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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

2011Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

Room/suite

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

GAITHERSBURG, MD 20878

F Name and address of principal officer: ROBERT STERN
SAME AS C ABOVE**D** Employer identification number

31-1652380

E Telephone number

301-987-4848

G Gross receipts \$ 2,564,380.**H(a)** Is this a group returnfor 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) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.HELPTOSTOPHUNGER.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1999 **M** State of legal domicile MD**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SODEXO FOUNDATION WORKS TO ENSURE THAT EVERY CHILD IN THE UNITED STATES, ESPECIALLY THOSE MOST		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Prior Year	Current Year
	9	2,189,281.	2,442,124.
	10	0.	0.
	11	520.	434.
	12	0.	0.
	13	2,189,801.	2,442,558.
	14	2,517,074.	2,214,302.
Expenses	15	0.	0.
	16a	0.	0.
	17	0.	0.
	18	0.	0.
	19	0.	0.
	20	11,202.	75,183.
	21	2,592,257.	2,241,796.
Net Assets or Fund Balances	22	<402,456.>	200,762.
	23	Beginning of Current Year	End of Year
	24	632,022.	882,784.
25	0.	50,000.	
26	632,022.	832,784.	

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.

Signature of officer *Robert A. Stern* Date *6/4/12*
ROBERT STERN, PRESIDENT
 Type or print name and title

Print/Type preparer's name **GARY P EHRLICH** **Preparer's signature** *[Signature]* **Date** *8/31/12* **Check if self-employed** ☐ **PTIN** **P01446486**
Firm's name **GEIMER, EHRLICH & GROSS, P.A.** **Firm's EIN** **52-2008740**
Firm's address **7315 WISCONSIN AVE STE 220E**
BETHESDA, MD 20814 **Phone no** **(301) 654-5800**

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

☒ Yes ☐ No

132001 01-23-12

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

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

THE FOUNDATION IS COMMITTED TO ENSURING THAT EVERY CHILD IN THE UNITED STATES, ESPECIALLY THOSE MOST AT-RISK, GROWS UP WITH DEPENDABLE ACCESS TO ENOUGH NUTRITIOUS FOOD TO ENABLE THEM TO LEAD A HEALTHY, PRODUCTIVE LIFE.

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 2,214,302. including grants of \$ 2,214,302.) (Revenue \$ 2,442,124.)
 SUPPORT OF ORGANIZATIONS WHICH ARE CONCERNED WITH ENDING CHILDHOOD
 HUNGER AND
 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 **▶** 2,214,302.

Part IV Checklist of Required Schedules

	Yes	No
1 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	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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
7 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
8 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
9 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
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>		X
b 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>		X
c 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>		X
d 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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a 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 Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 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, Parts II and IV</i>		X
16 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, Parts III and IV</i>		X
17 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
18 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	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 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
23 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
24a 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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. 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
25b 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
26 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
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 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
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. 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
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	10	
1b Enter the number of voting members included in line 1a, above, who are independent	2	
2 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?	2	X
3 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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 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	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position <i>(do not check more than one box, unless person is both an officer and a director/trustee)</i>						(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			
1 b Sub-total								0 .	0 .	0 .
c Total from continuation sheets to Part VII, Section A								0 .	0 .	0 .
d Total (add lines 1 b and 1 c)								0 .	0 .	0 .

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NONE		

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

0

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	1,321,307.			
	d Related organizations	1d	648,173.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	472,644.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2,442,124.			
	Program Service Revenue	2 a	Business Code			
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)		434.			434.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 1,321,307. of contributions reported on line 1c). See Part IV, line 18	a	121,822.			
	b Less. direct expenses	b	121,822.			
	c Net income or (loss) from fundraising events		0.			
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		2,442,558.	0.	0.	434.	

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)

Check if Schedule O contains a response to any question in this Part IX ☐

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 United States. See Part IV, line 21	2,214,302.	2,214,302.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 accruals and 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	7,249.		7,249.	
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. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STATE REGISTRATION EXPE	11,202.			11,202.
b SCHOLARSHIP MANAGEMENT	7,900.		7,900.	
c BANK CHARGES	1,143.		1,143.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,241,796.	2,214,302.	16,292.	11,202.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	296,474.	1	582,204.
	2 Savings and temporary cash investments	300,066.	2	300,066.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	27,000.	4	0.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,482.	15	514.
16 Total assets. Add lines 1 through 15 (must equal line 34)	632,022.	16	882,784.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	50,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	50,000.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		632,022.	27	832,784.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		632,022.	33	832,784.
34 Total liabilities and net assets/fund balances		632,022.	34	882,784.

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,442,558.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,241,796.
3	Revenue less expenses Subtract line 2 from line 1	3	200,762.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	632,022.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	832,784.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

- 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 separate basis, consolidated 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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2011)

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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

SODEXO FOUNDATION, INC

31-1652380

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)(vii).** (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]**Total**

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

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2010. 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 stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. 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 stop here. 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 10% -facts-and-circumstances test - 2010. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. 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) 2011

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2048177.	1986605.	2189874.	2189281.	2442124.	10856061.
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2048177.	1986605.	2189874.	2189281.	2442124.	10856061.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	621,780.	619,881.	624,553.	689,311.	648,173.	3203698.
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.
c Add lines 7a and 7b	621,780.	619,881.	624,553.	689,311.	648,173.	3203698.
8 Public support (Subtract line 7c from line 6)						7652363.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	2048177.	1986605.	2189874.	2189281.	2442124.	10856061.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,110.	8,527.	409.	520.	434.	24,000.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14,110.	8,527.	409.	520.	434.	24,000.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	2062287.	1995132.	2190283.	2189801.	2442558.	10880061.

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	70.33 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	70.25 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.22 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	.27 %

19a 33 1/3% support tests - 2011. 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 - 2010. 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 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011**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 education)	<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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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 the 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(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) 2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,442,558.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,241,796.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	200,762.
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	200,762.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,442,558.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,442,558.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,442,558.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,241,796.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,241,796.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,241,796.

Part XIV Supplemental Information

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

2011

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 and address 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 contributions 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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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)	(event type)	9 (total number)	
Revenue	1 Gross receipts	1,002,250.		440,879.	1,443,129.
	2 Less: Charitable contributions	1,002,250.		440,879.	1,443,129.
	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				
Direct Expenses	2 Cash prizes				
	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? ☐ Yes ☐ No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No
- b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

Name of the organization

SODEXO FOUNDATION, INC

Part I	General Information on Grants and Assistance
--------	--

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. Part II can be duplicated if additional space is needed
---------	---

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal, etc.)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	------------------------	--	--	------------------------------------

SEE ATTACHED SCHEDULE FOR
RECIPIENTS OF GRANTS AND
ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

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.
Part III can be duplicated 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

(Form 990 or 990-EZ)

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

OMB No 1545-0047

2011

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.

[illegible]

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

[illegible]

Total ▶ \$

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

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2011

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	334,396.	PURCHASE OF		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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 \$ 334,396.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011
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:

AT-RISK, GROWS UP WITH DEPENDABLE ACCESS TO ENOUGH NUTRITIOUS FOOD TO
ENABLE THEM TO LEAD A HEALTHY, PRODUCTIVE LIFE.

FORM 990, PART VI, SECTION B, LINE 11: 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

PART XII, LINE 23

PROCESS HAS NOT CHANGED FROM LAST YEAR

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

SODEXO FOUNDATION, INC

Employer identification number
31-1652380

tion 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]

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

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35a, 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 related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SODEXO, INC		C	648,173 . ACTUAL	
(2) SODEXO, INC		G	334,396 . ACTUAL	
(3) SODEXO, INC		M	0 .	
(4) SODEXO, INC		N	0 .	
(5)				
(6)		34		

Sodexo Foundation, Inc
Vendor Ledgers
For the Period From Jan 1, 2011 to Dec 31, 2011

Sodexo Foundation Inc
Form 990, Attachment, Schedule I
Grants and Allocations
Tax year 2011
#31-1632380

Vendor	Credit Amt	Address line 1	Address line 2	City ST ZIP
KIDS AGAINST HUNGER	2,021.22	1000 SOUTH BENTON DRIVE	SUITE 422	SAUK RAPIDS, MN 56379
OREGON FOOD BANK	3,881.00	7900 N E 33RD DRIVE		Portland, OR 97238
FOOD LIFELINE	3,882.00	1702 NE 150TH STREET		SHORELINE, WA 98155
NORTHWEST HARVEST	3,882.00	22220 WEST VALLEY HIGHWAY		KENT STATE, WA 98032
APIASF	100,000.00	1900 L STREET, NW	SUITE 210	WASHINGTON, DC 20036
UNITED NEGRO COLLEGE FUND	100,000.00	8260 WILLOW OAKS CORPORATE DR		FAIRFAX, VA 22031
HISPANIC COLLEGE FUND	100,000.00	1300 L STREET NW	SUITE 975	WASHINGTON, DC 20005
CROPWALK	2,161.00	392 SECOND ST		TROY, NY 12180
MANNA FOOD CENTER	1,905.00	9311 GAITHER ROAD		GAITHERSBURG, MD 20877
LOWCOUNTRY FOOD BANK	1,254.00	2864 AZALEA DRIVE		CHARLESTON, SC 29405
GIFTS OF LOVE	200.00	35 EAST MAIN STREET		AVON, CT 06001
SODEXO @ BLUECROSS BLUESHIELD TN	9,540.74	ONE CAMERON HILL CIRCLE		CHATTANOOGA, TN 37402
KIDS AGAINST HUNGER	1,778.70	1000 SOUTH BENTON DRIVE	SUITE 422	SAUK RAPIDS, MN 56379
ARCHIBALD EAGLE'S FOOD CLOSET	1,693.88	8600 UNIVERSITY BLVD		EVANSVILLE, IN 47712
REGIONAL FOOD BANK OF OKLAHOMA	5,100.00	3355 S PURDUE		OKLAHOMA CITY, OK 73137
FOOD BANK FOR LARIMER COUNTY	13,250.00	1301 BLUE SPRUCE		PORT COLLINS, CO 80525
SODEXO @ UNIV OF HAWAII MANOA	3,255.29	2465 CAMPUS ROAD	#220A	HONOLULU, HI 96822
SODEXO @ AXA - SYRACUSE	2,130.72	120 MADISON STREET		SYRACUSE, NY 13204
SODEXO @ INDIANA STATE UNIVERSITY	19,998.99	550 CHESTNUT STREET	MILLS HALL LOWER	TERRE HAUTE, IN 47808
PRESBYTERIAN/ST LUKE S MEDICAL CENTER	4,430.25	1719 EAST 19TH AVENUE		DENVER, CO 80218
SODEXO @ BEN TAUB HOSPITAL	2,600.27	1504 TAUB LOOP		HOUSTON, TX 77030
SODEXO @ ST CLOUD STATE UNIVERSITY	9,918.49	577 FIRST AVENUE SOUTH		ST CLOUD, MN 56301
SODEXO @ THE DETROIT INSTITUTE OF ARTS	4,320.26	5200 WOODWARD AVENUE		DETROIT, MI 48202
SODEXO @ SSM ST CLARE HEALTH CENTER	7,637.72	1015 BOWLES AVE		FENTON, MO 63026
SODEXO @ TCU DINING SERVICES	14,220.29	2901 STADIUM DRIVE		FORT WORTH, TX 76129
FOOD LIFELINE	5,000.00	1702 NE 150TH STREET		SHORELINE, WA 98155
MY BROTHER'S KEEPER	5,000.00	502 STATE STREET		CAMDEN, NJ 08102
GREATER CHICAGO FOOD DEPOSITORY	5,000.00	4100 W ANN LURIE PLACE		CHICAGO, IL 60618
BELLINGHAM FOOD BANK	5,000.00	1824 ELLIS STREET		BELLINGHAM, WA 98225
VOICE OF HOPE	5,000.00	4120 GENTRY DRIVE		DALLAS, TX 75212
SWEET UNION BAPTIST CHURCH	5,000.00	1536-40 N 59TH STREET		PHILADELPHIA, PA 19151
CAPITAL AREA FOOD BANK	5,000.00	645 TAYLOR ST NE		WASHINGTON, DC 20017
NORTH HILLS COMMUNITY OUTREACH	5,000.00	1975 FERGUSON ROAD		ALLISON PARK, PA 15101
BLUE RIDGE AREA FOOD BANK NETWORK	5,000.00	96 LAUREL HILL ROAD		VERONA, VA 24482
BAKE ME HOME	5,000.00	5546 WHISPER LANE		CINCINNATI, OH 45230
REGIONAL FOOD BANK OF OKLAHOMA	5,000.00	3355 S PURDUE		OKLAHOMA CITY, OK 73137
ATLANTIC CITY RESCUE MISSION	5,000.00	2009 BACHARACH BLVD	P O BOX 5358	ATLANTIC CITY, NJ 08401
CARROLL COUNTY FOOD SUNDAY	5,000.00	10 DISTILLERY DRIVE		WESTMINSTER, MD 21157
COLLEGE AMERICA-FBO NICOLE MULLER	5,000.00	1226 N TAMiami TRAIL		SARASOTA, FL 34236
OHIO TUITION TRUST AUTHORITY	2,500.00	P O BOX 691078		CINCINNATI, OH 45269
OHIO TUITION TRUST AUTHORITY	2,500.00	P O BOX 691078		CINCINNATI, OH 45269
OKLAHOMA STATE UNIVERSITY	5,000.00	113 STUDENT UNION		STILLWATER, OK 74078
UNIV OF NORTH CAROLINA CHAPEL HILL	5,000.00	111 PETTIGREW HALL	CB 2300	CHAPEL HILL, NC 27514
UNIV OF MARYLAND BALTIMORE COUNTY	5,000.00	1000 HILLTOP CIRCLE		BALTIMORE, MD 21250
YSLETA LUTHERAN MISSION	1,000.00	301 S SCHUTZ DRIVE		EL PASO, TX 79907
HPUMC OUTREACH	1,000.00	3300 MOCKINGBIRD LANE		DALLAS, TX 75205
CORVALLIS UNITED METHODIST CHURCH	1,000.00	P O BOX 37		CORVALLIS, MT 59828
RAVENSWOOD COMMUNITY SERVICES	1,000.00	4550 N HERMITAGE AVE		CHICAGO, IL 60630
MADONNA OF THE STREETS	1,000.00	DBA ST LUKE'S MISSION OF MERCY	325 WALDEN AVE	BUFFALO, NY 14211
FORT MILL CARE CENTER	1,000.00	513 BANKS STREET		FORT MILL, SC 29715
INTERFAITH CARING MINISTRIES	1,000.00	151 PARK AVENUE		LEAGUE CITY, TX 77573
NEW BERLIN FOOD PANTRY	1,000.00	14750 W CLEVELAND		NEW BERLIN, WI 53151
BARN FOR THE POOREST OF THE POOR	1,000.00	39 BAYBERRY LANE		MIDDLETOWN, NJ 07748
GOD'S FOOD BANK	1,000.00	1324 NORTH WENTZ STREET		GUTHRIE, OK 73044
PROJECT FAMILY	1,000.00	COMMUNITY SERVICE ASSOCIATES	115 SHARPE BLVD S	MT VERNON, NY 10550
FOOD BANK OF MONMOUTH & OCEAN COUNTIES	1,000.00	3300 RT 66		NEPTUNE, NJ 07753
NATIVITY LUTHERAN CHURCH	1,000.00	60850 BROSTERHOUS RD		BEND, OR 97702
HENRICO HIGH SCHOOL	1,000.00	302 AZALEA AVENUE		RICHMOND, VA 23227
URBAN PEAK COLORADO SPRINGS	1,000.00	423 E CUCHARRAS STREET		COLORADO SPRINGS, CO 80903
ST VINCENT DEPAUL FOOD PANTRY	1,000.00	305 WEST STATE STREET		MADISON, IN 47250
HIGHLANDER HELPERS	1,000.00	609 FAIRFAX STREET	APT D	RADFORD, VA 24141
KITCHEN ON THE STREET, INC	1,000.00	3218 E BELL ROAD	#203	PHOENIX, AZ 85032
SECOND HARVEST FOOD BANK	1,000.00	750 CURTNER AVENUE		SAN JOSE, CA 95125
UTAH FOOD BANK	1,000.00	3150 SOUTH 900 WEST		SALT LAKE CITY, UT 84119
SODEXO @ UPS	4,672.90	1850 PARKWAY PLACE	SUITE 500	MARIETTA, GA 30067
SODEXO @ STATE STREET FINANCIAL	7,041.90	ONE LINCOLN STREET	7TH FLOOR	BOSTON, MA 02110
SODEXO @ BUFFALO GENERAL HOSPITAL	1,762.51	100 HIGH STREET		BUFFALO, NY 14203
SODEXO @ CAMPBELL SOUP	7,273.30	CAMPBELL PLACE	BOX 72-A	CAMDEN, NJ 08103
PRESBYTERIAN/ST LUKE'S MEDICAL CENTER	3,362.40	1719 EAST 19TH AVENUE		DENVER, CO 80218
SODEXO @ THE DETROIT INSTITUTE OF ARTS	9,826.55	5200 WOODWARD AVENUE		DETROIT, MI 48202
SODEXO @ BEN TAUB HOSPITAL	5,175.54	1504 TAUB LOOP		HOUSTON, TX 77030
SODEXO @ FORDHAM UNIVERSITY	6,021.18	441 EAST FORDHAM ROAD		BRONX, NY 10458
SODEXO @ VIRGINIA WESLEYAN COLLEGE	10,484.57	1584 WESLEYAN DRIVE		NORFOLK, VA 23502
REGIONAL FOOD BANK OF OKLAHOMA	18,039.61	3355 S PURDUE		OKLAHOMA CITY, OK 73137
SODEXO @ ST CLOUD STATE UNIVERSITY	3,606.43	577 FIRST AVENUE SOUTH		ST CLOUD, MN 56301
SODEXO @ SSM ST CLARE HEALTH CENTER	11,189.11	1015 BOWLES AVE		FENTON, MO 63026
SODEXO @ AXA - SYRACUSE	4,462.43	120 MADISON STREET		SYRACUSE, NY 13204
SODEXO @ LOYOLA MARYMOUNT UNIVERSITY	15,137.95	ONE LMU DRIVE	MS 8420	LOS ANGELES, CA 90045
SODEXO @ HALE ALOHA CAFETERIA	12,667.18	2573 DOLE STREET		HONOLULU, HI 96822
UNITED METHODIST CHURCH IN WESTMORELAND	1,086.00	25 SOUTH STREET		CLARK MILLS, NY 13321

Sodexo Foundation, Inc
Vendor Ledgers
For the Period From Jan 1, 2011 to Dec 31, 2011

SODEXO @ FORDHAM UNIVERSITY	11,070 43	441 EAST FORDHAM ROAD	BRONX, NY 10458
SODEXO @ VIRGINIA WESLEYAN COLLEGE	7,286 02	1584 WESLEYAN DRIVE	NORFOLK, VA 23502
SODEXO @ BLUECROSS BLUESHIELD TN	12,698 64	ONE CAMERON HILL CIRCLE	CHATTANOOGA, TN 37402
SODEXO @ UPS	1,713 90	1850 PARKWAY PLACE	MARIETTA, GA 30067
SODEXO @ BARRY UNIVERSITY	12,627 93	11300 NE 2ND AVENUE	MIAMI SHORES, FL 33161
SODEXO @ HALE ALOHA CAFETERIA	3,515 86	2573 DOLE STREET	HONOLULU, HI 96822
SECOND HARVEST FB OF SANTA CLARA	20,000 00	1051 BING STREET	SAN CARLOS, CA 94070
SODEXO @ AXA - SYRACUSE	5,304 91	120 MADISON STREET	SYRACUSE, NY 13204
SODEXO @ THE DETROIT INSTITUTE OF ARTS	5,853 19	5200 WOODWARD AVENUE	DETROIT, MI 48202
SODEXO @ BEN TAUB HOSPITAL	4,266 72	1504 TAUB LOOP	HOUSTON, TX 77030
SODEXO @ ST CLOUD STATE UNIVERSITY	1,523 28	577 FIRST AVENUE SOUTH	ST CLOUD, MN 56301
SODEXO @ SSM ST CLARE HEALTH CENTER	1,173 17	1015 BOWLES AVE	FENTON, MO 63026
SODEXO @ BEAVER AREA SCHOOL DISTRICT	20,000 00	GYPSY GLEN ROAD	BEAVER, PA 15009
SODEXO @ STATE STREET FINANCIAL	10,048 85	ONE LINCOLN STREET	BOSTON, MA 02110
SODEXO @ LOYOLA MARYMOUNT UNIVERSITY	784 82	ONE LMU DRIVE	LOS ANGELES, CA 90045
SODEXO @ T.C.U. DINING SERVICES	5,113 31	2901 STADIUM DRIVE	FORT WORTH, TX 76129
CAPITAL AREA FOOD BANK	20,000 00	645 TAYLOR ST NE	WASHINGTON, DC 20017
THE CAMPUS KITCHENS PROJECT	16,826 77	19 EYE STREET NW	WASHINGTON, DC 20001
SODEXO @ BUFFALO GENERAL HOSPITAL	4,372 79	100 HIGH STREET	BUFFALO, NY 14203
PRESBYTERIAN/ST LUKE'S MEDICAL CENTER	3,236 55	1719 EAST 19TH AVENUE	DENVER, CO 80218
SODEXO @ CAMPBELL SOUP	12,587 36	1 CAMPBELL PLACE	CAMDEN, NJ 08103
SODEXO @ THE CHILDREN'S MUSEUM	12,937 99	3000 N MERIDIAN STREET	INDIANAPOLIS, IN 46208
ECUMENICAL HUNGER PROGRAM	6,515 00	2411 PULGAS AVENUE	PALO ALTO, CA 94303
SECOND HARVEST FB OF SANTA CLARA	10,000 00	1051 BING STREET	SAN CARLOS, CA 94070
SODEXO @ THE DETROIT INSTITUTE OF ARTS	716 12	5200 WOODWARD AVENUE	DETROIT, MI 48202
REGIONAL FOOD BANK OF OKLAHOMA	6,422 49	3355 S PURDUE	OKLAHOMA CITY, OK 73137
THE CAMPUS KITCHENS PROJECT	50,000 00	19 EYE STREET NW	WASHINGTON, DC 20001
CONGRESSIONAL HUNGER CENTER	75,000 00	THE HALL OF STATES BUILDING	WASHINGTON, DC 20001
GLEANERS COMMUNITY FOOD BANK	1,500 00	2131 BEAUFIT	DETROIT, MI 48207
KITCHEN ON THE STREET, INC	1,500 00	3218 E BELL ROAD	PHOENIX, AZ 85032
MCCOOK COMMUNITY FOUNDATION	1,500 00	111 WEST D STREET	MCCOOK, NE 69001
FOOD BANK OF SOUTHEASTERN VIRGINIA	1,500 00	800 TIDEWATER DRIVE	NORFOLK, VA 23504
THE CARING KITCHEN	1,500 00	300 MIAMI STREET	URBANA, OH 43078
MANNA FOOD CENTER	1,500 00	9311 GAITHER ROAD	GAITHERSBURG, MD 20877
REGIONAL FOOD BANK OF OKLAHOMA	1,500 00	3355 S PURDUE	OKLAHOMA CITY, OK 73137
FOOD BANK OF MONMOUTH & OCEAN COUNTIES	1,500 00	3300 RT 66	NEPTUNE, NJ 07753
NORTHERN ILLINOIS FOOD BANK	1,500 00	600 INDUSTRIAL DRIVE	ST CHARLES, IL 60174
GLEANERS COMMUNITY FOOD BANK	1,500 00	2131 BEAUFIT	DETROIT, MI 48207
CENTRAL ARIZONA FOOD BANK	1,500 00	654 NORTH MAIN STREET	COTTONWOOD, AZ 86326
CONNECTICUT FOOD BANK	1,500 00	150 BRADLEY STREET	EAST HAVEN, CT 06512
GLEANERS COMMUNITY FOOD BANK	1,500 00	2131 BEAUFIT	DETROIT, MI 48207
CARE AND SHARE FOOD BANK	1,500 00	100 GREENHORN DRIVE	PUEBLO, CO 81004
UCAN FOOD SHARES	1,500 00	280 KENNETH FORD DRIVE	ROSEBURG, OR 97471
FOOD PANTRY OF WAUKESHA COUNTY	1,500 00	1301 SENTRY DRIVE	WAUKESHA, WI 53186
GLEANERS COMMUNITY FOOD BANK	1,500 00	2131 BEAUFIT	DETROIT, MI 48207
SHEPHERD'S HEART FOOD PANTRY	1,500 00	1401 NORTH 34TH STREET	WACO, TX 76707
FEEDING AMERICA	1,500 00	1700 W FOND DU LAC AVE	MILWAUKEE, WI 53205
GLEANERS COMMUNITY FOOD BANK	1,500 00	2131 BEAUFIT	DETROIT, MI 48207
UNITED FOOD BANK	1,500 00	245 S NINA DRIVE	MESA, AZ 85210
OPEN TABLE	1,500 00	515 WEST 3RD STREET	HASTINGS, NE 68901
FAMILY RESOURCE CENTER	1,000 00	YMCA RESOURCE CENTER	1341 PACIFIC AVENUE
ST MARY'S FOOD BANK ALLIANCE	1,000 00	2831 N 31ST AVENUE	FOREST GROVE, OR 97116
ST MARY'S FOOD BANK ALLIANCE	1,000 00	2831 N 31ST AVENUE	PHOENIX, AZ 85009
THE SALVATION ARMY BEAVER FALLS	1,000 00	414 16TH STREET	PHOENIX, AZ 85009
RHODE ISLAND COMMUNITY FOOD BANK	1,000 00	200 NIANTIC AVENUE	BEAVER FALLS, PA 15010
INTERFAITH GOOD SAMARITAN	1,000 00	10 EAST GARFIELD	PROVIDENCE, RI 02907
ST MARY'S FOOD BANK ALLIANCE	1,000 00	2831 N 31ST AVENUE	LARAMIE, WY 82070
GLEANERS COMMUNITY FOOD BANK	1,000 00	2131 BEAUFIT	PHOENIX, AZ 85009
FOOD BANK OF WESTERN MASSACHUSETTS	1,000 00	97 NORTH HATFIELD ROAD	DETROIT, MI 48207
REGIONAL FOOD BANK OF OKLAHOMA	1,000 00	3355 S PURDUE	HATFIELD, MA 01038
NORTHERN ILLINOIS FOOD BANK	1,000 00	600 INDUSTRIAL DRIVE	OKLAHOMA CITY, OK 73137
COMMUNITY FOOD BANK OF EASTERN OKLAHOMA	1,000 00	1304 NORTH KENOSHA AVENUE	ST CHARLES, IL 60174
COMMUNITIES IN SCHOOLS OF RANDOLPH CNTY	1,000 00	3655 REED STREET	TULSA, OK 74106
FOODSHARE	1,000 00	450 WOODLAND AVE	WINSTON-SALEM, NC 27107
GLEANERS COMMUNITY FOOD BANK	1,000 00	2131 BEAUFIT	BLOOMFIELD, CT 06002
NORWESCAP FOOD BANK	1,000 00	350 MARSHALL STREET	DETROIT, MI 48207
RHODE ISLAND COMMUNITY FOOD BANK	1,000 00	200 NIANTIC AVENUE	PHILLIPSBURG, NJ 08865
SECOND HARVEST FOOD BANK	1,000 00	7445 DEER TRAIL LANE	PROVIDENCE, RI 02907
SHEPHERD'S HEART FOOD PANTRY	1,000 00	1401 NORTH 34TH STREET	LORAIN, OH 44053
COMMUNITY STOREHOUSE	2,000 00	4201 GREENSBORO ROAD	WACO, TX 76707
WELD FOOD BANK	2,000 00	1108 H STREET	RIDGEWAY, VA 24148
FEEDING SOUTH DAKOTA	2,000 00	3511 N 1ST AVENUE	GREELEY, CO 80631
GOD'S STOREHOUSE, INC	2,000 00	1731 RISLEY ROAD	SIOUX FALLS, SD 57104
SALVATION ARMY	2,000 00	224 RENSSELAER STREET	COLUMBIA, SC 29223
MONTANA FOOD BANK NETWORK	2,000 00	5625 EXPRESSWAY	BACRYUS, OH 44820
COMMUNITY FOOD BANK OF EASTERN OKLAHOMA	2,000 00	1304 NORTH KENOSHA AVENUE	MISSOULA, MT 59808
GREATER BERKS FOOD BANK	2,000 00	1011 TUCKERTON COURT	TULSA, OK 74106
FOOD BANK OF EASTERN MICHIGAN	2,000 00	2312 LAPEER ROAD	READING, PA 19605
FOOD BANK OF EASTERN MICHIGAN	2,000 00	2312 LAPEER ROAD	FLINT, MI 48503
CHATTANOOGA FOOD BANK	2,000 00	2009 CURTAIN POLE ROAD	FLINT, MI 48503
LOWCOUNTRY FOOD BANK	2,000 00	2864 AZALEA DRIVE	CHATTANOOGA, TN 37406
PORT ANGELES FOOD BANK	2,000 00	402 S VALLEY STREET	CHARLESTON, SC 29405
THE CANBY CENTER	2,000 00	896 S IVY STREET	PORT ANGELES, WA 98362
THE SHARING CUPBOARD	2,000 00	51 WEST STOEVEY AVENUE	CANBY, OR 97013
NORTHERN ILLINOIS FOOD BANK	1,125 00	600 INDUSTRIAL DRIVE	MYERSTOWN, PA 17067
NORWESCAP FOOD BANK	4,000 00	350 MARSHALL STREET	ST CHARLES, IL 60174
ARCHIBALD EAGLE'S FOOD CLOSET	1,016 60	8600 UNIVERSITY BLVD	PHILLIPSBURG, NJ 08865
MANNA FOOD CENTER	1,270 00	9311 GAITHER ROAD	EVANSVILLE, IN 47712
FOOD BANK OF WESTERN NEW YORK	4,787 00	91 HOLT STREET	GAITHERSBURG, MD 20877
ATLANTA COMMUNITY FOOD BANK	5,000 00	732 JOSEPH E LOWERY BLVD NW	BUFFALO, NY 14206
MY BROTHER'S TABLE	5,000 00	98 WILLOW STREET	ATLANTA, GA 30318
GREATER CHICAGO FOOD DEPOSITORY	2,500 00	4100 W ANN LURIE PLACE	LYNN, MA 01901
NORTH TEXAS FOOD BANK	5,000 00	4500 S COCKRELL HILL ROAD	CHICAGO, IL 60187
			DALLAS, TX 75236

Sudexo Foundation, Inc
Vendor Ledgers
For the Period From Jan 1, 2011 to Dec 31, 2011

DC CENTRAL KITCHEN	3,000.00	425 SECOND STREET, NW	WASHINGTON, DC 20001
MANNA FOOD CENTER	3,000.00	9311 GAITHER ROAD	GAITHERSBURG, MD 20877
CAPITAL AREA FOOD BANK	3,000.00	645 TAYLOR ST NE	WASHINGTON, DC 20017
GLEANERS COMMUNITY FOOD BANK	5,000.00	2131 BEAUPAIT	DETROIT, MI 48207
SECOND HARVEST HEARTLAND	5,000.00	1140 GERVAIS AVENUE	ST PAUL, MN 55109
CITY HARVEST	5,000.00	575 8TH AVENUE - 4TH FLOOR	NEW YORK, NY 10018
FOOD LIFELINE	5,000.00	1702 NE 150TH STREET	SHORELINE, WA 98155
SECOND HARVEST FB OF SANTA CLARA	2,500.00	1051 BING STREET	SAN CARLOS, CA 94070
THE ALAMEDA COUNTY COMMUNITY FOOD BANK	2,500.00	7900 HEGENBERGER DRIVE	OAKLAND, CA 94621
FEEDING AMERICA TAMPA BAY	5,000.00	4702 TRANSPORT DRIVE	TAMPA, FL 33605
SHARE OUR STRENGTH	700,000.00	1730 M STREET, NW	WASHINGTON, DC 20036
YOUTH SERVICE AMERICA	350,000.00	1101 15TH ST NW	WASHINGTON, DC 20005
SHEPHERD'S HEART FOOD PANTRY	2,000.00	1401 NORTH 34TH STREET	WACO, TX 76707
AMERICAN RED CROSS	1,606.00	1131 FIFTH AVENUE	FT KNOX, KY 40160
NORTHERN ILLINOIS FOOD BANK	2,500.00	600 INDUSTRIAL DRIVE	ST CHARLES, IL 60174
SECOND HARVEST FOOD BANK	5,000.00	700 EDWARDS AVENUE	NEW ORLEANS, LA 70123
SECOND HARVEST FB OF THE INLAND NW	5,295.00	1234 E FRONT AVENUE	SPOKANE, WA 99202-2148
TOTAL GRANTS AND ALLOCATIONS-2011	2,214,302.08		

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SODEXO FOUNDATION, INC	<input checked="" type="checkbox"/> 31-1652380
	Number, street, and room or suite no. If a P.O. box, see instructions. 9801 WASHINGTONIAN BLVD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GAITHERSBURG, MD 20878	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ► 9801 WASHINGTONIAN BLVD - GAITHERSBURG, MD 20878
Telephone No. ► 301-987-4848 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
► ☒ calendar year **2011** or
► ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)