

Summary Annual Reports

Sodexo, Inc.

December 15, 2011



About the Summary Annual Reports

Sodexo, Inc., is legally required by the Employee Retirement Income Security Act of 1974 (ERISA) to provide financial information about its benefits plans to participants in the form of a Summary Annual Report (SAR). A SAR is a summary of the annual report that has been filed with the Office of Employee Benefits Security Administration. The purpose of the SAR is to inform plan participants of the financial condition of the plan. The information in each SAR is in the legally required format.

The information in these Sodexo, Inc., SARs reflects the financial activity from January 1, 2010, to December 31, 2010, and the Vacation Plan in which the financial activity is from January 2, 2010, to January 1, 2011.

If You Have Questions

The information in these SARs is produced by the Sodexo, Inc., Benefits Department for Sodexo, Inc. If you have questions, please write to:

Sodexo, Inc.
Suite 123
9801 Washingtonian Blvd.
Gaithersburg, MD 20878

Usted podrá obtener una versión en español de este folleto de su gerente o representante de personal.

Important Note

Your receipt of this SAR packet does not confirm your participation in the plans included in this packet. Please use the list below to reference the SARs for the plans in which you participate.

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SUMMARY ANNUAL REPORT

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT PLAN

This is a summary of the annual report of the Sodexo, Inc., Accidental Death and Dismemberment Plan, Employer Identification Number (EIN) 52-0936594, a life insurance plan for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The Plan has a contract with the National Union Fire Insurance Company of Pittsburgh, PA, to pay all accidental death and dismemberment claims incurred under the terms of the Plan. The total premiums paid for the plan year ending December 31, 2010, were \$1,527,790.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. Included in the report is insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write to the Plan Administrator, Corporate Benefits Department, Sodexo, Inc., 9801 Washingtonian Blvd., Suite 123, Gaithersburg, MD, 20878, or call 866 372 3159. The charge to cover copying costs is \$1.00 for the full annual report or \$.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the Plan, Sodexo, Inc., 9801 Washingtonian Blvd., Suite 123, Gaithersburg, MD 20878, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue Northwest, Washington, D.C., 20210.

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SUMMARY ANNUAL REPORT
BUSINESS TRAVEL ACCIDENT PLAN
For Salaried Employees

This is a summary of the annual report of the Sodexo, Inc., Business Travel Accident Plan, Employer Identification Number (EIN) 52-0936594, a life insurance plan for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The Plan has a contract with the AIG Life Insurance Company to pay all business travel accident claims incurred under the terms of the Plan. The total premiums paid for the plan year ending December 31, 2010, were \$10,137.

YOUR RIGHTS TO ADDITIONAL INFORMATION

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SUMMARY ANNUAL REPORT

DENTAL PLAN

This is a summary of the annual report of the Sodexo, Inc., Dental Plan, Employer Identification Number (EIN) 52-0936594, a dental benefits plan for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sodexo, Inc., has committed itself to pay all dental claims incurred under the terms of the Plan.

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the Plan, was \$(1,597,546) December 31, 2010, compared to \$(1,381,533) as of January 1, 2010. During the plan year, the Plan had total income of \$21,457,931 including employer contributions of \$9,100,496 and employee contributions of \$12,357,435 and earnings from investments of \$17. During the plan year the plan experienced a decrease on its net assets of \$216,013.

Plan expenses were \$21,673,961. These expenses included \$1,043,189 in administrative expenses and \$20,630,772 in benefit payments to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

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SUMMARY ANNUAL REPORT

VISION PLAN

This is a summary of the annual report of the Sodexo, Inc. Vision Plan (EyeMed Select Vision Care Plan), Employer Identification Number (EIN) 52-0936594, a vision plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The Plan is underwritten by Combined Insurance Company of America and administered by EyeMed Vision Care. The total premiums paid for the plan year ending December 31, 2010, were \$2,951,468.

The Plan premiums are paid from employee contributions.

YOUR RIGHTS TO ADDITIONAL INFORMATION

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SUMMARY ANNUAL REPORT

DISABILITY PLUS PLAN

For Salaried Employees

This is a summary of the annual report of the Sodexo, Inc., Disability Plus Plan, Employer Identification Number (EIN) 52-0936594, a disability income plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The Plan has a contract with Liberty Life Assurance Company of Boston to pay all disability claims incurred under the terms of the Plan. The total premiums paid for the plan year ending December 31, 2010, were \$345,745.

The Plan premiums are paid from employee contributions.

YOUR RIGHTS TO ADDITIONAL INFORMATION

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SUMMARY ANNUAL REPORT

EMPLOYEE ASSISTANCE PLAN, LIFEWORKS®

This is a summary of the annual report of the Sodexo, Inc., Employee Assistance Plan, LifeWorks®, Employer Identification Number (EIN) 52-0936594, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

FINANCIAL INFORMATION

Sodexo, Inc., has committed itself to provide limited employee counseling services incurred under the terms of the Plan through a contract with Ceridian Corporation. The total fees paid by the company for the plan year ending December 31, 2010, were \$1,051,711.

YOUR RIGHTS TO ADDITIONAL INFORMATION

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SUMMARY ANNUAL REPORT

FAMILY CARE SPENDING ACCOUNT (FCSA) PLAN

This is a summary of the annual report of the Sodexo, Inc., Family Care Spending Account Plan, Employer Identification Number (EIN) 52-0936594, a flexible spending account benefits plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sodexo, Inc., has committed itself to pay all family care expense claims incurred under the terms of the Plan.

BASIC FINANCIAL STATEMENT

The value of Plan assets, after subtracting liabilities of the Plan, was \$157,447 as of December 31, 2010, compared to \$113,062 as of December 31, 2009. During the plan year, the Plan had total income of \$1,189,081 including employee contributions of \$1,187,806 and earnings from investments of \$1,275.

Plan expenses were \$1,205,339. These expenses included \$17,987 in administrative expenses and \$1,187,352 in benefits paid to participants.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. Included in the annual report is an accountant's report.

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SUMMARY ANNUAL REPORT

FREE BASIC LIFE PLAN

This is a summary of the annual report of the Sodexo, Inc., Free Basic Life Program, Employer Identification Number (EIN) 52-0936594, a death benefit plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The Plan has a contract with Life Insurance Company of North America to pay all death claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2010, were \$2,415,338.

YOUR RIGHTS TO ADDITIONAL INFORMATION

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SUMMARY ANNUAL REPORT
GROUP TERM LIFE INSURANCE PLAN

This is a summary of the annual report of the Sodexo, Inc., Group Term Life Insurance Plan, Employer Identification Number (EIN) 52-0936594, a death benefits plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The Plan has a contract with Aetna Life Insurance Company to pay all death claims incurred under the terms of the Plan. The total premiums paid for the plan year ending December 31, 2010, were \$6,366,500.

YOUR RIGHTS TO ADDITIONAL INFORMATION

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SUMMARY ANNUAL REPORT

HEALTH CARE SPENDING ACCOUNT (HCSA) PLAN

This is a summary of the annual report of the Sodexo, Inc., Health Care Spending Account Plan, Employer Identification Number (EIN) 52-0936594, a flexible spending account benefits plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sodexo, Inc., has committed itself to pay all health care expense claims incurred under the terms of the Plan.

BASIC FINANCIAL STATEMENT

The value of Plan assets, after subtracting liabilities of the Plan, was \$(724,341) as of December 31, 2010, compared to \$(493,746) as of January 01, 2010. During the plan year, the Plan had total income of \$3,435,856 including employee contributions of \$3,435,425 and earnings from investments of \$431. During the plan year the plan experienced a decrease in its net assets of \$230,595.

Plan expenses were \$3,666,451. These expenses included \$136,774 in administrative expenses and \$3,529,677 in benefits paid to participants.

YOUR RIGHTS TO ADDITIONAL INFORMATION

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SUMMARY ANNUAL REPORT

HOURLY LONG TERM DISABILITY PLAN

For Hourly Paid Employees

This is a summary of the annual report of the Sodexo, Inc., Long Term Disability Plan, Employer Identification Number (EIN) 52-0936594, a disability income plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The Plan has a contract with Liberty Life Assurance Company of Boston to pay all disability claims incurred under the terms of the Plan. The total premiums paid for the plan year ending December 31, 2010, were \$1,017,983.

The Plan premiums are paid from employee contributions.

YOUR RIGHTS TO ADDITIONAL INFORMATION

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SUMMARY ANNUAL REPORT

HOURLY SHORT TERM DISABILITY PLAN

For Hourly Paid Employees

This is a summary of the annual report of the Sodexo, Inc., Hourly Short Term Disability Plan, Employer Identification Number (EIN) 52-0936594, a disability income plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sodexo, Inc., has committed itself to pay all short term disability claims incurred under the terms of the Plan.

INSURANCE INFORMATION

The Plan has a contract with Liberty Life Assurance Company of Boston to pay all disability claims incurred under the terms of the Plan. The total premiums paid for the plan year ending December 31, 2010, were \$1,977,930.

The Plan premiums are paid from both employer and employee contributions.

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SUMMARY ANNUAL REPORT

INCOME EXTENSION PLAN

This is a summary of the annual report of the Sodexo, Inc., Income Extension Plan, Employer Identification Number (EIN) 52-0936594, a severance benefits plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sodexo, Inc., has committed itself to pay all claims incurred under the terms of the Plan.

BASIC FINANCIAL STATEMENT

A total of 32 participants were in the Plan at the end of the plan year.

YOUR RIGHTS TO ADDITIONAL INFORMATION

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SUMMARY ANNUAL REPORT

LONG TERM DISABILITY PLAN

For Salaried Employees

This is a summary of the annual report of the Sodexo, Inc., Long Term Disability Plan, Employer Identification Number (EIN) 52-0936594, a disability income plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The Plan has a contract with Liberty Life Assurance Company of Boston to pay all disability claims incurred under the terms of the Plan. The total premiums paid for the plan year ending December 31, 2010, were \$3,764,758.

The Plan premiums are paid from employee contributions.

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SUMMARY ANNUAL REPORT

MEDICAL PLAN

Preferred Provider Organization, Health Maintenance Organization, United Healthcare HRA Plan, Aetna Self Insured HMOs

This is a summary of the annual report of the Sodexo, Inc., Medical Plan (Preferred Provider Organization (PPO), Health Maintenance Organization (HMO), UnitedHealthcare HRA Plan, Aetna Self Insured HMOs), Employer Identification Number (EIN) 52-0936594, a medical benefits plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sodexo, Inc., has committed itself to pay all medical expense claims incurred under the terms of the Plan.

BASIC FINANCIAL STATEMENT

The value of Plan assets, after subtracting liabilities of the Plan, was \$(26,325,053) as of December 31, 2010, compared to \$(25,149,552) as of January 1, 2010. During the plan year, the Plan had total income of \$269,809,914, including employer contributions of \$175,773,430, employee contributions of \$94,033,875 and earnings from investments of \$2,609. During the plan year the plan experienced a decrease in its net assets of \$1,175,501.

Plan expenses were \$270,985,415. These expenses included \$15,966,335 in administrative expenses and \$255,019,080 in benefits payments to participants and beneficiaries.

The plan has various contracts with HMO providers and the total premiums paid for the plan year ending December 31, 2010, were \$50,207,825.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. Included in that report is an accountant's report.

To obtain a copy of the full annual report, or any part thereof, write to the Plan Administrator, Corporate Benefits Department, Sodexo, Inc., 9801 Washingtonian Blvd., Suite 123, Gaithersburg, MD, 20878, or call 866 372 3159. The charge to cover copying costs is \$3.50 for the full annual report or \$.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan, Sodexo, Inc., 9801 Washingtonian Blvd., Suite 123, Gaithersburg, MD 20878, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue Northwest, Washington, D.C., 20210.

Usted podrá obtener una versión en español de este folleto de su gerente o representante de personal.

SUMMARY ANNUAL REPORT

SURVIVOR INCOME PROTECTION PLAN

For Salaried Employees

This is a summary of the annual report of the Sodexo, Inc., Survivor Income Protection Plan, Employer Identification Number (EIN) 52-0936594, a life insurance plan, for the period January 1, 2010, to December 31, 2010. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The Plan has a contract with Aetna Life Insurance Company to pay all death benefits incurred under the terms of the Plan. The total premiums paid for the plan year ending December 31, 2010, were \$2,360,969.

The Plan premiums are paid from employee contributions.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. Included in that report is insurance information, including sales commission paid by insurance carrier.

To obtain a copy of the full annual report, or any part thereof, write to the Plan Administrator, Corporate Benefits Department, Sodexo, Inc., 9801 Washingtonian Blvd., Suite 123, Gaithersburg, MD 20878, or call 866 372 3159. The charge to cover copying costs is \$1.00 for the full annual report, or \$.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the Plan, Sodexo, Inc., 9801 Washingtonian Blvd., Suite 123, Gaithersburg, MD, 20878, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue Northwest, Washington, D.C., 20210.

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SUMMARY ANNUAL REPORT

VACATION PLAN

This is a summary of the annual report of the Sodexo, Inc., Vacation Benefits Plan and Trust, Employer Identification Number (EIN) 52-0936594, a vacation benefits plan, for the period January 2, 2010, to January 1, 2011. The annual report has been filed with the Office of Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Sodexo, Inc., has committed itself to pay all vacation benefits incurred under the terms of the Plan.

BASIC FINANCIAL STATEMENT

The value of Plan assets, after subtracting liabilities of the Plan, was \$(63,383,276) as of January 1, 2011 compared to \$(60,062,904) as of January 2, 2010. During the plan year, the Plan had total income of \$102,919,152, including employer contributions of \$102,908,981 and \$10,171 from earnings on investments. During the plan year, the plan experienced a decrease in its net assets of \$3,320,372.

Plan expenses were \$106,239,524. These expenses included \$26,750 in administrative expenses \$8,638 in tax expense and \$106,204,136 in benefits paid to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. Included in that report is an accountant's report.

To obtain a copy of the full annual report, or any part thereof, write or call the Plan Administrator, Corporate Benefits Department, Sodexo, Inc., 9801 Washingtonian Blvd., Suite 123, Gaithersburg, MD 20878, or call 866 372 3159. The charge to cover the copying cost will be \$3.00 for the full annual report or \$.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of the report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan, Sodexo, Inc., 9801 Washingtonian Blvd., Suite 123, Gaithersburg, MD, 20878, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue Northwest, Washington, D.C., 20210.

ADDITIONAL INFORMATION:

Effective in the 2006 plan year, there are changes to the vacation plans for employees who live and/or work in certain states. For participants in the Accrue and Take Vacation plan and the Vested Vacation plan, the calculation of vacation paid at separation is no longer rounded. For participants in the Accrue and Take plan, year-end forfeitures have been eliminated.

Usted podrá obtener una versión en español de este folleto de su gerente o representante de personal.