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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

**2012**

Open to Public Inspection

**A** For the 2012 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, town, or post office, state, and ZIP code

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 \$ 2,700,016.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.HELPSTOPHUNGER.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		Revenue		Expenses		Net Assets or Fund Balances	
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)		3	12				
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	2				
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0				
6 Total number of volunteers (estimate if necessary)		6	0				
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
b Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
		Prior Year	Current Year				
8 Contributions and grants (Part VIII, line 1h)		2,442,124.	2,574,786.				
9 Program service revenue (Part VIII, line 2g)		0.	0.				
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		434.	603.				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)		2,442,558.	2,575,389.				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,214,302.	2,230,920.				
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,896.							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,494.	25,683.				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,241,796.	2,256,603.				
19 Revenue less expenses. Subtract line 18 from line 12		200,762.	318,786.				
		Beginning of Current Year	End of Year				
20 Total assets (Part X, line 16)		882,784.	1,151,570.				
21 Total liabilities (Part X, line 26)		50,000.	0.				
22 Net assets or fund balances. Subtract line 21 from line 20		832,784.	1,151,570.				

**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 Here	Signature of officer	Date	7/29/13	
	ROBERT STERN, PRESIDENT	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> PTIN
	GARY P EHRlich		7/29/13	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

616 13

**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 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 \$ 2,230,920. including grants of \$ 2,230,920.) (Revenue \$ 2,574,786.)

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 **▶** 2,230,920.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b>	X
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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>	<b>9</b>	X
<b>10</b> 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>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b>	X
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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 and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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
<b>1a</b> 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.	12	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	2	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b> Did the organization have members or stockholders?	6	X
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</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	
<b>11a</b> 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>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> 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
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</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).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</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, CA, CT, FL, GA, IL, KS, MD, MA, MI, MN, MS**

**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    ☐ Other (explain in Schedule O)

**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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) PASCALE BRADY DIRECTOR	3.00	X						0.	0.	0.
(2) STEVE DUNMORE DIRECTOR	3.00	X						0.	0.	0.
(3) ROBERT A STERN CHAIR, PRESIDENT, DIRECTOR	3.00	X		X				0.	0.	0.
(4) DAVID SCANLAN SECRETARY, DIRECTOR	3.00	X		X				0.	0.	0.
(5) PAUL BROCK TREASURER, DIRECTOR	3.00	X		X				0.	0.	0.
(6) JAY MARVIN DIRECTOR	3.00	X						0.	0.	0.
(7) GEORGE CHAVEL DIRECTOR	3.00	X						0.	0.	0.
(8) ANN OKA DIRECTOR	3.00	X						0.	0.	0.
(9) MICHAEL MONTELONGO DIRECTOR	3.00	X						0.	0.	0.
(10) ROHINI ANAND DIRECTOR	3.00	X						0.	0.	0.
(11) JENNIFER WILLIAMSON DIRECTOR	3.00	X						0.	0.	0.
(12) JESSICA MONTOYA DIRECTOR	3.00	X						0.	0.	0.
(13) JOAN MCGLOCKTON DIRECTOR	3.00	X						0.	0.	0.



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

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
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		Yes	No
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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.

the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) 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

**Part VIII** Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(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	1,422,360.			
	d	Related organizations	1d	699,461.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	452,965.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f		2,574,786.			
	Program Service Revenue	2 a		Business Code			
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		603.		603.	
	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 \$ 1,422,360. of contributions reported on line 1c). See Part IV, line 18	a	124,627.			
		b	Less: direct expenses	b	124,627.		
		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	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions		2,575,389.	0.	0.	603.	

**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).

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	2,230,920.	2,230,920.		
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 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,437.		7,437.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)				
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	10,896.			10,896.
b SCHOLARSHIP MANAGEMENT	6,168.		6,168.	
c BANK CHARGES	1,182.		1,182.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,256,603.	2,230,920.	14,787.	10,896.
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**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	582,204.	<b>1</b>	851,504.
	<b>2</b> Savings and temporary cash investments	300,066.	<b>2</b>	300,066.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other 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 instr). Complete Part II of Sch L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less accumulated depreciation	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	514.	<b>15</b>	0.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	882,784.	<b>16</b>	1,151,570.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	50,000.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	50,000.	<b>26</b>	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	832,784.	<b>27</b>	1,151,570.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	832,784.	<b>33</b>	1,151,570.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	882,784.	<b>34</b>	1,151,570.

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check 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	2,575,389.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,256,603.
3	Revenue less expenses. Subtract line 2 from line 1	3	318,786.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	832,784.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,151,570.

**Part XII Financial Statements and Reporting**Check 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?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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
- 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 (2012)

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

2012

**Open to Public Inspection**

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number

31-1652380

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,986,605.	2,189,874.	2,189,281.	2,442,124.	2,574,786.	11,382,670.
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 <b>Total.</b> Add lines 1 through 3	1,986,605.	2,189,874.	2,189,281.	2,442,124.	2,574,786.	11,382,670.
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 <b>Public support.</b> Subtract line 5 from line 4						11,382,670.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,986,605.	2,189,874.	2,189,281.	2,442,124.	2,574,786.	11,382,670.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,527.	409.	520.	434.	603.	10,493.
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 <b>Total support.</b> Add lines 7 through 10						11,393,163.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.91 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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

**2012****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 XIII, 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 XIII, 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 XIII.

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

☐

**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

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

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

4 Describe in Part XIII 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) 2012

**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 XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,575,389.
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 XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,575,389.
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 XIII.)	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	2,575,389.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,256,603.
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 XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,256,603.
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 XIII.)	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	2,256,603.

**Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THERE ARE NO UNCERTAIN TAX POSITIONS AT 12/31/12**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2012

## 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			
<b>Total</b>				▶		

- 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)	15 (total number)	
Revenue	1 Gross receipts	1,066,075.		480,912.	1,546,987.
	2 Less: Contributions	1,066,075.		480,912.	1,546,987.
	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).

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

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

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

► **Attach to Form 990.**

Name of the organization

**SODEXO FOUNDATION, INC**

**Employer identification number**  
**31-1652380**

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

[illegible]

**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) (2012)



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, Part III, column (b), and any other additional information.

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

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No 1545-0047

**2012**

**Open To Public  
Inspection**

Name of the organization

**SODEXO FOUNDATION, INC**

Employer identification number

**31-1652380**

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total

► \$

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2012

(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
-----	----

**No**

CORPORATE SPONSOR O

321,647.

PURCHASE OF	
-------------	--

	X
--	---

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

(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

**2012**

**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: ALL OFFICERS AND DIRECTORS 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,CA,CT,FL,GA,IL,KS,MD,MA,MI,MN,MS,NH,NJ,NC,OH,OK,RI,SC,TN,UT,VA,WA,WV,WI  
AZ,AR,CO,KY,MO,NY,OR,PA

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

PART VII, LINE 5

NONE OF THE FOUNDATION'S BOARD OF DIRECTORS AND OFFICERS ARE  
COMPENSATED BY THE FOUNDATION DIRECTLY. MOST OF THE DIRECTORS AND  
OFFICERS ARE EMPLOYEES OF SODEXO, INC. AND ARE COMPENSATED SOLELY BY  
THAT ENTITY.

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number  
31-1652380

## PART XII, LINE 23

PROCESS HAS NOT CHANGED FROM LAST YEAR





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** 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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SODEXO, INC	C	699,461.	ACTUAL
(2) SODEXO, INC	H	321,396.	ACTUAL
(3) SODEXO, INC	N	0.	
(4) SODEXO, INC	O	0.	
(5)			
(6)			





**Sodexo Foundation, Inc  
Vendor List**

Sodexo Foundation, Inc  
Form 990, Attachment, Schedule I  
Grants and Allocations  
Tax year 2012  
#31-1652380

Payee	Amount	Mail to Address Line 1	Mail to City	Mail to State	Mail to Zip
KIDS AGAINST HUNGER	2,266.22	1000 SOUTH BENTON DRIVE	SAUK RAPIDS	MN	56379
FOOD LIFELINE	5,726.00	1702 NE 150TH STREET	SHORELINE	WA	98155
OREGON FOOD BANK	5,726.00	7900 N E 33RD DRIVE	Portland	OR	97238
PHILABUNDANCE	35,000.00	3616 SO GALLOWAY STREET	PHILADELPHIA	PA	19148
INTER-RELIGIOUS FDN FOR COMMUNITY ORG	5,000.00	418 W 145TH STREET	NEW YORK	NY	10031
FOOD BANK OF WESTERN NEW YORK	3,540.00	91 HOLT STREET	BUFFALO	NY	14206
MANNA FOOD CENTER	4,218.00	9311 GAITHER ROAD	GAITHERSBURG	MD	20877
NORTHERN ILLINOIS FOOD BANK	5,000.00	600 INDUSTRIAL DRIVE	ST CHARLES	IL	60174
CROPWALK	2,211.00	392 SECOND ST	TROY	NY	12180
DARE TO CARE FOOD BANK	10,684.32	5803 FERN VALLEY ROAD	LOUISVILLE	KY	40228
LOWCOUNTRY FOOD BANK	2,468.00	#N/A	#N/A	#N/A	#N/A
SODEXO @ ST CLOUD STATE UNIVERSITY	3,866.95	577 FIRST AVENUE SOUTH	ST CLOUD	MN	56301
SODEXO @ T C U DINING SERVICES	3,839.15	2901 STADIUM DRIVE	FORT WORTH	TX	76129
SODEXO @ HALE ALOHA CAFETERIA	6,571.45	2573 DOLE STREET	HONOLULU	HI	96822
SODEXO @ VIRGINIA WESLEYAN COLLEGE	10,097.55	1584 WESLEYAN DRIVE	NORFOLK	VA	23502
SODEXO @ CIBA VISION	5,259.05	11460 JOHNS CREEK PARKWAY	DULUTH	GA	30097
SODEXO @ INDIANA STATE UNIVERSITY	19,999.66	550 CHESTNUT STREET	TERRE HAUTE	IN	47808
SODEXO @ LBJ HOSPITAL	3,695.29	5656 KELLEY STREET	HOUSTON	TX	77026
SODEXO @ THE DETROIT INSTITUTE OF ARTS	2,327.39	5200 WOODWARD AVENUE	DETROIT	MI	48202
SODEXO @ SSM ST CLARE HEALTH CENTER	7,297.54	1015 BOWLES AVE	FENTON	MO	63026
SODEXO @ BLUECROSS BLUESHIELD TN	9,459.17	ONE CAMERON HILL CIRCLE	CHATTANOOGA	TN	37402
SODEXO @ ST ANTHONY CENTRAL HOSPITAL	5,464.85	11600 W 2ND PLACE	LAKEWOOD	CO	80228
GOD'S FOOD BANK	1,000.00	1324 NORTH WENTZ STREET	GUTHRIE	OK	73044
KIDS AGAINST HUNGER	1,011.24	1000 SOUTH BENTON DRIVE	SAUK RAPIDS	MN	56379
REGIONAL FOOD BANK OF OKLAHOMA	7,000.00	3355 SOUTH PURDUE	OKLAHOMA CITY	OK	73137
EDVEST COLLEGE SAVINGS PROGRAM	5,000.00	30 DAN ROAD	CANTON	MA	02021
NEW YORK 529	5,000.00	95 WELLS AVENUE	NEWTON	MA	02459
SAYBROOK UNIVERSITY	5,000.00	747 FRONT STREET	SAN FRANCISCO	CA	94111
DONATE DON'T DUMP	5,000.00	3225 FORTUNA RANCH ROAD	ENCINITAS	CA	92024
COVENANT COMMUNITY FOOD BANK	5,000.00	1806 WESTON AVENUE	SCHOFIELD	WI	54476
CORVALLIS UNITED METHODIST CHURCH	5,000.00	P O BOX 37	CORVALLIS	MT	59828
SUPERFOOD DRIVE	5,000.00	321 SOUTH GRANADOS AVENUE	SOLANA BEACH	CA	92075
CHURCH ON THE ROCKS	1,000.00	3901 CHICOT STREET	PASCAGOULA	MS	39581
SUSTAINABLE SEATTLE	1,000.00	999 N NORTHLAKE WAY	SEATTLE	WA	98103
JEWISH FAMILY SERVICE OF SAN DIEGO	1,000.00	#N/A	#N/A	#N/A	#N/A
CITY HOUSE	1,000.00	#N/A	#N/A	#N/A	#N/A
NEW BERLIN FOOD PANTRY	1,000.00	14750 W CLEVELAND AVENUE	NEW BERLIN	WI	53151
ST MICHAEL LUTHERAN CHURCH	1,000.00	2308 MERRIMAC ROAD	BLACKSBURG	VA	24060
MUSLIMS WITHOUT BORDERS	1,000.00	7880 BACKLICK ROAD	SPRINGFIELD	VA	22150
DARE TO CARE FOOD BANK	1,000.00	5803 FERN VALLEY ROAD	LOUISVILLE	KY	40228
TARRANT AREA FOOD BANK	1,000.00	2600 CULLEN STREET	FT WORTH	TX	76107
WASHINGTON AND LEE UNIVERSITY	1,000.00	205 HOLECAMP HALL	LEXINGTON	VA	24450
VANDERBILT UNIVERSITY	1,000.00	1211 STEVENSON CENTER LANE	NASHVILLE	TN	37204
PROJECT COMPASSION	1,000.00	7707 WEST MAIN STREET	BELLEVILLE	IL	62223
SHARE OUR STRENGTH	1,000.00	1730 M STREET, NW	WASHINGTON	DC	20036
PRINCE OF PEACE CATHOLIC CHURCH	1,000.00	305 WEST STATE STREET	MADISON	IN	47250
ADOPT A FAMILY, INC	1,000.00	7169 W 4 WAY	HIALEAH	FL	33014
GOSPEL RESCUE MINISTRIES OF WASHINGTON	1,000.00	810 5TH STREET, NW	WASHINGTON	DC	20001
ROCK AND WRAP IT UP	1,000.00	405 OCEAN POINT AVENUE	CEDARHURST	NY	11516
ST PAUL THE APOSTLE CHURCH	1,000.00	405 W 59TH STREET	NEW YORK	NY	10019
MONTANA STATE UNIVERSITY	5,000.00	P O BOX 174160	BOZEMAN	MT	59717
REGENTS OF UC	5,000.00	405 HILGARD AVENUE	LOS ANGELES	CA	90095-9000
THE ALAMEDA COUNTY COMMUNITY FOOD BANK	1,000.00	7900 EDGEWATER DRIVE	OAKLAND	CA	94621
CREEKSIDE CARES	1,000.00	713 AVALON WAY	MINOOKA	IL	60447
APIASF	100,000.00	2025 M STREET NW	WASHINGTON	DC	20036
SODEXO @ LOYOLA MARYMOUNT UNIVERSITY	8,405.90	ONE LMU DRIVE	LOS ANGELES	CA	90045
SODEXO @ THE DETROIT INSTITUTE OF ARTS	12,351.68	5200 WOODWARD AVENUE	DETROIT	MI	48202
SODEXO @ CAMPBELL SOUP	7,668.40	1 CAMPBELL PLACE	CAMDEN	NJ	08103
SODEXO @ STATE STREET FINANCIAL	5,278.73	ONE LINCOLN STREET	BOSTON	MA	02110
SODEXO @ ST ANTHONY CENTRAL HOSPITAL	8,952.31	11600 W 2ND PLACE	LAKEWOOD	CO	80228
SODEXO @ T C U DINING SERVICES	5,610.21	2901 STADIUM DRIVE	FORT WORTH	TX	76129
SODEXO @ BARRY UNIVERSITY	7,765.08	11300 NE 2ND AVENUE	MIAMI SHORES	FL	33161
SODEXO @ HALE ALOHA CAFETERIA	6,645.56	2573 DOLE STREET	HONOLULU	HI	96822
SODEXO @ LBJ HOSPITAL	5,316.18	5656 KELLEY STREET	HOUSTON	TX	77026

**Sodexo Foundation, Inc  
Vendor List**

SODEXO @ SSM ST CLARE HEALTH CENTER	6,681.38	1015 BOWLES AVE	FENTON	MO	63026
SODEXO @ FORDHAM UNIVERSITY	11,158.85	441 EAST FORDHAM ROAD	BRONX	NY	10458
SODEXO @ AXA - SYRACUSE	6,294.61	120 MADISON STREET	SYRACUSE	NY	13204
FIRST STEP BACK HOME, INC	5,000.00	18 AUVERGNE DRIVE	LAKE ST LOUIS	MO	63367
MANNA FOOD CENTER	5,000.00	9311 GAITHER ROAD	GAITHERSBURG	MD	20877
NEW ENGLAND DREAM CENTER, INC	5,000.00	5 CHESTNUT STREET	WORCESTER	MA	01609
SHARE OUR STRENGTH	5,000.00	1730 M STREET, NW	WASHINGTON	DC	20036
USC EDUCATIONAL FOUNDATION	5,000.00	UNIVERSITY FOUNDATIONS	COLUMBIA	SC	29208
SODEXO @ BLUECROSS BLUESHIELD TN	6,726.18	ONE CAMERON HILL CIRCLE	CHATTANOOGA	TN	37402
SODEXO @ ST CLOUD STATE UNIVERSITY	6,012.65	577 FIRST AVENUE SOUTH	ST CLOUD	MN	56301
NORTHERN ILLINOIS FOOD BANK	29,353.33	600 INDUSTRIAL DRIVE	ST CHARLES	IL	60174
MERCY HOUSING AND SHELTER	1,000.00	118 MAIN STREET	HARTFORD	CT	06106
SODEXO @ THE DETROIT INSTITUTE OF ARTS	7,321.34	5200 WOODWARD AVENUE	DETROIT	MI	48202
SODEXO @ HALE ALOHA CAFETERIA	1,465.16	2573 DOLE STREET	HONOLULU	HI	96822
SODEXO @ THE CHILDREN'S MUSEUM	16,592.76	3000 N MERIDIAN STREET	INDIANAPOLIS	IN	46208
SODEXO @ LBJ HOSPITAL	5,359.52	5656 KELLEY STREET	HOUSTON	TX	77026
SODEXO @ LOYOLA MARYMOUNT UNIVERSITY	8,147.11	ONE LMU DRIVE	LOS ANGELES	CA	90045
SODEXO @ FORDHAM UNIVERSITY	8,209.66	441 EAST FORDHAM ROAD	BRONX	NY	10458
SODEXO @ BEAVER AREA SCHOOL DISTRICT	20,000.00	GYPSY GLEN ROAD	BEAVER	PA	15009
SODEXO @ ST CLOUD STATE UNIVERSITY	4,588.87	577 FIRST AVENUE SOUTH	ST CLOUD	MN	56301
SODEXO @ SSM ST CLARE HEALTH CENTER	4,351.92	1015 BOWLES AVE	FENTON	MO	63026
SODEXO @ AXA - SYRACUSE	4,929.72	120 MADISON STREET	SYRACUSE	NY	13204
CAPITAL AREA FOOD BANK	20,000.00	645 TAYLOR ST NE	WASHINGTON	DC	20017
SODEXO @ VIRGINIA WESLEYAN COLLEGE	9,714.78	1584 WESLEYAN DRIVE	NORFOLK	VA	23502
SODEXO @ BLUECROSS BLUESHIELD TN	335.07	ONE CAMERON HILL CIRCLE	CHATTANOOGA	TN	37402
SODEXO @ CIBA VISION	3,229.43	11460 JOHNS CREEK PARKWAY	DULUTH	GA	30097
SODEXO @ STATE STREET FINANCIAL	9,608.85	ONE LINCOLN STREET	BOSTON	MA	02110
SODEXO @ CAMPBELL SOUP	12,331.60	1 CAMPBELL PLACE	CAMDEN	NJ	08103
SODEXO @ ST ANTHONY CENTRAL HOSPITAL	4,499.10	11600 W 2ND PLACE	LAKEWOOD	CO	80228
REGIONAL FOOD BANK OF OKLAHOMA	20,000.00	3355 SOUTH PURDUE	OKLAHOMA CITY	OK	73137
SODEXO @ BUFFALO GENERAL HOSPITAL	9,459.43	100 HIGH STREET	BUFFALO	NY	14203
SECOND HARVEST FB OF SANTA CLARA	10,000.00	4001 N FIRST STREET	SAN JOSE	CA	95134
THE CAMPUS KITCHENS PROJECT	17,964.13				
HISPANIC COLLEGE FUND	87,375.00	#N/A	#N/A	#N/A	#N/A
ST ANTHONY'S PADUA DINING ROOM	1,720.00	3500 MIDDLEFIELD ROAD	MENLO PARK	CA	94025
ECUMENICAL HUNGER PROGRAM	3,440.00	2411 PULGAS AVENUE	PALO ALTO	CA	94303
SECOND HARVEST FB OF SANTA CLARA	1,720.00	4001 N FIRST STREET	SAN JOSE	CA	95134
SECOND HARVEST FB OF THE INLAND NW	5,542.10	1234 E FRONT AVENUE	SPOKANE	WA	99202-2148
REGIONAL FOOD BANK OF OKLAHOMA	4,634.33	3355 SOUTH PURDUE	OKLAHOMA CITY	OK	73137
THE SALVATION ARMY BEAVER FALLS	2,010.00	414 16TH STREET	BEAVER FALLS	PA	15010
SODEXO @ BARRY UNIVERSITY	3,476.96	11300 NE 2ND AVENUE	MIAMI SHORES	FL	33161
NEW HOPE COMMUNITY FOOD PANTRY	900.00	#N/A	#N/A	#N/A	#N/A
FOOD BANK OF EASTERN MICHIGAN	1,500.00	2312 LAPEER ROAD	FLINT	MI	48503
PORT ANGELES FOOD BANK	1,500.00	402 S VALLEY STREET	PORT ANGELES	WA	98362
CHATTANOOGA FOOD BANK	1,500.00	2009 CURTAIN POLE ROAD	CHATTANOOGA	TN	37406
LOWCOUNTRY FOOD BANK	1,500.00	#N/A	#N/A	#N/A	#N/A
MONTANA FOOD BANK NETWORK	1,500.00	5625 EXPRESSWAY	MISSOULA	MT	59808
FOOD BANK OF EASTERN MICHIGAN	1,500.00	2312 LAPEER ROAD	FLINT	MI	48503
GOD'S STOREHOUSE, INC	1,500.00	1731 RISLEY ROAD	COLUMBIA	SC	29223
MCLENNAN COUNTY PACK OF HOPE	1,500.00	P O BOX 1545	WACO	TX	76703
THE CANBY CENTER	1,500.00	896 S IVY STREET	CANBY	OR	97013
COMMUNITY STOREHOUSE	1,500.00	4201 GREENSBORO ROAD	RIDGEWAY	VA	24148
GREATER BERKS FOOD BANK	1,500.00	1011 TUCKERTON COURT	READING	PA	19605
WELD COUNTY FOOD BANK	1,500.00	1108 H STREET	GREELEY	CO	80631
COMMUNITY FOOD BANK OF EASTERN OKLAHOMA	1,500.00	1304 NORTH KENOSHA AVENUE	TULSA	OK	74106
FEEDING SOUTH DAKOTA	1,500.00	3511 N 1ST AVENUE	SIOUX FALLS	SD	57104
GLEANERS COMMUNITY FOOD BANK	1,000.00	2131 BEAUFIT	DETROIT	MI	48207
MCCOOK COMMUNITY FOUNDATION	1,000.00	111 WEST D STREET	MCCOOK	NE	69001
FOOD PANTRY OF WAUKESHA COUNTY	1,000.00	1301 SENTRY DRIVE	WAUKESHA	WI	53186
FOOD BANK OF MONMOUTH & OCEAN COUNTIES	1,000.00	3300 RT 66	NEPTUNE	NJ	07753
CARE AND SHARE FOOD BANK	1,000.00	100 GREENHORN DRIVE	PUEBLO	CO	81004
CONNECTICUT FOOD BANK	1,000.00	150 BRADLEY STREET	EAST HAVEN	CT	06512
THE CARING KITCHEN	1,000.00	300 MIAMI STREET	URBANA	OH	43078
KITCHEN ON THE STREET, INC	1,000.00	21006 N 22ND STREET	PHOENIX	AZ	85024
MCLENNAN COUNTY PACK OF HOPE	1,000.00	P O BOX 1545	WACO	TX	76703
MANNA FOOD CENTER	1,000.00	9311 GAITHER ROAD	GAITHERSBURG	MD	20877
GLEANERS COMMUNITY FOOD BANK	1,000.00	2131 BEAUFIT	DETROIT	MI	48207
UCAN FOOD SHARES	1,000.00	280 KENNETH FORD DRIVE	ROSEBURG	OR	97471
FEEDING AMERICA	1,000.00	35 EAST WACKER DRIVE	CHICAGO	IL	60601
OPEN TABLE	1,000.00	515 WEST 3RD STREET	HASTINGS	NE	68901
NORTHERN ILLINOIS FOOD BANK	1,000.00	600 INDUSTRIAL DRIVE	ST CHARLES	IL	60174
REGIONAL FOOD BANK OF OKLAHOMA	1,000.00	3355 SOUTH PURDUE	OKLAHOMA CITY	OK	73137
CENTRAL ARIZONA FOOD BANK	1,000.00	654 NORTH MAIN STREET	COTTONWOOD	AZ	86326

**Sodexo Foundation, Inc**  
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GLEANERS COMMUNITY FOOD BANK	1,000 00	2131 BEAUFAIT	DETROIT	MI	48207
GLEANERS COMMUNITY FOOD BANK	1,000 00	2131 BEAUFAIT	DETROIT	MI	48207
GLEANERS COMMUNITY FOOD BANK	1,000 00	2131 BEAUFAIT	DETROIT	MI	48207
FOOD BANK OF SOUTHEASTERN VIRGINIA	1,000 00	800 TIDEWATER DRIVE	NORFOLK	VA	23504
UNITED FOOD BANK	1,000 00	245 S NINA DRIVE	MESA	AZ	85210
FAMILY RESOURCE CENTER	1,000 00	YMCA RESOURCE CENTER	FOREST GROVE	OR	97116
ST MARY'S FOOD BANK ALLIANCE	1,000 00	2831 N 31ST AVENUE	PHOENIX	AZ	85009
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	BEAVER FALLS	PA	15010
INTERFAITH	1,000 00	710 EAST GARFIELD	LARAMIE	WY	82070
RHODE ISLAND COMMUNITY FOOD BANK	1,000 00	200 NIANTIC AVENUE	PROVIDENCE	RI	02907
GLEANERS COMMUNITY FOOD BANK	1,000 00	2131 BEAUFAIT	DETROIT	MI	48207
FOOD BANK OF WESTERN MASSACHUSETTS	1,000 00	97 NORTH HATFIELD ROAD	HATFIELD	MA	01038
REGIONAL FOOD BANK OF OKLAHOMA	1,000 00	3355 SOUTH PURDUE	OKLAHOMA CITY	OK	73137
NORTHERN ILLINOIS FOOD BANK	1,000 00	600 INDUSTRIAL DRIVE	ST CHARLES	IL	60174
COMMUNITY FOOD BANK OF EASTERN OKLAHOMA	1,000 00	1304 NORTH KENOSHA AVENUE	TULSA	OK	74106
COMMUNITIES IN SCHOOLS OF RANDOLPH CNTY	1,000 00	3655 REED STREET	WINSTON-SALEM	NC	27107
FOODSHARE	1,000 00	450 WOODLAND AVE	BLOOMFIELD	CT	06002
GLEANERS COMMUNITY FOOD BANK	1,000 00	2131 BEAUFAIT	DETROIT	MI	48207
NORWESCAP FOOD BANK	1,000 00	201 N BROAD STREET	PHILLIPSBURG	NJ	08865
RHODE ISLAND COMMUNITY FOOD BANK	1,000 00	200 NIANTIC AVENUE	PROVIDENCE	RI	02907
SECOND HARVEST FOOD BANK	1,000 00	2045 HARVEST WAY	ALLEN TOWN	PA	18104
SHEPHERD'S HEART FOOD PANTRY	1,000 00	1401 NORTH 34TH STREET	WACO	TX	76707
BAY AREA FOOD BANK	2,000 00	5709 INDUSTRIAL BLVD	MILTON	FL	32583
COMMUNITY ACTION AGENCY	2,000 00	21555 S ECHO CANYON ROAD	CLAREMORE	OK	74107
NORTHERN ILLINOIS FOOD BANK	2,000 00	600 INDUSTRIAL DRIVE	ST CHARLES	IL	60174
HOMETOWN LOVE OUTREACH	2,000 00	718 SOUTH HIGHWAY 89	CHINO VALLEY	AZ	86323
COMMUNITY PRESBYTERIAN CHURCH FOOD BANK	2,000 00	800 WEST MAIN STREET	PAYSON	AZ	85541
FEEDING AMERICA WEST MI FOOD BANK	2,000 00	1488 E EMPIRE	BENTON HARBOR	MI	49022
VERMONT FOOD BANK	2,000 00	33 PARKER ROAD	BARRE	VT	05641
KALAMAZOO LOAVES & FISHES	1,000 00	901 PORTAGE ROAD	KALAMAZOO	MI	49001
JACOBS & CUSHMAN SAN DIEGO FOOD BANK	1,000 00	#N/A	#N/A	#N/A	#N/A
ST JAMES UNITED METHODIST CHURCH	1,000 00	2032 S CYPRESS STREET	SIOUX CITY	IA	51106
SALVATION ARMY	1,500 00	224 RENSSELAER STREET	BUCYRUS	OH	44820
NORTHERN ILLINOIS FOOD BANK	1,935 00	600 INDUSTRIAL DRIVE	ST CHARLES	IL	60174
FOOD BANK OF WESTERN NEW YORK	5,045 00	91 HOLT STREET	BUFFALO	NY	14206
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
CONGRESSIONAL HUNGER CENTER	75,000 00	THE HALL OF STATES BUILDING	WASHINGTON	DC	20001
ALLIANCE TO END HUNGER	25,000 00	425 3RD STREET, SW	WASHINGTON	DC	20024
NORTHERN ILLINOIS FOOD BANK	2,256 00	600 INDUSTRIAL DRIVE	ST CHARLES	IL	60174
UNITED NEGRO COLLEGE FUND	84,475 00	8260 WILLOW OAKS CORPORATE DR	FAIRFAX	VA	22031
COMMUNITY ACTION COMMITTEE OF THE LV	5,000 00	2045 HARVEST WAY	ALLEN TOWN	PA	18104
ATLANTA COMMUNITY FOOD BANK	5,000 00	732 JOSEPH E LOWERY BLVD NW	ATLANTA	GA	30318
MY BROTHER'S TABLE	5,000 00	98 WILLOW STREET	LYNN	MA	01901
GREATER CHICAGO FOOD DEPOSITORY	2,500 00	4100 W ANN LURIE PLACE	CHICAGO	IL	60187
NORTHERN ILLINOIS FOOD BANK	2,500 00	600 INDUSTRIAL DRIVE	ST CHARLES	IL	60174
NORTH TEXAS FOOD BANK	5,000 00	4500 S COCKRELL HILL ROAD	DALLAS	TX	75236
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 BEAUFAIT	DETROIT	MI	48207
SECOND HARVEST FOOD BANK	5,000 00	2045 HARVEST WAY	ALLEN TOWN	PA	18104
CITY HARVEST	5,000 00	575 EIGHTH AVENUE	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	4001 N FIRST STREET	SAN JOSE	CA	95134
THE ALAMEDA COUNTY COMMUNITY FOOD BANK	2,500 00	7900 EDGEWATER DRIVE	OAKLAND	CA	94621
FEEDING AMERICA TAMPA BAY	5,000 00	4702 TRANSPORT DRIVE	TAMPA	FL	33605
SECOND HARVEST FB OF SANTA CLARA	20,000 00	4001 N FIRST STREET	SAN JOSE	CA	95134
DARE TO CARE FOOD BANK	0 00	5803 FERN VALLEY ROAD	LOUISVILLE	KY	40228
DARE TO CARE FOOD BANK	5,199 36	5803 FERN VALLEY ROAD	LOUISVILLE	KY	40228
FOOD BANK OF WESTERN NEW YORK	11,273 00	91 HOLT STREET	BUFFALO	NY	14206
SECOND HARVEST FB OF THE INLAND NW	4,360 00	1234 E FRONT AVENUE	SPOKANE	WA	99202-2148
	<u>2,230,920 08</u>				

2,230,920 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](http://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	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SODEXO FOUNDATION, INC	31-1652380
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
File by the due date for filing your return. See instructions.	9801 WASHINGTONIAN BLVD	
	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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2012** 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 <b>Balance due.</b> 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. 1-2013)