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EXTENDED TO AUGUST 17, 2015

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2014 calendar year, or tax year beginning and ending**

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SODEXO FOUNDATION, INC		D Employer identification number 31-1652380
	Doing business as		E Telephone number 301-987-4848
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,574,099.
	9801 WASHINGTONIAN BLVD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20878		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: ROBERT STERN SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HELPSSTOPHUNGER.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1999	M State of legal domicile MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SODEXO FOUNDATION WORKS TO ENSURE THAT EVERY CHILD IN THE UNITED STATES, ESPECIALLY THOSE MOST	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	1
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1b)	Prior Year 2,465,812. Current Year 2,463,749.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3-7, and 7d)	693. 523.
	11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	0. 0.
	12 Total revenue. Add lines 8 through 11. (must equal Part VIII, column (A), line 12)	2,466,505. 2,464,272.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,526,110. 2,584,597.
	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) 11,119.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	57,933. 37,808.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,584,043. 2,622,405.
	19 Revenue less expenses. Subtract line 18 from line 12	<117,538.> <158,133.>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,034,032. End of Year 901,149.
	21 Total liabilities (Part X, line 26)	0. 25,250.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,034,032. 875,899.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Robert A. Stern</i>	Date 7/27/15
	ROBERT STERN, PRESIDENT	
Preparer Use Only	Print/Type preparer's name GARY P EHRlich	Preparer's signature <i>[Signature]</i>
	Firm's name GEIMER, EHRlich & GROSS, P.A.	Date 7/27/15
	Firm's address 7315 WISCONSIN AVE STE 220E BETHESDA, MD 20814	Check <input type="checkbox"/> self-employed PTIN P01446486
		Firm's EIN 52-2008740
		Phone no (301) 654-5800

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

☒ Yes ☐ No

G2

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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 \$ 2,584,597. including grants of \$ 2,584,597.) (Revenue \$ 2,463,749.)
 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 2,584,597.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Form 990 (2014)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2014)

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form 990 (2014)

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 or note to any line in this Part VI

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

	1a	1b	13	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			13		
b Enter the number of voting members included in line 1a, above, who are independent		1			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?					X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6 Did the organization have members or stockholders?					X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a The governing body?				X	
b Each committee with authority to act on behalf of the governing body?				X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					X

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

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

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, address, and telephone number of the person who possesses the organization's books and records: **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 or note to any line 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) STEPHEN 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) MICHAEL MONTELONGO DIRECTOR	3.00	X						0.	0.	0.
(9) ROHINI ANAND DIRECTOR	3.00	X						0.	0.	0.
(10) JENNIFER WILLIAMSON DIRECTOR	3.00	X						0.	0.	0.
(11) JIM PAZZANESE DIRECTOR	3.00	X						0.	0.	0.
(12) MARK JOHNSON DIRECTOR	3.00	X						0.	0.	0.
(13) GERRI MASON HALL DIRECTOR	3.00	X						0.	0.	0.
(14) SHONDRA JENKINS EXECUTIVE DIRECTOR	20.00				X			0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

[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 ►

C

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>		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>		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 without the organization's 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 or note to any line 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 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,495,102.				
	d Related organizations	1d	543,897.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	424,750.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			2,463,749.			
	Program Service Revenue	Business Code					
2 a							
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			523.			523.
	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 \$ 1,495,102. of contributions reported on line 1c). See Part IV, line 18						
	a			109,827.			
	b Less: direct expenses			109,827.			
	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						
	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							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				2,464,272.	0.	0.	523.

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	2,584,597.	2,584,597.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	7,856.		7,856.	
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	11,119.			11,119.
b SCHOLARSHIP MANAGEMENT	9,457.		9,457.	
c BANK CHARGES	3,738.		3,738.	
d PROFESSIONAL DUES	3,125.		3,125.	
e All other expenses	2,513.		2,513.	
25 Total functional expenses. Add lines 1 through 24e	2,622,405.	2,584,597.	26,689.	11,119.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	681,126.	1	538,968.
	2 Savings and temporary cash investments	300,066.	2	300,070.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	52,840.	4	62,111.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,034,032.	16	901,149.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	5,000.
	19 Deferred revenue		19	20,250.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	25,250.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,034,032.	27	875,899.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,034,032.	33	875,899.
	34 Total liabilities and net assets/fund balances	1,034,032.	34	901,149.

Form 990 (2014)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,464,272.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,622,405.
3	Revenue less expenses. Subtract line 2 from line 1	3	<158,133.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,034,032.
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	875,899.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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 (2014)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number

31-1652380

Part I	Reason for Public Charity Status (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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - ☐ a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - ☐ b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - ☐ c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - ☐ d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - ☐ e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

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

9 Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,189,281.	2,442,124.	2,574,786.	2,465,812.	2,463,749.	12,135,752.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,189,281.	2,442,124.	2,574,786.	2,465,812.	2,463,749.	12,135,752.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						12,135,752.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,189,281.	2,442,124.	2,574,786.	2,465,812.	2,463,749.	12,135,752.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	520.	434.	603.	693.	523.	2,773.
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 VI.)						
11 Total support. Add lines 7 through 10						12,138,525.

12 Gross receipts from related activities, etc. (see instructions)

12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.98 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

	Yes	No
1		

Section D. Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3 Aggregate value of 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 a 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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, for escrow or custodial account liability?

☐ 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(ii), 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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 10c.)

0.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. 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 ☒

Schedule D (Form 990) 2014

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,464,272.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) 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	2,464,272.
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	2,464,272.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,622,405.
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	2,622,405.
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	2,622,405.

Part XIII Supplemental Information.

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 12/31/14

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number
31-1652380

Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	(event type)	15 (total number)	
Revenue	1	Gross receipts	1,091,215.	513,714.	1,604,929.
	2	Less: Contributions	1,091,215.	513,714.	1,604,929.
	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. Subtract line 10 from line 3, column (d)			

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

☐ Yes ☐ No

☐ Yes ☐ No

13a	%
13b	%

Name

Address

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

Name

Address

Name

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

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.** 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 provide any additional information (see instructions).

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**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.

Open to Public Inspection

Employer identification number
31-1652380

ation on Grants and Assistance

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

☒ Yes ☐ No

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

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

Schedule I (Form 990) (2014)

Part III

Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

FOUNDATION REVIEWES RECIPIENTS FINANCIAL STATEMENTS, COMMUNICATED CHARITABLE INFORMATION, TAX RETURNS, AND OTHER INQUIRIES TO DETERMINE IF GRANT FUNDS ARE BEING USED AS INTENDED

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number

31-1652380

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

Part II	Supplemental Information
---------	--------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

► **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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**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), section 501(c)(4), and 501(c)(29) organizations only).
---------------	---

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

[illegible]

2 Enter the amount of tax 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						\$						

Total

▶ \$

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

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2014

(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

CORPORATE SPONSOR O

335,617.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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X

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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
AR, CO, KY, MO, NY, OR, PA, AK, ME, ND

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.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

SODEXO FOUNDATION, INC

Employer identification number

31-1652380

FORM 990, PART XII, LINE 2C:

PART XII, LINE 23

PROCESS HAS NOT CHANGED FROM LAST YEAR

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
				Yes	No
(1) SODEXO, INC		C	543,897.	ACTUAL	
(2) SODEXO, INC		H	335,617.	ACTUAL	
(3) SODEXO, INC		N	0.		
(4) SODEXO, INC		O	0.		
(5)					
(6)					

Sodexo Foundation, Inc
Check Register
For the Period From Jan 1, 2014 to Dec 31, 2014

Sodexo Foundation, Inc.
2014 Form 990, Schedule I, Part II, I(A) Grants Paid
31-1652380

Payee	Amount	Tax Id No	Address Line 1	Address Line 2	City	State	ZIP
PEORIA AREA FOOD BANK	1 000 00	37-6058636	721 WEST BEAN		PEORIA	IL	61605
ALLIANCE TO END HUNGER	25 000 00	20-2803848	425 1RD STREET, SW	SUITE 1200	WASHINGTON	DC	20024
KIDS AGAINST HUNGER	2 411 33	61-1627655	53 UNION CHURCH ROAD		HALIFAX	PA	17032
WESTERN CONNECTICUT STATE UNIV FDN INC	1 000 00	13-3507988	358 SAW MILL RIVER ROAD		MILLWOOD	NY	10546
OREGON FOOD BANK	4 200 00	93-0785786	7900 N E 33RD DRIVE		Portland	OR	97238
FOOD LIFELINE	4 200 00	91-1090450	1702 NE 150TH STREET		SHORELINE	WA	98155
SECOND HARVEST FB OF THE INLAND NW	2 500 00	59-2610145	4016 NORTHWEST PASSAGE		TALLAHASSEE	FL	32303
WEBER STATE UNIVERSITY	2 511 00	87-6000535	2115 UNIVERSITY CIRCLE		OGDEN	UT	84408
CHANNELS FOOD RESCUE	25 000 00	23-2574867	3305 N SIXTH STREET		HARRISBURG	PA	17110
CENTRAL PA FOOD BANK	25 000 00	23-2202250	3908 COREY ROAD		HARRISBURG	PA	17109
FGF BRANDS INC	5 000 00	86022-2116-RT0001	475 NORTH RIVERMEDE ROAD		CONCORD	ON	L4K
MANNA FOOD CENTER	16,547 00	52-1289203	9311 GAITHER ROAD		GAITHERSBURG	MD	20877
SALVATION ARMY SPOKANE-SALLY'S HOUSE	1 800 00	94-1156347	222 E INDIANA AVE		SPOKANE	WA	99207
SECOND HARVEST FB OF THE INLAND NW	1 200 00	59-2610345	4016 NORTHWEST PASSAGE		TALLAHASSEE	FL	32303
FOOD BANK OF SOUTH JERSEY	47 000 00	13-3016532	252 W 116TH ST		NEW YORK	NY	10026
FOOD BANK OF MONMOUTH & OCEAN COUNTIES	25 000 00	42-1177880	2220 E 17TH STREET		DES MOINES	IA	50316
COMMUNITY DAY CENTER OF WALTHAM	2 000 00	73-0579266	21555 S FCHO CANYON ROAD		CLAREMORE	OK	74107
CROPWALK	2,261 50	14-1685408	392 SECOND ST		TROY	NY	12180
IOWCOUNTRY FOOD BANK	2 748 00	57-0751835	2864 AZALEA DRIVE		CHARLESTON	SC	29405
DARE TO CARE FOOD BANK	27 643 12	23-7345952	5803 FERN VALLEY ROAD		LOUISVILLE	KY	40228
UNITED BAPTIST CHURCH OAKLAND	200 00	01-6011335	47 CHURCH STREET		OAKLAND	ME	4963
RSU 18	800 00	38-3797283	CENTRAL OFFICE	42 HEATH STREET	OAKLAND	ME	4963
FOOD BANK OF WESTERN NEW YORK	6 060 00	13-3036532	252 W 116TH ST		NEW YORK	NY	10026
ORFON FOOD BANK	500 00	93-0785786	7900 N E 33RD DRIVE		Portland	OR	97238
NORTHWEST HARVEST EMM	1 474 49	91-0826037	22220 WEST VALLEY HIGHWAY		KENT STATE	WA	98032
FOOD LIFELINE	500 00	91-1090450	1702 NE 150TH STREET		SHORELINE	WA	98155
FOOD RECOVERY NETWORK	75,000 00	45-3836775	806 MAPLEWOOD AVE		TAKOMA PARK	MD	20912
SODEXO @ GONZAGA UNIVERSITY	842 61	52-2208088	1107 N HAMILTON		SPOKANE	WA	99258
SODEXO @ SSM ST CLARE HPAJ TH CENTER	4 366 15	52-2208088	2120 EUCLID AVENUE		EAST PALO ALTO	CA	94303
SODEXO @ ST ANTHONY CENTRAL HOSPITAL	4 809 95	52-2208088	11600 W 2ND PLACE		LAKEWOOD	CO	80228
SODEXO @ DELTA AIRLINES	5 432 12	52-2208088	1030 DELTA BOULEVARD		ATLANTA	GA	30354
SODEXO @ HALE ALOHA CAFETERIA	2 675 52	52-2208088	2573 DOLE STREET		HONOLULU	HI	96822
SODEXO @ T C U DINING SERVICES	15 233 39	52-2208088	ONE LINCOLN STREET	7TH FLOOR	BOSTON	MA	2110
SODEXO MAGIC @ WALT DISNEY WORLD	2 678 62	20-2310255	9801 WASHINGTONIAN BLVD		GAITHERSBURG	MD	20878
HUNGER FREE COLORADO	1 000 00	68-0551464	7000 S YOSEMITE STREET	#170	CENTENNIAL	CO	80112
ST LOUIS VOLUNTEER	1 000 00	80-0681640	500 SOUTH MERAMEC AVE		ST LOUIS	MO	63105
ADOPT A FAMILY INC	1 000 00	30-0666528	7169 W 4 WAY		HALEAH	FL	33014
INDEPENDENCE COUNTY 4 H FOUNDATION	1 000 00	26-3716527	3841 NE 123RD STREET		SEATTLE	WA	98125
GERALD J RYAN OUTREACH CENTER	1 000 00	11-3064802	800 21ST STREET NW	OFFICE OF STUDENT FINANCIAL	WASHINGTON	DC	20052
SAMARITAN CENTER INC	1 000 00	16 1328786	310 MONTGOMERY STREET		SYRACUSE	NY	13214
BLESSINGS IN A BACKPACK	1 000 00	26-1964620	4121 SHELBYVILLE ROAD		LOUISVILLE	KY	40207
OKOBOJI ELEMENTARY SCHOOL	1 000 00	42-6002686	113 STUDENT UNION		STILLWATER	OK	74078
ASHLAND CHRISTIAN EMERGENCY SERVICES	1 000 00	73-0583931	201 SW 4TH STREET		LAWTON	OK	73501
SHELBY COUNTY SCHOOL	1 000 00	62-6000834	514 S PERKINS ROAD		MEMPHIS	TN	38117
CLEVELAND FOOD BANK	1 000 00	34-1292848	15500 S WATERLOO ROAD		CLEVELAND	OH	44110
BETHEL CHURCH	1 000 00	35-2287115	1550 W CHANDLER BLVD		CHANDLER	AZ	85224
KYLEE'S KARE KITS FOR KIDS INC	1 000 00	12-0413104	66 WATSON AVENUE		LEOMINSTER	MA	1453
NORTHWEST LOUISIANA FOOD BANK	1 000 00	91-0826037	22220 WEST VALLEY HIGHWAY		KENT STATE	WA	98032
RIVER BEND FOOD BANK	1 000 00	36-3147142	4010 KIMMEL DRIVE		DAVENPORT	IA	52802
GLEANERS COMMUNITY FOOD BANK	1 000 00	38-2162555	2131 BEAUFORT		DETROIT	MI	48207
FOOD BANK OF MONMOUTH & OCEAN COUNTIES	1 000 00	42-1177880	2220 E 17TH STREET		DES MOINES	IA	50316
PROJECT CHICKEN SOUP	1 000 00	95-4232540	3975 LANDMARK STREET		CUI VER CITY	CA	90233
FRIENDS & FAMILY COMMUNITY CONNECTION	1 000 00	75-3057954	12463 RANCHO BERNARDO ROAD	#158	SAN DIEGO	CA	92129
HAWAII FOODBANK INC	5 000 00	99-0220699	2611 KILIAU STREET		HONOLULU	HI	96819
IOWA FOOD BANK ASSOCIATION	5 000 00	27-1554605	1605 LAFAYETTE STREET		WATERLOO	IA	50703
FRIENDS REACHING OUR GOAL S INC	5 000 00	46-3800258	3117 PRESTON HOLLOW ROAD		FORTH WORTH	TX	76109
WESTCHESTER COMMUNITY OPPTY PGM INC	5 000 00	13-2547122	70 FERRIS AVENUE	LOWER LEVEL	WHITE PLAINS	NY	10603
FAMILY SERVICES MEALS ON WHEELS	5 000 00	93-0386981	YMCA RESOURCE CENTER	1341 PACIFIC AVENUE	FOREST GROVE	OR	97116
CITY UNION MISSION	5 000 00	44-6005481	1100 E 11TH STREET		KANSAS CITY	MO	64106
ST MARY'S EPISCOPAL CHURCH	5 000 00	04-6006459	14 CUSHING AVENUE		DORCHESTER	MA	2125
NEW LIFE WORSHIP CENTER	5 000 00	75-2756939	3811 TEXAS HIGHWAY		LUFKIN	TX	75904
SUSSEX OUTREACH SERVICES	5 000 00	27-1142746	321 SOUTH GRANADOS AVENUE		SOLANA BEACH	CA	92075
AFRICAN UNIVERSITY	5 000 00		4400 MASSACHUSETTS AVE NW	FINANCIAL AID OFFICE	WASHINGTON	DC	20016
UNIVERSITY OF SOUTHERN CALIFORNIA	5 000 00	43-6003859	2500 MU STUDENT CENTER		COLUMBIA	MO	65201
AMERICAN FUNDS 529 FBO WM J LOURCEY	5 000 00	59-2116576	5300 ADAMO DRIVE, SUITE G		TAMPA	FL	33619
COLLEGE AMERICA FBO NATASHA SURJ	5 000 00		PO BOX 2713		NORFOLK	VA	23501
FOOD FOR LIFE	1 000 00	75-3533282	6079 ADOBE ROAD		TWENTY NINE PALMS	CA	92277
CHATTANOOGA FOOD BANK	1 000 00	62-0867645	2009 CURTAIN POLE ROAD		CHATTANOOGA	TN	37406
SODEXO @ ST CLOUD STATE UNIVERSITY	8 203 20	52-2208088	11600 W 2ND PLACE		LAKEWOOD	CO	80228
SODEXO @ LOYOLA MARYMOUNT UNIVERSITY	9 060 04	52-2208088	ONE LAMU DRIVE	MS 8420	LOS ANGELES	CA	90045
SODEXO @ CAMPBELL SOUP	2 574 80	52-2208088	1 CAMPBELL PLACE	BOX 72-A	CAMPDEN	NJ	8103
SODEXO @ VIRGINIA WESLEYAN COLLEGE	20 007 98	52-2208088	1584 WESLEYAN DRIVE		NORFOLK	VA	23502
SODEXO @ FORDHAM UNIVERSITY	6 626 53	52-2208088					0
SODEXO @ STATE STREET FINANCIAL	9 900 92	52-2208088	ONE LINCOLN STREET	7TH FLOOR	BOSTON	MA	2110
SODEXO @ INDIANA STATE UNIVERSITY	20 000 00	52-2208088	550 CHESTNUT STREET	MILLS HALL LOWER LEVEL	TERRE HAUTE	IN	47808
SODEXO @ ST ANTHONY CENTRAL HOSPITAL	7 456 18	52-2208088	11600 W 2ND PLACE		LAKEWOOD	CO	80228
SODEXO @ DELTA AIRLINES	3 907 02	52-2208088	1030 DELTA BOULEVARD		ATIANTA	GA	30154
SODEXO @ AXA SYRACUSE	9 103 44	52-2208088	2501 EAST MEMORIAL ROAD		Oklahoma City	OK	73136
SODEXO @ THE DETROIT INSTITUTE OF ARTS	11 720 22	52-2208088	2901 STADIUM DRIVE		FORT WORTH	TX	76129
SODEXO @ SSM ST CLARE HEALTH CENTER	7 804 65	52-2208088	2120 EUCLID AVENUE		EAST PALO ALTO	CA	94303
SODEXO @ GONZAGA UNIVERSITY	5 654 20	52-2208088	1107 N HAMILTON		SPOKANE	WA	99258
SODEXO MAGIC @ WALT DISNEY WORLD	4 220 06	20-2310255	9801 WASHINGTONIAN BLVD		GAITHERSBURG	MD	20878
UNIVERSITY OF MAINE FOUNDATION	1 500 00	01-6011501	620 W MCCARTHY WAY	SUITE #21	LOS ANGELES	CA	90089
SODEXO @ HALE ALOHA CAFETERIA	12 695 84	52-2208088	2573 DOLE STREET		HONOLULU	HI	96822
SODEXO MAGIC @ WALT DISNEY WORLD	7 846 23	20-2310255	9801 WASHINGTONIAN BLVD		GAITHERSBURG	MD	20878
SODEXO @ FORDHAM UNIVERSITY	9 168 95	52-2208088					0
SODEXO @ DELTA AIRLINES	7 268 01	52-2208088	1030 DELTA BOULEVARD		ATLANTA	GA	30354
SODEXO @ STATE STREET FINANCIAL	3 611 91	52-2208088	ONE LINCOLN STREET	7TH FLOOR	BOSTON	MA	2110

Sodexo Foundation, Inc
Check Register
For the Period From Jan 1, 2014 to Dec 31, 2014

SODEXO @ NIAGARA UNIVERSITY	15 740 14	52-2208088	1 SOPHOMORE DRIVE		NIAGARA UNIVERSITY	NY	14109
SODEXO @ CAMPBELL SOUP	4 218 74	52-2208088	1 CAMPBELL PLACE	BOX 72-A	CAMDEN	NJ	8101
SODEXO @ ST ANTHONY CENTRAL HOSPITAL	5 641 12	52-2208088	11600 W 2ND PLACE		LAKEWOOD	CO	80228
SODEXO @ THE CHILDRENS MUSEUM	11 665 34	52-2208088	2901 STADIUM DRIVE		FORT WORTH	TX	76129
SODEXO @ LOYOLA MARYMOUNT UNIVERSITY	9 874 14	52-2208088	ONE LMU DRIVE	MS 8420	LOS ANGELES	CA	90045
SODEXO @ BRAVER AREA SCHOOL DISTRICT	20 000 00	52-2208088	GYPSY GLEN ROAD		BEAVER	PA	15009
SODEXO @ ST CLOUD STATE UNIVERSITY	11 789 01	52-2208088	11600 W 2ND PLACE		LAKEWOOD	CO	80228
SODEXO @ SSM ST CLARE HEALTH CENTER	5 656 84	52-2208088	2120 EUCLID AVENUE		EAST PALO ALTO	CA	94303
SODEXO @ AXA - SYRACUSE	8 852 54	52-2208088	2501 EAST MEMORIAL ROAD		Oklahoma City	OK	73136
SODEXO @ GONZAGA UNIVERSITY	7 677 73	52-2208088	1107 N HAMILTON		SPOKANE	WA	99258
THE THOMAS MERTON CENTER	4 060 00	06-0653053	43 MADISON AVENUE		BRIDGEPORT	CT	6604
THE CAMPUS KITCHENS PROJECT	120 000 00	55-0825492	19 EYE STREET NW		WASHINGTON	DC	20001
CONGRESSIONAL HUNGER CENTER	75 000 00	52 1842738	THE HALL OF STATES BUILDING	400 N CAPITOL STREET NW	WASHINGTON	DC	20001
APIASF	100 000 00	41-0831770	10801 WAYZATA BOULEVARD		MINNETONKA	MN	55305
SODEXO @ T C U DINING SERVICES	13 903 21	52-2208088	ONE LINCOLN STREET	7TH FLOOR	BOSTON	MA	2110
CAPITAL AREA FOOD BANK	20 000 00	74-2217350	8201 SOUTH CONGRESS AVENUE		AUSTIN	TX	78745
SECOND HARVEST FB OF SANTA CLARA	24 000 00	59-2610345	4016 NORTHWEST PASSAGE		TALLAHASSEE	FL	32303
SODEXO @ CAMPBELL SOUP	625 35	52-2208088	1 CAMPBELL PLACE	BOX 72-A	CAMDEN	NJ	8103
SODEXO @ THE DETROIT INSTITUTE OF ARTS	3 932 37	52-2208088	2901 STADIUM DRIVE		FORT WORTH	TX	76129
THE CAMPUS KITCHENS PROJECT	18 862 49	55-0825492	19 EYE STREET NW		WASHINGTON	DC	20001
REGIONAL FOOD BANK OF OKLAHOMA	18 105 32	22 2470885	965 ALBANY-SHAKER		LATHAM	NY	12110
SECOND HARVEST FB OF SANTA CLARA	20 000 00	59-2610345	4016 NORTHWEST PASSAGE		TALLAHASSEE	FL	32303
SAVE A BOTTLE, SAVE A LIFE	5 000 00	27-2449427	717 NORTH MAPLE DRIVE		BEVERLY HILLS	CA	90210
29 PALMS FOOD PANTRY	215 00	41-2137255	6450 STAR DUDE AVE		29 PALMS	CA	92277
CHRISTIAN SERVICE CENTER	5 000 00	59-1351031	808 W CENTRAL BOULEVARD		ORLANDO	FL	32805
MAGIC CITY HARVEST	3 000 00	58-2060122	3728 4TH TERRACE NORTH		BIRMINGHAM	AL	35222
UTICA CENTER FOR DEVELOPMENT INC	2 557 99	26-2017327	726 WASHINGTON ST		UTICA	NY	13502
LAZARUS HOUSE	1 258 44	44-8176009	214 WALNUT STREET		ST CHARLES	IL	60174
NASHVILLE RESCUE MISSION	2 612 46	45-2424130	639 LAFAYETTE STREET		NASHVILLE	TN	37203
WATER STREET MINISTRIES	1 309 96	23-6004676	210 S PRINCE STREET		LANCASTER	PA	17603
CITY HARVEST	949 19	13-1170676	6 EAST 32ND STREET	5TH FLOOR	MLW YORK	NY	10016
DARE TO CARE FOOD BANK	1 479 50	23-7345952	5803 FERN VALLEY ROAD		LOUISVILLE	KY	40228
MERCY HOUSING AND SHELTER	1 025 00	06-1090211	118 MAIN STREET		HARTFORD	CT	6106
ECUMENICAL HUNGER PROGRAM	4 000 00	94-2476942	2411 PULGAS AVENUE		PALO ALTO	CA	94303
SECOND HARVEST FOOD BANK	3 210 00	59-2142315	2008 BRENGLE AVENUE	SUITE 306	ORLANDO	FL	32808
DOWNTOWN STREETS INC	4 000 00	20 5242330	1671 THE ALAMEDA		SAN JOSE	CA	95126
FOOD RECOVERY NETWORK	75 000 00	45-3836775	806 MAPLEWOOD AVE		TAKOMA PARK	MD	20912
SHARE OUR STRENGTH	1 050 000 00	52 1367538	1030 15TH STREET, NW	SUITE 1100 WEST	WASHINGTON	DC	20005
YOUTH SERVICE AMERICA	125 000 00	52-1500870	1101 15TH ST NW	SUITE 200	WASHINGTON	DC	20005
HOMETOWN LOVE OUTREACH	1 000 00	93-0777889	1228 WEST ROAD 1 SOUTH		CHINO VALLEY	AZ	86323
COMMUNITY ACTION AGENCY	1 000 00	73-0579266	21555 S ECHO CANYON ROAD		CLAREMORE	OK	74107
NORTHERN ILLINOIS FOOD BANK	1 000 00	36-1203648	273 DEARBORN COURT		GENEVA	IL	60134
BAY AREA FOOD BANK	1 000 00	63-0821997	5709 INDUSTRIAL BLVD		MILTON	FL	32581
UNITED METHODIST CHURCH	1 000 00	16-1286248	25 SOUTH STREET		CLARK MILLS	NY	13321
VERMONT FOOD BANK	1 000 00	22-3021942	31 PARKER ROAD		BARRE	VT	5641
INTERFAITH GOOD SAMARITAN	1 000 00	56-1753180	1001 BLAIR DRIVE		RALEIGH	NC	27603
SECOND HARVEST FOOD BANK	1 000 00	59-2142315	2008 BRENGLE AVENUE		ORLANDO	FL	32808
SECOND HARVEST FOOD BANK OF NWNC	1 000 00	59-2142315	2008 BRENGLE AVENUE		ORLANDO	FL	32808
ST MARYS FOOD BANK	1 060 00	23-7353532	2831 N 31ST STREET		PHOENIX	AZ	85009
LOWCOUNTRY FOOD BANK	1 000 00	57-0751835	2864 AZALEA DRIVE		CHARLESTON	SC	29405
THE SALVATION ARMY BEAVER FALLS	1 000 00	11 3450363	89 11 LEFFERTS BLVD	#702	RICHMOND HILL	NY	11418
FOOD BANK OF EASTERN MICHIGAN	1 000 00	13-3179546	90 JOHN STREET		NEW YORK	NY	10038
ST MATTHEWS EVANGELICAL LUTHERAN CH	1 000 00	24-0818702	521 E LOCUST STREET		BETHLEHEM	PA	18018
BUCCYRUS BACKPACK PROGRAM LLC	1 000 00	46-1931410	170 PLYMOUTH STREET		BUCCYRUS	OH	44820
HELPMKIDS FLORENCE	1 000 00	46-2961223	252 S DARGAN STREET		FLORENCE	SC	29501
MCLENNAN COUNTY PACK OF HOPE	1 000 00	74-2563411	425 AUSTIN AVE, 15TH FLOOR		WACO	TX	76701
GLEANNERS FOOD BANK OF INDIANA, INC	1 000 00	38-2156255	2131 BEAUFIT		DETROIT	MI	48207
RHODE ISLAND COMMUNITY FOOD BANK	1 000 00	05-0395601	200 NANTIC AVENUE		PROVIDENCE	RI	2907
MCLENNAN COUNTY PACK OF HOPE	1 000 00	74 2563411	425 AUSTIN AVE 15TH FLOOR		WACO	TX	76701
GREATER BERKS FOOD BANK	1 000 00	22 2456238	1011 TUCKERTON COURT		READING	PA	19605
FOODSHARE	1 000 00	22 2474771	450 WOODLAND AVE		BLOOMFIELD	CT	6002
SECOND HARVEST FOOD BANK OF N C OHIO	1 000 00	59-2142315	2008 BRENGLE AVENUE		ORLANDO	FL	32808
FOREST GROVE ASSEMBLY OF GOD	1 000 00	93-0823619	1523 PACIFIC AVENUE		FOREST GROVE	OR	97116
FOOD BANK OF SOUTH JERSEY	1 000 00	13-3036532	252 W 116TH ST		NEW YORK	NY	10026
CHISHOLM TRAIL COMMUNITIES FOUNDATION	1 000 00	42-1396833	1548 8TH STREET		DES MOINES	IA	50314
MANNA FOOD CENTER	1 000 00	52-1289203	9311 GAMMER ROAD		GAITHERSBURG	MD	20877
FOOD BANK OF WESTERN MASSACHUSETTS	1 000 00	13-3036532	252 W 116TH ST		NEW YORK	NY	10026
AMERICAS SECOND HARVEST OF BIG BEND	1 000 00	59-2610345	4400 MASSACHUSETTS AVE NW	FINANCIAL AID OFFICE	WASHINGTON	DC	20016
FOOD BANK OF MONMOUTH & OCEAN COUNTIES	1 000 00	42-1177880	2220 E 17TH STREET		DES MOINES	IA	50316
GREATER LANSING FOOD BANK	1 000 00	38-2424756	919 FILLEY STREET		LANSING	MI	48906
GRACE PACKS INC	1 000 00	80-0963171	5928 NW HANN DRIVE		PORT ST LUCIE	FL	34986
GLEANNERS COMMUNITY FOOD BANK	1 000 00	38-2156255	2131 BEAUFIT		DETROIT	MI	48207
MONTECELLO HELP CENTER	1 000 00	41-1668149	P O BOX 174160	183 STRAND UNION BUILDING	BOZEMAN	MT	59717
MID-COLUMBIA COMMUNITY ACTION COUNCIL	1 000 00	93-0555518	312 E 4TH STREET		THE DALLES	OR	97058
THE SHEPHERDS DOOR	1 000 00	26-1337521	563 LINCOLN AVE		PITTSBURGH	PA	15202
THE CHURCH IN THE ROUND	1 000 00	90-0051191	130 WILDWOOD AVENUE		CLEVELAND	TN	37320
OREGON CITYS BACKPACK BUDDIES	1 000 00	43-1241854	6182 OLIVE BOULEVARD		ST LOUIS	MO	63130
NORWESCAP FOOD BANK	1 000 00	22-1777156	201 N BROAD STREET		PHILLIPSBURG	NJ	8865
PORT ANGELES FOOD BANK	1 000 00	91-192596	402 S VALLEY STREET		PORT ANGELES	WA	98362
FEEDING SOUTH DAKOTA	1 000 00	16-3293534	3511 N 1ST AVENUE		SIOUX FALLS	SD	57104
RHODE ISLAND COMMUNITY FOOD BANK	1 000 00	05-0395601	200 NANTIC AVENUE		PROVIDENCE	RI	2907
FOOD BANK FOR THE HEARTLAND	1 000 00	13-3179546	90 JOHN STREET	#702	NEW YORK	NY	10038
MCLENNAN COUNTY PACK OF HOPE	1 000 00	74-2563411	425 AUSTIN AVE, 15TH FLOOR		WACO	TX	76701
UCAN FOOD SHARES	1 000 00	93-0587136	280 KENNETH FORD DRIVE		ROSEBURG	OR	97471
KALAMAZOO LOAVES & FISHES	1 000 00	61-1627655	53 UNION CHURCH ROAD		HALIFAX	PA	17032
FOOD BANK OF SOUTHEASTERN VIRGINIA	1 000 00	13-3036532	252 W 116TH ST		NEW YORK	NY	10026
FOOD BANK OF WESTERN MASSACHUSETTS	1 000 00	13-3036532	252 W 116TH ST		NEW YORK	NY	10026
FOOD BANK OF THE SOUTHERN TFR	1 000 00	13-3036532	252 W 116TH ST		NEW YORK	NY	10026
GODS PANTRY FOOD BANK INC	1 000 00	31-0979404	1685 JAGGIE FOX WAY		LEXINGTON	KY	40511
FEEDING THE VALLEY INC	1 000 00	58-1498131	118 GORDON COMMERCIAL DRIVE		LA GRANGE	GA	30241
COMMUNITY FOOD BANK OF EASTERN OKLAHOMA	1 000 00	52-1167581	CAPITAL AREA FOOD BANK	305 E STREET NW	WASHINGTON	DC	20001
THE CARING KITCHEN	1 000 00	31-1173950	300 MIAMI STREET		URBANA	OH	43078
MCLENNAN COUNTY PACK OF HOPE	1 000 00	74-2563411	425 AUSTIN AVE, 15TH FLOOR		WACO	TX	76701
FOOD PANTRY OF WALKESHA COUNTY	1 000 00	04-2104260	133 SCHOOL STREET		NEW BEDFORD	MA	2740
WELD COUNTY FOOD BANK	1 000 00	74-3022451	506 W MAIN		WEIMAR	TX	78962
FEEDING AMERICA	1 000 00	36-3673599	35 EAST WACKER DRIVE	SUITE 200	CHICAGO	IL	60601
WILLCOX COMMUNITY FOOD PANTRY	1 000 00	86-0724681	200 W DOWEN STREET		WILLCOX	AZ	85643
GLEANNERS COMMUNITY FOOD BANK	1 000 00	38 2156255	2131 BEAUFIT		DETROIT	MI	48207

Sodexo Foundation, Inc
Check Register
For the Period From Jan 1, 2014 to Dec 31, 2014

THE CARING PLACE	1,000.00	90-0051191	130 WILDWOOD AVENUE		CLEVELAND	TN	37320
VIRGINIA PENINSULA FOODBANK	1,678.00	54-1422298	2401 ALUMINUM AVENUE		HAMPTON	VA	23661
FEEDING AMERICA TAMPA BAY	2,000.00	59-2116576	4702 TRANSPORT DRIVE	BLDG 6	TAMPA	FL	33605
MFALS ON WHEELS DELAWARE, INC	1,000.00	51-0355145	100 WEST TENTH STREET		WILMINGTON	DE	19801
HOOSIER HILLS FOOD BANK	1,000.00	31-1051402	2333 N INDUSTRIAL DRIVE		BLOOMINGTON	IN	47402
GARLAND ELKS LODGE #1984 FOOD PANTRY PR	1,000.00	74-2584825	4801 CLIFFWOOD DRIVE		GARLAND	TX	75043
GREATER WATERVILLE AREA FOOD BANK	1,000.00	22-2403208	112 BLEEKER ST		UTICA	NY	13501
FIRST STEP BACK HOME INC	1,000.00	20-8676289	18 AUVERGNE DRIVE		LAKE ST LOUIS	MO	63367
FOOD BANK OF SOUTHEASTERN VIRGINIA	2,000.00	13-3036532	252 W 116TH ST		NEW YORK	NY	10026
OPEN HEART KITCHEN	1,000.00	94-3396038	1141 CATALINE DRIVE	#137	LIVERMORE	CA	94550
THE ALAMEDA COUNTY COMMUNITY FOOD BANK	2,000.00	15-0539102	4101 E GENESEE ST		SYRACUSE	NY	13214
BUCCYRUS BACKPACK PROGRAM LLC	1,000.00	46-1931410	170 PLYMOUTH STREET		BUCCYRUS	OH	44820
WATER TOWN AREA PEOPLE AGAINST CHILD HGR	1,000.00	14-1636163			WATERFORD	NY	12188
MANNA FOOD CENTER	2,000.00	52-1289203	9311 GAITHER ROAD		GAITHERSBURG	MD	20877
ARMED SERVICES YMCA LAWTON/FORT SILL	1,000.00	71-0574819	3801 WEST 65TH STREET		LITTLE ROCK	AR	72209
ATLANTA COMMUNITY FOOD BANK	2,000.00	58-1376648	732 JOSEPH E. LOWERY BLVD NW		ATLANTA	GA	30318
NORTH HILLS COMMUNITY OUTREACH	2,000.00	25-1553057	1975 FERGUSON ROAD		ALLISON PARK	PA	15101
DC CENTRAL KITCHEN	2,000.00	52-1584936	425 SECOND STREET, NW		WASHINGTON	DC	20001
MCLENNAN COUNTY PACK OF HOPE	1,000.00	74-2563411	425 AUSTIN AVE, 15TH FLOOR		WACO	TX	76701
FELD MY PEOPLE	2,000.00	36-1488941	2610 ALPINE ROAD		EAU CLAIRE	WI	54703
COMMUNITY ACTION COMMITTEE OF THE LV	5,000.00	73-0579266	21555 S ECHO CANYON ROAD		CLAREMORE	OK	74107
ATLANTA COMMUNITY FOOD BANK	5,000.00	58-1376648	732 JOSEPH E. LOWERY BLVD NW		ATLANTA	GA	30318
GREATER CHICAGO FOOD DEPOSITORY	2,500.00	36-2971864	COMMUNITY KITCHENS OF CHICAGO	4100 W ANNE LURIE PLACE	CHICAGO	IL	60632
NORTHERN ILLINOIS FOOD BANK	2,500.00	36-3203648	273 DEARBORN COURT		GENEVA	IL	60134
NORTH TEXAS FOOD BANK	5,000.00	75-1785357	4500 S COCKRELL HILL ROAD		DALLAS	TX	75236
DC CENTRAL KITCHEN	3,000.00	52-1584936	425 SECOND STREET NW		WASHINGTON	DC	20001
MANNA FOOD CLNTLR	3,000.00	52-1289203	9311 GAITHER ROAD		GAITHERSBURG	MD	20877
CAPITAL AREA FOOD BANK	3,000.00	74-2217350	8201 SOUTH CONGRESS AVENUE		AUSTIN	TX	78745
GLEANERS COMMUNITY FOOD BANK	5,000.00	38-2156255	2131 BEAUFIT		DETROIT	MI	48207
SECOND HARVEST FOOD BANK	5,000.00	59-2142315	2008 BRENLE AVENUE		ORLANDO	FL	32808
CITY HARVEST	5,000.00	13-3170676	6 EAST 32ND STREET	5TH FLOOR	NEW YORK	NY	10016
UNIVERSITY DISTRICT FOOD BANK	3,750.00	91-1224834	620 W MCCARTHY WAY	SUITE #21	LOS ANGELES	CA	90089
HUNGER INTERVENTION PROGRAM	1,250.00	26-3716527	3841 NE 123RD STREET		SEATTLE	WA	98125
SECOND HARVEST FB OF SANTA CLARA	2,500.00	59-2610145	4016 NORTHWEST PASSAGE		TALLAHASSEE	FL	32303
THE ALAMEDA COUNTY COMMUNITY FOOD BANK	2,500.00	15-0539102	4101 E GENESEE ST		SYRACUSE	NY	13214
FEEDING AMERICA TAMPA BAY	5,000.00	59-2116576	4702 TRANSPORT DRIVE	BLDG 6	TAMPA	FL	33605
FOOD BANK OF WESTERN NEW YORK	5,586.00	13-3036532	252 W 116TH ST		NEW YORK	NY	10026
PROJECT BREAD	5,000.00	04-2931195	145 BORDER STREET		EAST BOSTON	MA	2128
MAR VISTA FAMILY CENTER	5,000.00	95-2647443	5075 SOUTH SLAUSON AVENUE		CULVER CITY	CA	90230
NORTHERN ILLINOIS FOOD BANK	19,381.00	36-3203648	273 DEARBORN COURT		GENEVA	IL	60134
SHARE OUR STRENGTH	2,893.83	52-1167538	1030 15TH STREET NW	SUITE 1100 WEST	WASHINGTON	DC	20005

2,584,597.00

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868**

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

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

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

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

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

Part I only ☐

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

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions	SODEXO FOUNDATION, INC	Employer identification number (EIN) or 31-1652380
	Number, street, and room or suite no. If a P.O. box, see instructions. 9801 WASHINGTONIAN BLVD	Social security number (SSN)
	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 (other than individual)	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, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2014** 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 Forms 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 Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service**► File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
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Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits***Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

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

Part I only

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

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	SODEXO FOUNDATION, INC	Employer identification number (EIN) or 31-1652380
	Number, street, and room or suite no. If a P.O. box, see instructions. 9801 WASHINGTONIAN BLVD	Social security number (SSN)
	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 (other than individual)	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, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2014** 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 Forms 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 Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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