137111
	12	Total Add lines 1 through 11	176,198.	0.		1111111111
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages			<u> </u>	
	15	Pension plans, employee benefits		· 	<u> </u>	<u> </u>
Ses		Legal fees				· · · · · · · · · · · · · · · · · · ·
Expense	b	Accounting fees	\	PECEIVE	D. L.	
Ä	С	Other professional fees		1120200		<u> </u>
Š	17	Interest		S MAR 2 3 20		
strative	18	Taxes		MAR 20 20	88	
<u> </u>	19	Depreciation and depletion		The second secon		
d mini	20	Occupancy		OGDEN		
⋖	21	Travel, conferences, and meetings			\	
and	22	Printing and publications			 	
		Other expenses				
perating	24	Total operating and administrative		_		_
		expenses Add lines 13 through 23	0.	0.	 	0.
0	25	Contributions, gifts, grants paid	0.	X 2 T 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		0.
	26	Total expenses and disbursements.	_	_		_
_		Add lines 24 and 25	Q.	0.		0.
	27	Subtract line 26 from line 12.	176 100			
	1	Excess of revenue over expenses and disbursements	176,198.			
	1	Net investment income (if negative, enter -0-)		0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Adjusted net income (if negative, enter -0-)			N/A	000 50
7235	01 01	-03-18 LHA For Paperwork Reduction Act Notice	e, see instructions			Form 990-PF (2017)

C/O DANIEL HAINES

1 Cach - non-interest-basering 2 Sorring and femporary cosh investments 3 Accounts received	P	art	Balance Sheets Attached schedules and amounts in the description	beginning of year		d of year
2 Servings and temporary costs investments 3 Accounts formable ■ Less allowance for doubtful accounts ■ 4 Pledges receivable ■ Less allowance for doubtful accounts ■ 5 Grant's receivable 6 Grant's receivable 7 One relate site for morficers, directors, invaless, and other designation of persons 9 Prepared expenses and destread charges 10a investments: - Cultural states are used to a control of the control of			Solution Stitute Do for this or your smooths only	(a) Book Value	(b) Book Value	(c) Fair Market Value
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Peladage recovarials		2	Savings and temporary cash investments			
4 Profitors receivable		3	Accounts receivable -	40 40 43 CC 44 CC		
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Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 EE STATEMENT 1 5 148,851. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 27,347.			Takal linkilising and not access the distance	0	27 247	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 0. 2 176, 198. 3 0. 4 176, 198. 5 148, 851. 6 27, 347.	_				41,341	
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 0. 2 176, 198. 3 0. 4 176, 198. 5 148, 851.	P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 0. 2 176, 198. 3 0. 4 176, 198. 5 148, 851.	1	Total	net assets or fund balances at beginning of year - Part II. column (a). line	30		
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3 0. 4 Add lines 1, 2, and 3 4 176, 198. 5 Decreases not included in line 2 (itemize) 5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 27, 347.					F	
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5 Decreases not included in line 2 (itemize) SEE STATEMENT 1 5 148,851. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 27,347.						
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 27, 347.				SEE ST	⊢ -	
	_	1941				

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C/O DANIEL HAINES

_	2-story brick warehouse; or common stock, 200 shs. MLC Co.)					How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
18					├			
t		NE			├-			
					†-			T
_								
_	(e) Gross sales price	(f) Depreciation allow (or allowable)	, ,,,	ost or other basis expense of sale			(h) Gain or (los ((e) plus (f) minus	s) (g))
_								
-1	C							
								
	Complete only for assets showin	g gain in column (h) and o	wned by the foundatio	n on 12/31/69.			(I) Gains (Col. (h) gair	n minus
_	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (i) r col. (j), if any		col. (k), but not less than -0-) or Losses (from col. (h))		an -0-) or
_3	a							
_								
_	<u> </u>							
_9	<u> </u>							
_5	 	(If goin	alaa antar in Dart I. lini	. 7	7			
2	Capital gain net income or (net car	oital loss)	also enter in Part I, lini i, enter -0- in Part I, lin	e 7	}	2		
3	Net short-term capital gain or (los if gain, also enter in Part I, line 8,	s) as defined in sections 13						
(F)	If (loss), enter -0- in Part I, line 8	oder Section 4940	(e) for Reduced	Tay on Net	ال	stment Inc	ome	
P		 	```````				.01116	N/A
(1-	or optional use by domestic private	roundations subject to the	section 4940(a) tax of	net investment in	come	.)		N/A
lf :	section 4940(d)(2) applies, leave th	ıs part blank.						
	as the foundation liable for the sect "Yes," the foundation doesn't qualify			•	iods			Yes No
1	Enter the appropriate amount in e				ntries.			
_	(a) Base period years Calendar year (or tax year beginnin	g ın) Adjusted qual	(b) ifying distributions	Net value of no	(c) nchai	rtable-use asset		(d) bution ratio vided by col (c))
_	2016							
_	2015			 				
_	2014			 				
_	2013 2012			 		·		
_	2012			<u> </u>				
2	Total of line 1, column (d)						2	
	Average distribution ratio for the 5	-year base period - divide	the total on line 2 by 5	.0, or by the numbe	er of y	rears		
	the foundation has been in existen	ce if less than 5 years					3	
4	Enter the net value of noncharitable	e-use assets for 2017 from	n Part X, line 5				4	
5	Multiply line 4 by line 3						5	
6	Enter 1% of net investment incom-	e (1% of Part I, line 27b)					6	
7	Add lines 5 and 6						7	
R	Enter qualifying distributions from	Part XII. line 4					8	
J	If line 8 is equal to or greater than See the Part VI instructions		rt VI, line 1b, and com	plete that part usin	g a 19	% tax rate.	<u> </u>	

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

10

ONE MASTER FOUNDATION Form 990-PF (2017) C/O DANIEL HAINES 82-3712820 Part VII A Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions X 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ▶ DANIEL W. HAINES Telephone no. > 717 - 579 - 9377Located at $\triangleright 2171$ BACHMANVILLE ROAD, HERSHEY, ZIP+4 ▶17033 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year N/A 16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, Yes No securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No 1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No (6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A Organizations relying on a current notice regarding disaster assistance, check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? Х 1c 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ▶ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

Form 4720, to determine if the foundation had excess business holdings in 2017.)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

4a

Yes X No

N/A

during the year?

C/O DANTEL HATNEC	•		02 27120	20 0
Form 990-PF (2017) C/O DANIEL HAINES Part VII-B. Statements Regarding Activities for Which F	orm 4720 May Be Ro		82-37128 ued)	20 Page 6
5a During the year, did the foundation pay or incur any amount to:			-	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)\?		es X No	
(2) Influence the outcome of any specific public election (see section 4955); o				
any voter registration drive?	i to carry on, directly or maire		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	2		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization			55 [22] 140	
4945(d)(4)(A)? See instructions	i described ili sectioni		es X No	* 1
	or advectional nurnesses or fo		55 [21] 140	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or n		es X No	
the prevention of cruelty to children or animals?	da. 46		S A NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	•	ii negulalions	N/A	5 N
section 53.4945 or in a current notice regarding disaster assistance? See instru			▶ □	5b
Organizations relying on a current notice regarding disaster assistance, check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	10	「/A □ Ye	es L No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es 🗶 No 🖫	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly		
1 List all officers, directors, trustees, and foundation managers and the	neir compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
DANIEL W. HAINES		EASURER	·	
2171 BACHMANVILLE ROAD				1
HERSHEY, PA 17033	2.00	0.	l o.	0.
CINDI L. HAINES	VICE PRESIDEN	T, SECRETA	ARY	
2171 BACHMANVILLE ROAD				
HERSHEY, PA 17033	1.00	0.	0.	0.
			i	
		Į		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, e	enter "NONE."		
() New year of the second sec	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	dovoted to position		compensation	штоти
				
	1			
			 	
	1	{		
				
	-			
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>		
Total intrinsic of other employees paid over 400,000	 _			

ONE MASTER FOUNDATION

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Form 990-PF (2017) C/O DANIEL HAINES	82-3712	820 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued)	nagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	>	0
Part X-A Summary of Direct Charitable Activities		**
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform	ation such as the	Evenance
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 <u>N/A</u>		
<u> </u>		
2		
3		
		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 N/A		7 11100111
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	—	0.
	Fo	rm 990-PF (2017)

82-3712820 Form 990-PF (2017) C/O DANIEL HAINES Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 176,349. a Average monthly fair market value of securities 1a Average of monthly cash balances 16 c Fair market value of all other assets 10 176.349. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 3 2.645. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Δ 173,704. 5 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 619. Part XI 2 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.) 619. Minimum investment return from Part X, line 6 Tax on investment income for 2017 from Part VI, line 5 b Income tax for 2017. (This does not include the tax from Part VI.) Add lines 2a and 2b C 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 619. 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 0 6 6 619 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 0. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b Ō. Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4 4

Adjusted qualifying distributions. Subtract line 5 from line 4

income. Enter 1% of Part I, line 27b

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2017)

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ONE MASTER FOUNDATION C/O DANIEL HAINES

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				619.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$0.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior	14 3 × 5 × 5 × 5 × 6		68636850	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		^		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				619.
be distributed in 2018				013.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	ļ			
8 Excess distributions carryover from 2012	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018	0.			
Subtract lines 7 and 8 from line 6a				** ** ** * * * * * * * * * * * * * * *
10 Analysis of line 9.				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015 d Excess from 2016				
e Excess from 2017				
6 PV0000 HOHE FOLL	7 ha 10			<u> </u>

b The form in which applications should be submitted and information and materials they should include:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines.

C/O DANIEL HAINES

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future P	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year	<u> </u>			
NONE				
	į			
			 	
	Į.			
				
		! 		
Total	<u> </u>	<u> </u>	▶ 3a	0.
b Approved for future payment				<u>`</u>
- Approved for fatare payment				
NONE				
		1	1	
Total	<u> </u>	L	<u>▶</u> 3b	0.
			► 30 (٠.

Form 990-PF (2017)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	Code		10000	 	
			 		
	1 1		 		
	1 1		 		
	1		 		
e	1		┼		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			 	 	
3 Interest on savings and temporary cash	 		├──	 	
investments			[
4 Dividends and interest from securities			├──	 	
5 Net rental income or (loss) from real estate:					
a Debt-financed property		<u> </u>	1 3 4	****	
b Not debt-financed property			├	 	
	 		├	 	
6 Net rental income or (loss) from personal			ļ		
property 7. Other reportment recome	 		┼		
7 Other investment income	 		├		
8 Gain or (loss) from sales of assets other			-		
than inventory			├		ļ
9 Net income or (loss) from special events	 		├		
10 Gross profit or (loss) from sales of inventory	 		├		
11 Other revenue:	1		1		
a	 		├		
b	1 1		 		
·	ſ		 		<u> </u>
d	 		├		
6		0.		0.	
12 Subtotal. Add columns (b), (d), and (e)					0.
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations.)				 	
Part XVI-B Relationship of Activities t	o the Acco	mplishment of Exe	empt	Purposes	
Line No Explain below how each activity for which inco	me is reported in	n column (a) of Part VVII A	contrit	outed importantly to the seese	anlichment of
the foundation's exempt purposes (other than			COULLIE	buted importantly to the accord	ipiisnineni oi
the realisation a exempt purposes (error triali	by providing fur	ido foi oderi parposcoj.			
					
I					
					

ONE MASTER FOUNDATION

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*Part*XVII C/0

DANIEL	HAINES	82-3712820	Page 13

Part XVII	Information Re Exempt Organ		fers to a	nd Transactions a	and	Relationsh	ips With None	charitable	: 	95
(other than a Transfers (1) Cash (2) Other b Other trans (1) Sales (2) Purch (3) Renta (4) Reint (5) Loans (6) Perfor c Sharing of d If the answ or services	assets sactions: of assets to a noncharital asses of assets from a nor l of facilities, equipment, oursement arrangements or loan guarantees rmance of services or me facilities, equipment, ma wer to any of the above is given by the reporting for	ble exempt organization to a noncharitable exempt organization charitable exempt or or other assets mbership or fundraise liling lists, other asset "Yes," complete the foundation of the found	n 527, relating le exempt orgonization solicitation s, or paid empollowing sche dation receive	ns	alway	rs show the fair r	market value of the g	1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c	** 6 3	X X X X X X X X X
) the value of the goods, (b) Amount involved			exempt organization	7	(d) Description	n of transfers, transactio	ns, and sharing arra	angemen	ts
				or more tax-exempt orga	nnizatio	ons described				7
	501(c) (other than section implete the following sche (a) Name of org	edule.	1100 52/7	(b) Type of organization	, T		(c) Description of re	Yes Yes] No
	N/A			(2) Typo or organization			(v) Doodriphon of to	nationomp		
Sign and be		piete Ofciaration of prep.		accompanying schedules and taxpayer) is based on all inform 3 · 13 · 1 8 Date			as any knowledge	May the IRS of return with the shown below X Yes	P See ins	er]
Paid Preparer Use Only	Print/Type preparer's na. WENDY L. Li Firm's name ► RKL	ANCE, CPA	Preparer's si	gnature L. LANCE, C		ate 2/23/18	Checkif self- employed	PTIN P00959 3-21081	002 73	
	Firm's address PO	BOX 8408 NCASTER, E	PA 1760	04-8408			Phone no. 71	7 – 3 9 4 – 5 Form 99 0		(0017)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Employer identification number

2017

ONE MASTER FOUNDATION C/O DANIEL HAINES 82-3712820 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
ONE MASTER FOUNDATION
C/O DANIEL HAINES

Employer identification number

82-3712820

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	DANIEL W. HAINES 2171 BACHMANVILLE ROAD HERSHEY, PA 17033	\$90,440.	Person X Payroll Noncash X (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	DANIEL W. HAINES 2171 BACHMANVILLE ROAD HERSHEY, PA 17033	\$45,701.	Person X Payroll Noncash X (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	DANIEL W. HAINES 2171 BACHMANVILLE ROAD HERSHEY, PA 17033	\$\$0,057.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Ocuplete Part II for noncash contributions)			

Name of organization
ONE MASTER FOUNDATION
C/O DANIEL HAINES

Employer identification number

82-3712820

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I 1700 SHARES OLLIES BARGAIN OUTLET 12/26/17 90,440. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I 240 SHARES THERMO FISHER SCIENTIFIC 2 45,701. 12/26/17 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I 750 NOVO-NORDISK A-S 3 40,057. 12/26/17 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Name of organization

Employer identification number

ONE MASTER FOUNDATION

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82-3712820

Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious,	olumns (a) through (e) and the folio	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (frier this into note)
	Use duplicate copies of Part III if additional	space is needed	(Entot tillo
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, and		Relationship of transferor to transferee

FORM 990-PF OTHER DECREASES IN NET	ASSETS OR FUND BALANCES STATEMENT 1
DESCRIPTION	AMOUNT
BUILT-IN GAIN ON STOCK CONTRIBUTED TO	THE FOUNDATION 148,851.
TOTAL TO FORM 990-PF, PART III, LINE	148,851.
FORM 990-PF CORPO	ATE STOCK STATEMENT 2
DESCRIPTION	FAIR MARKET BOOK VALUE VALUE
CHARLES SCHWAB - 4019	27,347. 176,349.
TOTAL TO FORM 990-PF, PART II, LINE 1	27,347. 176,349.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 3
NAME OF CONTRIBUTOR	ADDRESS	
DANIEL W. HAINES	2171 BACHMANVILLE ROAD HERSHEY, PA 17033	

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 4

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DANIEL W. HAINES, PRESIDENT 2171 BACHMANVILLE ROAD HERSHEY, PA 17033

TELEPHONE NUMBER

717-579-9377

EMAIL ADDRESS

N/A

FORM AND CONTENT OF APPLICATIONS

APPLICATION SHOULD INCLUCE A COMPREHENSIVE DESCRIPTION OF THE PROGRAM(S) THAT ARE IN NEED OF FUNDING. THE PURPOSE OF THE FUNDING AND THE DESIRED OUTCOME OF THE DONATION.

ANY SUBMISSION DEADLINES

OCTOBER 31

RESTRICTIONS AND LIMITATIONS ON AWARDS

CHRISTIAN FAITH-BASED INSTITUTIONS