## 2949110400415 OMB No 1545-0052

### **Return of Private Foundation**

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

Department of the Tæaşury Internal Revenue Service

▶ 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.

Open to Public Inspection

Ē		lendar year 2017 or tax year beginning		, 2017,	and ending		, 20
	Name	of foundation				A Employer identif	ication number
_	HOR	MEL FOODS CORPORATION CHARIT	ABLE TRUST			01-07614	16
	Numbe	er and street (or P O box number if mail is not delivered	to street address)		Room/suite	B Telephone numb	er (see instructions)
				l			
_	1 HC	RMEL PLACE				507-437-	-5435
۸.	City or	town, state or province, country, and ZIP or foreign pos	stal code				
′′) _						C If exemption application pending, check here	ation is
/x .	AUS	IIN, MN 55912				}	
~/\	3 Che	eck all that apply Initial return	Initial return o	of a former po	ublic charity	D 1 Foreign organiza	itions, check here ▶
•		Final return	Amended ret			2 Foreign organiza	
_		Address change	Name change			85% test check computation .	nere and attach
ŀ	<u> C</u> he	eck type of organization X Section 501	(c)(3) exempt private for	oundation	คู่	E If private foundation	in status was terminated
-		Section 4947(a)(1) nonexempt charitable trust	Other taxable pri		ion /		o)(1)(A), check here .
ı		market value of all assets at JAcco		ish Acci	rual	F If the foundation is	in a 60-month termination
			ther (specify)			under section 507(b	)(1)(B), check here . ►
		► \$ 446,045.00 (Part I,		sh basis )		<u> </u>	
	Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and	(b) Net inve	stment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	expenses per books	incom		income	purposes
-		column (a) (see instructions) )	DOURS				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule).					ļ
	2	Check Little foundation is not required to attach Sch B					<del> </del>
	3	Interest on savings and temporary cash investments.					<del> </del>
	4	Dividends and interest from securities					<del> </del>
	ł	Gross rents		<del></del>			<del> </del>
		Net rental income or (loss)	ļ	<del></del>	;		<del> </del>
		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a					
3	7	Capital gain net income (from Part IV, line 2) .					<u> </u>
۵	8	Net short-term capital gain			<u>'</u>		
	9 10 a	Income modifications			-,		
	Ь	Less Cost of goods sold .					
	C	Gross profit or (loss) (attach schedule)		1	'		
	11	Other income (attach schedule)					
en .	12	Total. Add lines 1 through 11		RFC	EIVED		<u> </u>
	13	Compensation of officers, directors, trustees, etc	L			ان	
620	14	Other employee salaries and wages		S APR	<del>0                                    </del>	- 3)	<u> </u>
ବ୍ୟ ବ୍ୟ	5 15	Pension plans, employee benefits	<del> </del>	80 / / / /	9 8 EAIA		ļ
•	16a	Legal fees (attach schedule)	ļ		The street,	· <del>I</del>	<u> </u>
	Ь	Accounting fees (attach schedule)	ļ <b>!</b> }	<u> </u>	EN. UT	<u></u>	<del></del>
scanned may	<u>≧</u>	Other professional fees (attach schedule)				===d	<del> </del>
	2 17	Interest	ļ				
2	2 18	Taxes (attach schedule) (see instructions)	<b> </b>				
3	19	Depreciation (attach schedule) and depletion.					ļ
\\ \tag{3}	20	Occupancy					ļ
W ?	21	Travel, conferences, and meetings	<u> </u>				<del></del>
	22	Printing and publications	2,2,2,2	<del></del>			<del> </del>
	23 24 25 25	Other expenses (attach schedule)				<del></del>	<del> </del>
	ਰ  <sup>24</sup>	Total operating and administrative expenses.					1 262 405 00
	2	Add lines 13 through 23	343.00				1,362,405.00
		Contributions, gifts, grants paid	1,362,405.00				1 262 405 00
	26	Total expenses and disbursements Add lines 24 and 25	1,362,748.00	<del></del>			1,362,405.00
	27	Subtract line 26 from line 12	1 262 740 00		3		
	- 1	Excess of revenue over expenses and disbursements	-1,362,748.00				<del> </del>
ı		Net investment income (if negative, enter -0-)					<del> </del>
	i C	Adjusted net income (if negative, enter -0-)	F		1		1

Form **990-PF** (2017)

Б	art II	Balanco Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year	
_	ai t II		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Ma	rket Value
-	1 (	Çash - non-interest-bear	ing	1,828,793.00	466,045.00	466,	045.00
Į			cash investments				
		Accounts receivable				+	
ì	1	Less allowance for dou	ibtful accounts >				
ľ	4	Pledges receivable ▶			, 1	,	
			ibtful accounts >			<u> </u>	
	5	Grants receivable					
ı	6	Receivables due from	officers, directors, trustees, and other				
	,	disqualified persons (at	tach schedule) (see instructions)				
	7	Other notes and loans	receivable (attach schedule) 🕨		r 1		
		Less allowance for dou	ıbtful accounts ▶				
ş	8	Inventories for sale or us	se				
ssets	9	Prepaid expenses and o	deferred charges				
۲	10a	Investments - U.S. and stat	te government obligations (attach schedule)				
İ	b	Investments - corporate	e stock (attach schedule)				
i	C	Investments - corporate	e bonds (attach schedule)				
		Investments - land, building and equipment basis			1 ;	1	
		Less accumulated depreca (attach schedule)	ation ▶				
	l	•	loans				
	13	Investments - other (atta	ach schedule)				
		Land, buildings, and equipment basis	<b>&gt;</b>		F 5'	,	
		Less accumulated depreca (attach schedule)	ation				
	15	Other assets (describe	<b>&gt;</b> ){				
			completed by all filers - see the				
_		instructions Also, see p	page 1, item l)	1,828,793.00	466,045.0	166	,045.00
	17	Accounts payable and a	accrued expenses				
	18	Grants payable					
es	19	Deferred revenue				_ ՝	
Liabilities	20	Loans from officers, directo	ors, trustees, and other disqualified persons				
흅	21	Mortgages and other no	otes payable (attach schedule)				
J	22	Other liabilities (describ	e▶)				
						*	
			es 17 through 22)			_	
/۸			w SFAS 117, check here ▶	1			
ces		and complete lines 24	through 26, and lines 30 and 31.			:	
ä	24	Unrestricted				<u> </u>	
껿	25	Temporarily restricted			 <del> </del>		
豆						_	
בַּ			ot follow SFAS 117, check here				
ř		and complete lines 27	through 31.			_ ]	
S	27	Capital stock, trust prin	icipal, or current funds	1,828,793.00	466,045.0	2	
set	28		or land, bldg, and equipment fund			4	
Aŝ	29	_	ulated income, endowment, or other funds			<u>.</u>	
ఠ	30		d balances (see instructions)	1,828,793.00	466,045.0	2	
Z	l .		net assets/fund balances (see				
_			<del> </del>	1,828,793.00	466,045.0	01	
_			inges in Net Assets or Fund Bala		<del></del>	<del></del>	
1			balances at beginning of year - Part			1 222	500 00
_			ed on prior year's return)				,793.00
			, line 27a				<u>,748.00</u>
_							
4				· · · · · · · · · · · · · · · ·		<del></del>	<u>,045.00</u>
5		reases not included in			5		
6	Tota	il net assets or fund t	palances at end of year (line 4 minus	line 5) - Part II, column (	b), line 30 6		,045.00

	and Losses for Tax on Inve		/ <b>5</b> \		
	scribe the kind(s) of property sold (for exprick warehouse, or common stock, 200 s	• •	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a					
<u>b</u>					
<u> </u>	<del></del>				
<u>d</u>					<u> </u>
е	(9. Dansardan allamat	(a) Cost or other basis		(1) (2)	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	
а <u>b</u>					
<u>C</u>					
<u>d</u>					
Complete celufos escata		h. th a face Laborate 40/04/00			
Complete only for assets s	showing gain in column (h) and owned l	<del></del>		Gains (Col (h) ga	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from co	
<u>a</u>					
<u>b</u>	<del> </del>		<del> </del>		
<u>c</u>					
d e	<del></del>		<u> </u>		<del></del>
	or (net canital loss)		2		
	······································		] ,		
	Under Section 4940(e) for Red		ocome	<del></del>	
	the section 4942 tax on the distribi		ase perio	d?	Yes No
Enter the appropriate a	mount in each column for each yea	ir, see the instructions before maki	ng any er	ntries	
(a)	(b)	(c)		(d)	ation .
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2016	1,953,181.00	874,363.00			2.2338
2015	1,682,510.00	836,641.00			2.0110
2014	1,565,352.00	654,181.00	——		2.3928
2013	1,372,125.00			<del></del>	1.2596
2012	1,454,079.00	1,142,530.00			1.2727
Takal of leas 4 salvens	(4)				0 1600
<ul> <li>Total of line 1, column of the Average distribution rate</li> </ul>	(d)	a the total as less 2 has 5 0 and	2		9.1699
_	e foundation has been in existence i		3		1.8340
Enter the net value of n	oncharitable-use assets for 2017 fr	rom Part X, line 5	4	1,0	35,293.00
Multiply line 4 by line 3			5	1,8	98,727.30
Enter 1% of net investr	nent income (1% of Part I, line 27b).		6		
Add lines 5 and 6			7	1,8	98,727.36
B Enter qualifying distribution of the B is equal to or Part VI instructions	ations from Part XII, line 4 greater than line 7, check the box	ın Part VI, line 1b, and complete	8 that par		62,405.00 ax rate See t

If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  ■ By language in the governing instrument, or  ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		as there a liquidation, termination, dissolution, or substantial contraction during the year?	3		
<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> <li>Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV</li> <li>Enter the states to which the foundation reports or with which it is registered. See instructions.</li> <li>b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i>? If "No," attach explanation.</li> <li>Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," complete Part XIV.</li> <li>Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their</li> </ul>			,		
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Ar	re the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	,		
conflict with the state law remain in the governing instrument?	•	By language in the governing instrument, or	,		
Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV  Enter the states to which the foundation reports or with which it is registered. See instructions.  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.  Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," complete Part XIV.  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	•	By state legislation that effectively amends the governing instrument so that no mandatory directions that	, ,		
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b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	D١	id the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	<u> </u>
(or designate) of each state as required by General Instruction G? If "No," attach explanation	a Er	nter the states to which the foundation reports or with which it is registered. See instructions.			
(or designate) of each state as required by General Instruction G? If "No," attach explanation	_		í		
Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," complete Part XIV.  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	b If	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	);	1	İ
4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," complete Part XIV	(0	or designate) of each state as required by General Instruction G?If "No," attach explanation	8b	X	<u> </u>
complete Part XIV			.:		
, , , , , , , , , , , , , , , , , , , ,			9		x
		• • • • • • • • • • • • • • • • • • • •	10		x
Form 990-PF (2				Λ.DE	

Par	rt 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	he		
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualif			
	person had advisory privileges? If "Yes," attach statement See instructions	12	1	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	•••	<del>                                      </del>	
	Website address ▶			
14	The ANCELL M. DEMODERE	37-543	5	
• • •	Located at > 1 HORMEL PLACE AUSTIN, MN  ZIP+4 > 55912			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			TT
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other auth		Yes	No
10			+	X
	over a bank, securities, or other financial account in a foreign country?	33% 45	<u> </u>	2.
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name the foreign country ▶	OT		1: 77
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		* *	- 5.1
Гаі		——]	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	38.	2 103	3.38.4
٦а	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 N	°		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
		lo   🐩		
	V V	lo		9
		lo 📑		
	(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	0		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	<b> </b>		* I.
	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)	1980		
b	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation			لىلاند
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	28738	1 m
	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, t		2 - II.	1
	were not corrected before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a priv	ate 🗀		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1.3		
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	77/3		1
	6e, Part XIII) for tax year(s) beginning before 2017?	10		9
	If "Yes," list the years  ,,,,,,			1
þ	Are there any years listed in 2a for which the foundation is <b>not</b> 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)		I  II	
	all years listed, answer "No" and attach statement - see instructions )	2b	. 86.5	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	•	100		
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	lo 🤼		
b	o 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		1.00
	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	L ' ' S		
	foundation had excess business holdings in 2017 )			<u> </u>
4a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposi			Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize	2.003		3077
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20	, ——		X

Par	VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continue	d)		
5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	1 4945(e))?	Yes X	No		
	(2) Influence the outcome of any specific public ele	ction (see section 4	955), or to carry or	ı,	<u> </u>		
	directly or indirectly, any voter registration drive?			. Yes X	No		
	(3) Provide a grant to an individual for travel, study, or o			1 37	No		
	(4) Provide a grant to an organization other than a	charitable, etc., orga	anization described ii	n	_		
	section 4945(d)(4)(A)? See instructions			. Yes X	No		1
	(5) Provide for any purpose other than religious, ch				,		
	purposes, or for the prevention of cruelty to children	or anımals?		Yes X	No	ļ	
b	If any answer is "Yes" to 5a(1)-(5), did any of the		•	•	ed in		
	Regulations section 53 4945 or in a current notice regard	_			<u>5b</u>	<del> </del>	
	Organizations relying on a current notice regarding disas	ster assistance, check	here		. ▶∟_		
C	If the answer is "Yes" to question 5a(4), does the		•		,		
	because it maintained expenditure responsibility for the	grant <sup>9</sup>		Yes	] No		
	If "Yes," attach the statement required by Regulations se						
6a	Did the foundation, during the year, receive any fun				, Ì		]
	on a personal benefit contract?			• 🗀 🗀	No		
p	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	act?	<u>6b</u>	-	-
	If "Yes" to 6b, file Form 8870				-		
7a	At any time during the tax year, was the foundation a pa	•		• — —	No		
	If "Yes," did the foundation receive any proceeds or have Information About Officers, Director				7b	┸——	L
	and Contractors		_		inployees,		
1	List all officers, directors, trustees, foundation n		compensation. Sec				
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plan	othor o	ise acco	
SEE	ATTACHED SCHEDULE	devoted to position	enter -0-)	and deferred compensa	ition		
<u> </u>	TITIONED DONEDONE						
	<del></del>						
	<del></del>						
	<del> </del>						
					l		
2	Compensation of five highest-paid employees	(other than thos	e included on lin	e 1 - see instr	uctions). If i	none,	enter
	"NONE."			(d) Contributions t	<u> </u>		
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	t <b>(e)</b> Expei	nse acco	unt,
		devoted to position		compensation	other a		
NON							
		1		)			
				<del></del>			
		<u> </u>					
ota	number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	5 00	00 PF	(0047:
					Form 99	7U-PF	(2017)

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Five h	highest-paid independent contractors for professional services. See instructions. If none, enter	"NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		<del></del>
	<del></del> }	
	<del></del>	
otal numbe	er of others receiving over \$50,000 for professional services	<b>—</b>
		<u> </u>
Part IX-A	Summary of Direct Charitable Activities	
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the num	nber of Expenses
organization	ns and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 N/A		
2		
3	<del></del>	
·		
4		
Part IX-B		
Describe th	ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		<del></del>
	<del></del>	
All other pr	rogram-related investments See instructions	
3		
otal. Add	lines 1 through 3	•

Pa	t X	<b>Minimum Investment Return</b> (All domestic foundations must complete this part. Fore see instructions.)	ign fo	undations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpo	oses		
а	Avera	age monthly fair market value of securities	1a	
b	Avera	age of monthly cash balances	1b	1,051,059.00
С	Fair	market value of all other assets (see instructions),	1c	
d	Total	I (add lines 1a, b, and c)	1d	1,051,059.00
е	Redu	ction claimed for blockage or other factors reported on lines 1a and		
	1c (a	attach detailed explanation)		
2		isition indebtedness applicable to line 1 assets	2	
3		ract line 2 from line 1d	3	1,051,059.00
4	Cash	deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	ınstrı	uctions)	4	15,765.89
5	Net v	value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,035,293.11
_6		mum investment return. Enter 5% of line 5	6	51,764.66
Pa	rt XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndation	ns
1	Mınır	num investment return from Part X, line 6	1	51,764.66
2 a		on investment income for 2017 from Part VI, line 5 2a		
b		me tax for 2017. (This does not include the tax from Part VI) 2b		
C		lines 2a and 2b	2c	
3		ibutable amount before adjustments Subtract line 2c from line 1	3	51,764.66
4		overies of amounts treated as qualifying distributions	4	
5		lines 3 and 4	5	51,764.66
6		uction from distributable amount (see instructions)	6	
7		ibutable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
		1	7	51,764.66
Pa	rt XII	Qualifying Distributions (see instructions)		
1		unts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a		enses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,362,405.00
р		ram-related investments - total from Part IX-B	1b	<del></del>
2		unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		oses	2	<del></del>
3		unts set aside for specific charitable projects that satisfy the		
а	Suita	ıbılıty test (prior IRS approval required)	3a	
b	Cash	n distribution test (attach the required schedule)	3b	
4		fying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,362,405.00
5		idations that qualify under section 4940(e) for the reduced rate of tax on net investment income	]	<del></del>
	Ente	r 1% of Part I, line 27b See instructions	5	
6	Adju	sted qualifying distributions. Subtract line 5 from line 4	6	1,362,405.00
		: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculat	
		qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2017) •				Page 9
Part XIII Undistributed Income (see instr	uctions)			
Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
line 7				51,764.66
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only				
b Total for pnor years 20,20,20				<u> </u>
3 Excess distributions carryover, if any, to 2017				
a From 2012 1,396,953.00		ļ		
b From 2013 1,317,659.00				
c From 2014 1,532,643.00				
d From 2015				
e From 2016 1,909,463.00	7,797,396.00			
f Total of lines 3a through e	1,191,390.00	<del></del>		<del></del>
line 4 ▶ \$ 1,362,405.00				, ,
a Applied to 2016, but not more than line 2a				
				<del> </del>
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)	<u></u>			
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2017 distributable amount			<del></del> _	51,764.66
e Remaining amount distributed out of corpus	1,310,641.00		··-	
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same	<del> </del>			
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	9,108,037.00			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b				
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 assessed	<u></u>	<del> </del>		
d Subtract line 6c from line 6b Taxable amount - see instructions				,
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see instructions				
£ Hadistabutad issues for 0017 O. 1				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				,
170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2012 not				
applied on line 5 or line 7 (see instructions)	1,396,953.00			,
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	7,711,084.00			
10 Analysis of line 9		1		
a Excess from 2013 1,317,659.00				,
b Excess from 2014 1,532,643.00				ı
c Excess from 2015 1,640,678.00		]		
d Excess from 2016 1,909,463.00				
e Excess from 2017   1,310,641.00	<u> </u>	<u> </u>		Form <b>990-PF</b> (2017)

Pa	rt XIV Private Op	erating Foundations	(see instructions	and Part VII-A, ques	tion 9)	
1 a	If the foundation has			•	<b>~</b> )	
<b>.</b>						(1)(2) 05 4042(1)(5)
U	Check box to indicate t		is a private operating		n section   4942	(1)(3) 0(   4942(1)(3)
2 a	Enter the lesser of the ad-			T	1,0044	(e) Total
	justed net income from Part	<del></del>	(b) 2016	(c) 2015	(d) 2014	<del>/</del>
		1				
	year listed					4
b	85% of line 2a		<u> </u>			
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .			<u> </u>		
d						
	•					
е	·					
	directly for active conduct of					
3	Complete 3a, b, or c for the			/	<del> </del>	<del> </del>
	alternative test relied upon					
а	445					
		<u> </u>		+-/	<del></del>	<del></del>
	under section					
_	4942(j)(3)(B)(i)			/	<del></del>	
D			/	<b>'</b>		
	ment return shown in Part X,					
	line 6 for each year listed				_ <del> </del>	
С	"Support" alternative test - enter			1		
	(1) Total support other than					
	(interest, dividends, rents,					
	payments on securities					
	or royalties)					
	(2) Support from general					
	exempt organizations as		ľ			
	provided in section 4942					
	(3) Largest amount of sup-					
	port from an exempt					
				<del>                                     </del>		
Ρź		ntary Information (	Complete this par	t only if the found	ation had \$5,000	or more in assets at
				tomy in the round	u	
1	Information Regardin	g Foundation Manage				
а	_	_		ore than 2% of the to	ital contributions rece	eived by the foundation
	before the close of any	y tax year (but only if th	ey have contributed	more than \$5,000) (	See section 507(d)(2)	)
NΩ	NE					
		the foundation who	own 10% or more	of the stock of a cor	rnoration for an equa	ally large portion of the
~						iny large portion or the
		· · · · · · · · · · · · · · · · · · ·		5		
NΙΟ	NE					
		a Contribution Grant	Gift Loan Scholar	ship etc Programs:	<del></del>	
_	<u> </u>	-		• • •		
	Check here ► A if I	the foundation only	makes contribution:	s to preselected cha	aritable organizations	and does not accept
				rants, etc., to individu	ials or organizations	under other conditions,
	foundation, and the ruling is effective for 2017, either the date of the ruling.  b Check hos to indicate whether the foundation is a private operating foundation described in section.   4942(0/3) or					
а	i The name, address, a	ina telephone number	or email address of	the person to whom a	pplications should be a	ddressed.
	The form in which ann	dications should be sui	hmitted and informa	tion and materials the	v should include	
•	io in milion app		omitted and informa	non and materials the	y should include	
	Any submission deadl	ines				
					_	
C	Any restrictions or I	imitations on awards	, such as by geog	graphical areas, chari	itable fields, kinds o	f institutions, or other

Part	90-PF (2017) <b>XV</b> Supplementary Information (0	continued)			Page 1
	Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment	
	Recipient	If recipient is an individual,	Foundation		
	Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
а	Paid during the year				
SEE	ATTACHED CONTRIBUTION SCHEDULE				1,362,405.00
					ļ
				<b>&gt;</b>	3a 1,362,405.0
þ	Approved for future payment				
		:			
			}		
		l	<u> </u>		
	Total				3b

Program service revenue  (a) Business code Amount  Amount  Fees and contracts from government agencies  Membership dues and assessments	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions
Fees and contracts from government agencies  Membership dues and assessments			
Fees and contracts from government agencies  Membership dues and assessments			
Fees and contracts from government agencies  Membership dues and assessments			
Fees and contracts from government agencies  Iembership dues and assessments			
Fees and contracts from government agencies  fembership dues and assessments			
lembership dues and assessments			
lembership dues and assessments			
·			
terest on savings and temporary cash investments.			
ıvıdends and ınterest from securities			
et rental income or (loss) from real estate			
Debt-financed property			
Not debt-financed property			
et rental income or (loss) from personal property			····
ther investment income			
ain or (loss) from sales of assets other than inventory	<del></del>		
et income or (loss) from special events · · ·			·
ross profit or (loss) from sales of inventory			
ther revenue a	<del></del>		
	<del></del>		
	<del> </del>		
	<del> </del>		
ubtotal Add columns (b), (d), and (e)	<del></del>		
Relationship of Activities to the Accomplishment of E  No. Explain below how each activity for which income is reported	ın column (e	e) of Part XVI-A contrib	
accomplishment of the foundation's exempt purposes (other than	by providing	funds for such purpose	s) (See instruction
			<del></del>
	<del></del>	<del></del>	
			···
i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		<del></del>	
			<del></del>

	90-PF (2									<sub>ge</sub> 13
Part	XVII	Information R Exempt Organ		nsfers to and Transac	tions and	Relationships	With Nonc	harit	able	
1	n sec organiz	tion 501(c) (other ations?	than section s	ngage in any of the follow 501(c)(3) organizations)	or in section				Yes	No
				a noncharitable exempt org				1		
										X
		er assets ransactions	• • • • • • • • •					1a(2)		X
(	(1) Sal	es of assets to a no	ncharitable exem	pt organization				1b(1)		X
				le exempt organization			<b>.</b>	1b(2)		X
				issets						X
				<i>.</i>						X
(	( <b>5)</b> Loa	ans or loan guarantee	es		• • • • • •		· · · · · · · ·	1b(5)	<del></del> -	X
				o or fundraising solicitations					ļ	X
				s, other assets, or paid emp ," complete the following	-				l	
				, complete the following es given by the reporting						
				ement, show in column (d						
(a) Lm	$\overline{}$	(b) Amount involved	<del> </del>	incharitable exempt organization		cription of transfers, tra				
<u> </u>	-	(c) ·····citca	(0) 114 115	TOTAL TOTAL OF STREET	(4) 500	onphon or transfero, tra	Todatono, and one	9		
			<u> </u>		<del></del> -		<del></del>			
				<del></del>						
			<del></del>	<del></del>		<del></del>	~ <del>-</del>			
		<del> </del>	1			<del></del>				
								_		
								_		
				<del></del>						_
			l				<del></del>			
(	describ		) (other than sect	liated with, or related to, tion 501(c)(3)) or in section			anizations [	Y	es X	] No
		(a) Name of organization	n	(b) Type of organization		(c) Des	cription of relations	ship		
							<del></del>			
				·			_ <del></del>			
	Hodor	nenalties of normal Lidads	are that I have evamous	ed this return, including accompanying	a schedulas and	etatements and to the	nest of my knowledge	has an	helief ·	ic term
	correc	t, and complete Declaration of	f preparer (other than tax	payer) is based on all information of wh	ich preparer has a	iny knowledge		ge and	Dener, II	15 110
Sign		Van	8/~	12/5/12/10	mp E z	CHDED	May the IRS			return
Here	re /- //// U					_			below?	
	Signature of officer or trustee Date Title See instructions					13	Yes	N		
		Print/Type preparer's na	me	Preparer's signature		Date	Check If	PTIN		
Paid							self-employed			
_										

Form **990-PF** (2017)

Firm's EIN

Phone no

Preparer

Use Only

Firm's name

Firm's address

### Schedule B

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

Department of the Treasury Internal Revenue Service

### 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

2017

Name of the organization Employer identification number HORMEL FOODS CORPORATION CHARITABLE TRUST 01-0761416 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (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 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 contributions. 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 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 organizati	on DS CORPORATION CHARITABLE TRUST		Employer identification number 01-0761416
	ibutors (see instructions). Use duplicate cop	ies of Part I if additional space is i	<u> </u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization HORMEL FOODS CORPORATION CHARITABLE TRUST

Employer identification number

01-0761416

Dart II	Managah Proporty	(coo instructions)	. I lea duplicata capica	a of Dort II if additional c	sacca ic paadad
- all till	Noncasii Froperty	(366 11130 0000113)	. Use auplicate copies	s of Part II if additional s	space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

HORMEL FOODS CORPORATION CHARITABLE TRUST 01-0761416 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part i (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# Hormel Foods Corporation Charitable Trust Return 990-PF for Calendar Year 2017 Schedule of Contributions Received (Part 1 Line 1)

Donor	Donor FEIN	Donation Date	Amount

There were no contributions received in 2017.

from wire payments

## Hormel Foods Corporation Charitable Trust Return 990-PF for Calendar Year 2017 Schedule of Other Expenses (Part 1 Line 23)

Expenses	A	mount
State of MN Registration	\$	25.00
Bank Fees		317.51
Total	\$	342.51

from Peachtree General Ledger

#### Hormel Foods Corporation Charitable Trust Return 990-PF for Calendar Year 2017 Schedule of Officers/Directors (Part VIII)

(a) Name and Address	(b) Title and Avg Hrs/Wk Devoted to Position	(c) Compensation	<ul><li>(d) Contributions to employee benefit plans/deferred comp</li></ul>	(e) Other Allowances
Janet L Hogan	President & Director	\$0	\$0	\$0
1 Hormel Place, Austın, MN 55912	1 hr			
Gary L Jamison	Treasurer	\$0	\$0	\$0
1 Hormel Place, Austin, MN 55912	1 hr			
James N Sheehan	Assistant Treasurer & Director	\$0	\$0	\$0
1 Hormel Place, Austin, MN 55912	1 hr			
Steven G Bınder	Secretary & Director	\$0	\$0	\$0
1 Hormel Place, Austin, MN 55912	1 hr			
Brian D Johnson	Assistant Secretary	\$0	\$0	\$0
1 Hormel Place, Austin, MN 55912	1 hr			
Wendy Watkins	Vice President & Director	\$0	\$0	\$0
1 Hormel Place, Austin, MN 55912	10 hrs			