



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Termin-  
ated  
return
- ☐ Amend-  
ed  
return
- ☐ Applica-  
tion  
pending

Please  
use IRS  
label or  
print or  
typeSee  
Specific  
Instruc-  
tions**C Name of organization**

SODEXO FOUNDATION, INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

9801 WASHINGTONIAN BLVD

City or town, state or country, and ZIP + 4

GAITHERSBURG, MD 20878

**F Name and address of principal officer.** STEPHEN J BRADY  
SAME AS C ABOVE**D Employer identification number**

31-1652380

**E Telephone number**

301-987-4848

**G Gross receipts \$**

2,296,533.

**H(a) Is this a group return**  
for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c) Group exemption number** ▶**I Tax-exempt status** ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ WWW.HELPHSTOPHUNGER.ORG**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1999**M State of legal domicile** MD**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities	PROMOTING THE ELIMINATION OF HUNGER IN THE UNITED STATES AND TO ASSIST AND SUPPORT CAUSES AND	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	<b>5</b> Total number of employees (Part V, line 2a)	5	0
	<b>6</b> Total number of volunteers (estimate if necessary)	6	0
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 1,986,605.	Current Year 2,189,874.
	<b>9</b> Program service revenue (Part VIII, line 2g)		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,527.	409.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,995,132.	2,190,283.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,853,488.	1,723,973.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>Expenses</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,312.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,584.	19,389.
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,872,072.	1,743,362.
	<b>19</b> Revenue less expenses - Subtract line 18 from line 12	123,060.	446,921.
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 587,557.	End of Year 1,034,478.
<b>21</b> Total liabilities (Part X, line 26)			
<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	587,557.	1,034,478.	

**Part II Signature Block**

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** ☒ *Stephen J Brady* Signature of officer **April 30, 2010** Date

**STEPHEN J BRADY, PRESIDENT**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature *[Signature]* Date *4/29/10* Check if self-employed ☐ Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 **GEYMER, EHRLICH & GROSS, P.A.**  
**7315 WISCONSIN AVE STE 220E**  
**BETHESDA, MD 20814**

EIN ▶ **(301) 654-5800**  
Phone no ▶ **(301) 654-5800**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

516 ~

SCANNED JUN 23 2010

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission  
**THE FOUNDATION IS COMMITTED TO BEING A DRIVING AND CREATIVE FORCE THAT CONTRIBUTES TO A HUNGER-FREE NATION**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 1,723,973. including grants of \$ 1,723,973. ) (Revenue \$ 2,189,874. )  
**SUPPORT OF ORGANIZATIONS WHICH ARE CONCERNED WITH HUNGER RELATED ISSUES.**

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► \$ 1,723,973.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form 990 (2009)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter.		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter.		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Form 990 (2009)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	9	
<b>b</b> Enter the number of voting members that are independent	1	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, CA, CT, FL, GA, IL, KS, ME, MD, MA, MI**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**  
**THE ORGANIZATION - 301-987-4848**  
**9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN J BRADY PRESIDENT, DIRECTOR	3.00	X		X				0.	0.	0.
JOAN RECTOR MCGLOCKTON VICE PRESIDENT, DIRECTOR	3.00	X		X				0.	0.	0.
ROBERT A STERN SECRETARY, VICE PRESIDEN	3.00	X		X				0.	0.	0.
DAVID SCANLAN TREASURER, DIRECTOR	3.00	X		X				0.	0.	0.
PAUL BROCK ASST TREASURER	3.00	X		X				0.	0.	0.
SHONDRA JENKINS ASST SECY, VICE PRESIDEN	24.00	X		X				0.	0.	0.
GEORGE CHAVEL VICE PRESIDENT, DIRECTOR	3.00	X		X				0.	0.	0.
ANN OKA VICE PRESIDENT, DIRECTOR	3.00	X		X				0.	0.	0.
TOM POST VICE PRESIDENT, DIRECTOR	3.00	X		X				0.	0.	0.
LORNA DONATONE VICE PRESIDENT, DIRECTOR	3.00	X		X				0.	0.	0.



<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
-----------------	--

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b. Total</b>								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

0

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Contractor Name	Compensation	Relationship
NONE		

(A) Name and business address	(B) Description of services	(C) Compensation

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0
---	--	---

C

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1052645.			
	d	Related organizations	1d	624,553.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	512,676.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total Add lines 1a-1f			2,189,874.		
Program Service Revenue				Business Code			
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			409.		409.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real		(ii) Personal			
	7 a	(i) Securities		(ii) Other			
	8 a	Gross income from sales of assets other than inventory					
		Less cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	9 a	Gross income from fundraising events (not including \$ 1052645. of contributions reported on line 1c) See Part IV, line 18					
		Less direct expenses					
		Net income or (loss) from fundraising events					
	10 a	Gross income from gaming activities See Part IV, line 19					
Less direct expenses							
Net income or (loss) from gaming activities							
11 a	Gross sales of inventory, less returns and allowances						
	Less cost of goods sold						
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
12 a							
Total Add lines 11a-11d							
12	Total revenue See instructions			2,190,283.	0.	0.	409.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,723,973.	1,723,973.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	6,991.		6,991.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a STATE REGISTRATION EXPE	11,312.			11,312.
b BANK CHARGES	1,086.		1,086.	
c				
d				
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	1,743,362.	1,723,973.	8,077.	11,312.
26 Joint costs Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	586,696.	<b>1</b>	716,350.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	300,066.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	17,363.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	861.	<b>15</b>	699.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	587,557.	<b>16</b>	1,034,478.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	0.	<b>26</b>	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	587,557.	<b>27</b>	1,034,478.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	587,557.	<b>33</b>	1,034,478.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	587,557.	<b>34</b>	1,034,478.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

# 2009

**Open to Public Inspection**

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number

31-1652380

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II.)

9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1742504.	1885254.	2048177.	1986605.	2189874.	9852414.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1742504.	1885254.	2048177.	1986605.	2189874.	9852414.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	452,750.	488,806.	621,780.	619,881.	624,553.	2807770.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b	452,750.	488,806.	621,780.	619,881.	624,553.	2807770.
<b>8 Public support</b> (Subtract line 7c from line 6)						7044644.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	1742504.	1885254.	2048177.	1986605.	2189874.	9852414.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,499.	4,142.	14,110.	8,527.	409.	32,687.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	5,499.	4,142.	14,110.	8,527.	409.	32,687.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	1748003.	1889396.	2062287.	1995132.	2190283.	9885101.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	71.27 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	71.69 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.33 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	.39 %

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009



**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number

31-1652380

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ \_\_\_\_\_ %

b Permanent endowment ☐ \_\_\_\_\_ %

c Term endowment ☐ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

0.

Schedule D (Form 990) 2009

**Total** (Col (b) must equal Form 990, Part X, col (B) line 12 ) ►**Total** (Col (b) must equal Form 990, Part X, col (B) line 13 ) ►**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15 )**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25.)

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,190,283.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,743,362.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	446,921.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	446,921.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,190,283.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,190,283.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,190,283.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,743,362.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,743,362.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,743,362.

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

# 2009

### Open To Public Inspection

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number
31-1652380

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL DINNER (event type)	GENEROUS HELPINGS (event type)	8 (total number)		
Revenue	1	Gross receipts	703,251.	99,496.	356,148.	1,158,895.
	2	Less: Charitable contributions	703,251.	99,496.	356,148.	1,158,895.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d).				( )
	11	Net income summary. Combine line 3, column (d), and line 10.				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d).				( )
	8	Net gaming income summary. Combine line 1, column (d), and line 7.				

9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

<b>13a</b>	%
<b>13b</b>	%

**a** The organization's facility**b** An outside facility**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_**c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2009

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22**

Name of the organization

SODEXO FOUNDATION, INC

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
---------------	---

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

**3 Enter total number of other organizations**

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2009



Sodexo Foundation, Inc  
Form 990 Attachment, Schedule I  
Grants and Allocations  
Tax Year 2009  
#31-1652380

Payee	Fax Id No	Address Line 1	Address Line 2	City ST ZIP
AMERICA'S SECOND HARVEST OF COASTAL GA	5 000 581442013	2501 E PRESIDENT STREET		SAVANNAH GA 31404 USA
AMERICA'S SECOND HARVEST (B) TAMPA BAY	5 000 59-2116576	5300 ADAMO DRIVE SUITE G		TAMPA FL 33619 USA
APIAST	100 000 57 1192973	1900 L STREET NW	SUITE 210	WASHINGTON DC 20036 USA
ATLANTA COMMUNITY FOOD BANK	5 000 58 1376648	732 JOSEPH E LOWERY BLVD NW		ATLANTA GA 30318 USA
ATLANTIC CITY RESCUE MISSION	1 000 22-6076337	2009 BACHARACH BLVD	P O BOX 5358	ATLANTIC CITY NJ 08401 USA
CABOT HIGH SCHOOL PALS	1 000 71-6020712	401 N LINCOLN		CABOT AR 72023 USA
CAPITAL AREA FOOD BANK	23 000 52-1167581	645 TAYLOR ST NE		WASHINGTON DC 20017
CHANNELS FOOD RESCUE	5 000 232574867	1300 MARKET STREET		LEMOYNE PA 17043
CITY HARVEST	2 500 13-1170676	575 KTH AVENUE 4TH FLOOR		NEW YORK NY 10018
CLEVELAND FOOD BANK	2 178 341292848	15500 S WATERLOO ROAD		CLEVELAND OH 44110 USA
COMMUNITIES IN SCHOOLS OF RANDOLPH CNTY	2 000 56-2034974	3655 REED STREET		WINSTON-SALEM NC 27107 USA
COMMUNITY FOOD BANK OF EASTERN OKLAHOMA	2 000 731184980	1120 N IROQUOIS STREET		Tulsa OK 74106 USA
COMMUNITY FOOD BANK OF NEW JERSEY	7 000 222425882	31 EVANS TERMINAL ROAD		HILLSIDE NJ 07205 USA
CONGRESSIONAL HUNGER CENTER	25 000 52 1842738	THE HALL OF STATES BUILDING	400 N CAPITOL STREET NW	WASHINGTON DC 20001 USA
CONNECTICUT FOOD BANK	1 518 061063025	PO BOX 8686		NEW HAVEN CT 06511
CROPWALK	2 299 141685408	392 SECOND ST		TROY NY 12180
DC CENTRAL KITCHEN	5 000 52-1584936	425 SECOND STREET NW		WASHINGTON DC 20001
DIVINE DRIVE THRU DINNERS	1 000 31-07578	526 N PARK AVENUE		WINTER PARK FL 32789 USA
FAMILY RESOURCE CENTER	2 000 930386981	YMCA RESOURCE CENTER	1341 PACIFIC AVENUE	FOREST GROVE OR 97116 USA
FEEDING AMERICA	2 000 36-3671599	15 FAST WACKER DRIVE	SUITE 200	CHICAGO IL 60601 USA
FEEDING AMERICA SAN DIEGO	50 000 26-0457477	9151 RECHO ROAD	SUITE B	SAN DIEGO CA 92121 USA
FISH HOSPITALITY PANTRIES	1 000 62-1584500	800 NORTHSORE DRIVE		KNOXVILLE TN 37919 USA
FOOD 4 THOUGHT	1 000 47-0751554	PO BOX 2288		KEARNY NE 68848 USA
FOOD BANK ASSOCIATION OF NEW YORK STATE	1 670 202555473	235 LARK STREET		ALBANY NY 12210 USA
FOOD BANK FOR LARIMER COUNTY	22 311 74 2336171	1301 BLUE SPRUCE		FORT COLLINS CO 80525
FOOD BANK OF CENTRAL & EASTERN NC	2 000 56-1283426	3808 TARHEEL DRIVE		RALEIGH NC 27609 USA
FOOD BANK OF DELAWARE	5 000 51-0258984	14 GARFIELD WAY		NEWARK DE 19713
FOOD BANK OF IOWA	2 500 42-1177880	2220 E 17TH STREET		DES MOINES IA 50316
FOOD BANK OF MONMOUTH & OCEAN COUNTIES	5 000 222622522	3300 RT 66		NEPTUNE NJ 07753 USA
FOOD BANK OF WESTERN MASSACHUSETTS	2 000 042751023	97 NORTH HATFIELD ROAD		HATFIELD MA 01038 USA
FOOD BANK OF WESTERN NEW YORK	12 573 22-2470820	91 HOLT STREET		BUFFALO NY 14206 USA
FOOD GATHERERS	5 000 38-2853858	1 CARROT WAY		ANN ARBOR MI 48105 USA
FOODSHARE	3 110 22-2474771	450 WOODLAND AVE		BLOOMFIELD CT 06002 USA
FREE STORE/FOOD BANK	5 000 23 7122205	1250 TENNESSEE AVENUE		CINCINNATI OH 45229 USA
GLEANERS COMMUNITY FOOD BANK	11 887 382156255	2131 BELFAIT		DETROIT MI 48207
GOOD SAMARITAN MINISTRIES	2 000 62 1231320	P O BOX 2441		JOHNSON CITY TN 37609 USA
GRATER CHICAGO FOOD DISTRIBUTION	7 317 36-2971864	4100 W ANN LURIE PLACE		CHICAGO IL 60617 USA
GRATER PHIL COALITION AGAINST HUNGER	12 500 26 2727680	1725 FAIRMONT AVENUE	UNIT 102	PHILADELPHIA PA 19130 USA
GRATER UTICA COMMUNITY FOOD RESOURCES	2 181 22-2403208	112 HILFALF ST		UTICA NY 13501 USA
HAND IN HAND MINISTRIES	1 000 74 2780754	OUR LADY OF THE ATONEMENT	15415 RLD ROBIN ROAD	SAN ANTONIO TX 78255 USA
HISPANIC COLLEGE LEAD	100 000 52 1809680	1301 K STREET NW	SUITE 450 A WEST	WASHINGTON DC 20005 USA
HOUSTON FOOD BANK	5 000 74 2181456	3811 EASTEX FREL WAY		HOUSTON TX 77026
INTER-AITH FOOD SHUTTLE	5 000 56 1753180	1001 BL AIR DRIVE		RALEIGH NC 27603 USA
INTER-AITH GOOD SAMARITAN	2 000 830288049	10 EAST GARDEN	ROOM 127	LARAMIE WY 82070 USA
JOHN PHS HOUSE & SHUTTLE	5 000 14 1636165	74 FERRY STREET		TROY NY 12180 USA
JUMPSTART	100 000 33-0867635	108 CONGRESS STREET	FLOOR 6	BOSTON MA 02110
KIDS AGAINST HUNGER	6 158 20-0175197	1000 SOUTH BENFON DRIVE	SUITE 422	SAUK RAPIDS MN 56379
LAWTON SCHOOL FOR KIDS	1 000 73-1100380	753 NW 171 ST		LAWTON OK 73505 USA
LOAVES & FISHES	5 000 41-1421522	CREEKSIDE COMMUNITY CENTER	9801 PENN AVENUE S	BLOOMINGTON IN 55431 USA
LOS ANGELES REGIONAL FOOD BANK	5 000 95-3135649	1734 E 41ST STREET		LOS ANGELES CA 90058
MANNA FOOD CENTER	6 806 521289205	9311 GATHER ROAD		GAITHERSBURG MD 20877 USA
MEALS ON WHEELS OF LEHIGH COUNTY INC	2 500 23-7172270	4234 DORNEY PARK ROAD		ALLENTOWN PA 18104 USA
MEALS ON WHEELS OF NORTHAMPTON COUNTY	2 500 23-1861779	4240 FRITCH DRIVE		BETHLEHEM PA 18020 USA
MEDWAY VILLAGE CHURCH FOOD PANTRY	5 000 04-6118378	170 VILLAGE STREET		MEDWAY MA 02050 USA
MINISTERIO LA GRAM COMISION INT	1 000 20-4954438	P O BOX 3667		COSTA MESA CA 92628 USA
MISSION TO THE WORLD	1 000 58-2125982	1600 NORTH BROWN ROAD		LAWRENCEVILLE GA 30043 USA
MY BROTHER'S TABLE	1 000 042794047	98 WILLOW STREET		LYNN MA 01901 USA
NAZARETH AREA FOOD BANK	5 000 751229681	300 SOUTH BROAD STREET		NAZARETH PA 18064 USA
NORTH HAVEN FOOD BANK	5 000 75 1785557	4300 S CUCKRELL HILL ROAD		DALLAS TX 75216 USA
NORTHERN ILLINOIS FOOD BANK	19 286 363203648	600 INDUSTRIAL DRIVE		ST CHARLES IL 60174
NORTHWEST HARVEST	2 000 91-0826037	711 C HERRY STREET		SEATTLE WA 98104 USA
NORTHWEST FOOD BANK	2 000 22-1777156	201 N BROAD STREET		PHILLIPSBURG NJ 08865 USA
ORFUGON FOOD BANK	2 000 930785786	7900 N E 33RD DRIVE		Portland OR 97238 USA
PALATINE TOWNSHIP NFF FOOD PANTRY Y HOP	5 000 36-4082618	721 S QUENTIN ROAD	SUITE 101	PALATINE IL 60067 USA
PHILABUNDANCE	5 000 23-2290505	3616 SO GALLOWAY STREET		PHILADELPHIA PA 19148
PINE STREET INN	2 000 042516093	444 HARRISON AVENUE		BOSTON, MA 02118
REGIONAL FOOD BANK OF NORTHEASTERN NY	2 500 22-2470885	965 ALBANY-SHAKER		LATHAM NY 12110
REGIONAL FOOD BANK OF OKLAHOMA	27 739 731100380	3355 SOUTH PURDUE	PO BOX 270968	OKLAHOMA CITY OK 73137
RHODE ISLAND COMMUNITY FOOD BANK	9 000 05-0395601	200 NANTIC AVENUE		PROVIDENCE RI 02907
SAN ANTONIO FOOD BANK	5 000 74-2122979	4111 DIRECTION DRIVE		SAN ANTONIO TX 78219
SECOND HARVEST FB GREAT NEW ORLEANS	5 000 72-0956468	1201 SAMS AVENUE		NEW ORLEANS LA 70123
SECOND HARVEST FB OF SANTA CLARA	15 000 942614101	750 CURTNER AVENUE		SAN JOSE CA 95125 USA
SECOND HARVEST FB OF THE INLAND NW	2 500 237173826	1214 E FRONT AVENUE		SPOKANE WA 99202-2148 USA
SECOND HARVEST FOOD BANK	4 867 59-2610435	4016 NORTHWEST PASSAGE		TALLAHASSEE FL 32303
SECOND HARVEST FOOD BANK OF NWNC	5 000 581457912	3655 REED STREET		WINSTON NC 27107 USA
SECOND HARVEST HEARTLAND	2 500 237417654	3025 4TH AVENUE SOUTH		MINNEAPOLIS MN 55408
SHARE OUR STRENGTH	155 000 52-1367518	1730 M STREET NW	SUITE 700	WASHINGTON DC 20036 USA
SHEPHERD'S HEART FOOD PANTRY	2 000 74-2230700	1517 MCCLAIN		TAYLOR TX 76784 USA
SOCIETY OF ST VINCENT DEPAUL	2 500 86-0096789	P O BOX 13600		PHOENIX AZ 85002 USA
SODEXO a STATE STREET FINANCIAL	3 054	ONE LINCOLN STREET	7TH FLOOR	BOSTON MA 02110 USA
SODEXO a BARRY UNIVERSITY	6 586	11300 NE 2ND AVENUE		MIAMI SHORES FL 33161 USA
SODEXO a BEN TAUB HOSPITAL	17 018	1504 TAUB LOOP		HOUSTON TX 77030 USA

SODEXO a BUFFALO STATE COLLEGE  
 SODEXO a FORDHAM UNIVERSITY  
 SODEXO a GENERAL MILLS  
 SODEXO a INDIANA STATE UNIVERSITY  
 SODEXO a LOYOLA MARYMOUNT UNIVERSITY  
 SODEXO a LOYOLA MARYMOUNT UNIVERSITY  
 SODEXO a MUHLENBERG COLLEGE  
 SODEXO a RAVENSWOOD CITY SCHOOL DIST  
 SODEXO a SSM ST CLARE HEALTH CENTER  
 SODEXO a ST ANTHONY CENTRAL HOSPITAL  
 SODEXO a STATE STREET FINANCIAL  
 SODEXO a TCU DINING SERVICES  
 SODEXO a THE DETROIT INSTITUTE OF ARTS  
 SODEXO a UNIV OF HAWAII MANOA  
 SODEXO a UPS  
 SOUTH CENTRAL COMMUNITY SERVICES INC  
 ST MARY'S FOOD BANK  
 ST MARY'S FOOD BANK ALLIANCE  
 ST VINCENT DEPAUL DAYTON DISTRICT  
 TARRANT AREA FOOD BANK  
 TEENS FIGHTING HUNGER  
 THE CAMPUS KITCHEN PROJECT  
 THE COLLEGE OF SAINT ROSE  
 THE COMMUNITY KITCHENS  
 THE FOODBANK NETWORK OF SOMERSET COUNTY  
 THE GEORGE WASHINGTON UNIVERSITY  
 THE SALVATION ARMY BEAVER FALLS  
 TRENTON AREA SOUP KITCHEN  
 TUALATIN VALLEY GLEANERS  
 UNITED NEGRO COLLEGE FUND  
 UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN  
 US CONFERENCE OF MAYORS  
 VANDERBILT UNIVERSITY  
 VANGUARD 529 COLLEGE SAVINGS PLAN  
 VERMONT FOOD BANK  
 WRAP/ASMIET FOUNDATION INC

14 926  
 6 667 52-2208088  
 20 1800 52-2208088  
 18 161  
 21 816  
 8 111 52-2208088  
 6 131 52-2208088  
 10 954 52-2208088  
 15 156 52-2208088  
 16 174  
 17 925  
 9 934 52-2208088  
 17 930 52-2208088  
 13 545  
 16 460  
 11 271  
 5 000 76-2709048  
 2 500 23-7151532  
 11 000 237151532  
 5 000 13 1011485  
 5 000 751922175  
 5 000 68 0650192  
 115 092 550825492  
 5 000  
 5 000 22 2473346  
 1 500 22-2405550  
 5 000  
 2 000 13-5562351  
 1 000 22 2392881  
 1 000 30-0340412  
 100 000 16-1624241  
 5 000  
 84 000 510196642  
 5 000  
 5 000  
 5 000 22 3021942  
 1 000 202345080  
 629 MARKET STREET  
 1300 ELMWOOD AVE  
 441 EAST FORDHAM ROAD  
 ONE GENERAL MILLS BLVD  
 550 CHESTNUT STREET  
 ONE LMU DRIVE  
 ONE LMU DRIVE  
 2400 CHEW STREET  
 2120 EUCLID AVENUE  
 1015 BOWLES AVE  
 4231 WEST 16TH AVENUE  
 ONE LINCOLN STREET  
 2901 STADIUM DRIVE  
 5200 WOODWARD AVENUE  
 2456 CAMPUS ROAD  
 1850 PARKWAY PL ACI  
 8316 SOUTH ELIS AVENUE  
 1818 S 16TH STREET  
 2831 N 11ST AVENUE  
 1133 S EDWIN C MOSSES BLVD  
 2600 JULIEN STREET  
 3800 ROY PARKWAY  
 191 YI STREET NW  
 132 WESTERN AVENUE  
 35 WESTERN AVENUE  
 P O BOX 149  
 800 21ST STREET NW  
 414 16TH STREET  
 72 1/2 ESCHER STREET  
 1316 NE 1ST STREET  
 8260 WILLOW OAKS CORPORATE DR  
 409 ELM STREET  
 1620 EYE STREET NW  
 2309 WESLEY END AVENUE  
 P O BOX 5511  
 P O BOX 254  
 771 8TH STREET

CU221

MILLS HALL LOWER LEVEL  
 MS 8420  
 MS 8420

7TH FLOOR

#220A  
 SUITE 500

SUITE 300

SUITE PMB-410

OFFICE OF STUDENT FINANCIAL

OFFICE OF STUDENT FINANCIAL

OFFICE OF STUDENT FINANCIAL

CHATTANOOGA TN 37402 USA  
 BUFFALO NY 14222 USA  
 BRONX NY 10458 USA  
 GOLDEN VALLEY MN 55426 USA  
 TERRE HAUTE IN 47808 USA  
 LOS ANGELES CA 90045 USA  
 LOS ANGELES CA 90045 USA  
 ALLENTOWN PA 18104 USA  
 EAST PALO ALTO CA 94303 USA  
 FENTON MO 63026 USA  
 DENVER CO 80204 USA  
 BOSTON MA 02110 USA  
 FORT WORTH TX 76129 USA  
 DETROIT MI 48202 USA  
 HONOLULU HI 96822 USA  
 MARIETTA GA 30067 USA  
 CHICAGO IL 60610 USA  
 PHOENIX AZ 85014  
 PHOENIX AZ 85009 USA  
 DAYTON OH 45408 USA  
 FT WORTH TX 76107 USA  
 LAKE OSWEGO OR 97035 USA  
 WASHINGTON DC 20001 USA  
 ALBANY NY 12203 USA  
 KEENE NH 03431 USA  
 BOUND BROOK NJ 08805 USA  
 WASHINGTON DC 20052 USA  
 BEAVER FALLS PA 15010 USA  
 TRENTON NJ 08605 USA  
 HILLSBORO OR 97124 USA  
 FAIRFAX VA 22031 USA  
 PALATINE IL 60067 USA  
 WASHINGTON DC 20006 USA  
 NASHVILLE TN 37203 USA  
 BOSTON MA 02205-5111 USA  
 SOUTH BARRE VT 05670  
 SECAUCUS NJ 07094 USA

Grand Total

1 723 971

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: FOUNDATION REVIEWS RECIPIENTS FINANCIAL STATEMENTS, COMMUNICATED CHARITABLE INFORMATION, TAX RETURNS, AND OTHER INQUIRIES TO DETERMINE IF GRANT FUNDS ARE BEING USED AS INTENDED

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number

31-1652380

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SODEXO, INC	CORPORATE SPONSOR O	251,982.	PURCHASE OF		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number  
31-1652380

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATIONS THAT PROVIDE FOOD AND OTHER SUPPORT TO PEOPLE IN NEED

FORM 990, PART VI, SECTION B, LINE 11: PRESIDENT, SECRETARY, TREASURER,  
AND ASST TREASURER REVIEWED ENTIRE RETURN AND INQUIRED ON ANY ISSUES OF THE  
CPA/TAX PREPARER BEFORE SIGNING/FILING OF RETURN

FORM 990, PART VI, SECTION B, LINE 12C: ON ANNUAL BASIS, ALL INDIVIDUALS  
COVERED UNDER THE POLICY SHALL BE PROVIDED WITH A COPY OF THE POLICY AND BE  
REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDGEMENT AND DISCLOSURE FORM AS  
PROVIDED BY THE FOUNDATION

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, CA, CT, FL, GA, IL, KS, ME, MD, MA, MI, MN, MS, NH, NJ, NC, ND, OH, OK, RI, SC, TN, UT, VA  
WA, WV, WI, AZ, CO, KY, NM, OR, PA, AR

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST TO THE  
PUBLIC, INFORMATION AVAILABLE AT ORGANIZATION'S OFFICE

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SODEXO, INC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CORPORATE SPONSOR OF THE FOUNDATION

(C) AMOUNT OF TRANSACTION \$ 251982.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF FOOD (FOR CHARITABLE  
PURPOSES) AT AMOUNTS NOT EXCEEDING FAIR MARKET VALUE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number  
31-1652380

(E) SHARING OF ORGANIZATION REVENUES? = NO

Name of the organization

**SODEXO FOUNDATION, INC**

Employer identification number:  
31-1652380

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

[illegible]

**Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

**LHA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) SODEXO, INC	C	624,553.
(2) SODEXO, INC	G	251,982.
(3) SODEXO, INC	M	0.
(4) SODEXO, INC	N	0.
(5)		
(6)		

