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Return Corganization 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

Open to Public

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.

Inspection

A	or th	ne 201	4 calendar year, or tax year beginning , 20	014, and ending	<u> </u>	, 20
В	Check if ep	pplicable	C Name of organization PANERA BREAD FOUNDATION, INC.		D Employer identification 43-195086	
	Addre		Doing business as			
	7 T	change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Initial	return	3630 SOUTH GEYER ROAD	100	(314) 984-1	1000
		return/	City or town, state or province, country, and ZIP or foreign postal code			
F	Amen return	nded	ST. LOUIS, MO 63127		G Gross receipts \$	9,034,700.
		cation	F Name and address of principal officer RONALD M SHAICH	-	H(a) Is this a group retu	urn for Yes X No
-		ıı ıg	3630 S. GEYER RD., SUITE 100 ST. LOUIS,	MO 63127	subordinates? H(b) Are all subordinates i	included? Yes No
\overline{I}	Tax-ex	empt st	atus X 501(c)(3) 501(c) () ◀ (insert no) 4947(a))(1) or 527	 _ ' ' '	st (see instructions)
J	Websi	te 🕨	WWW.PANERACARES.ORG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	H(c) Group exemption r	number -
ĸ	Form o	of organ	nization X Corporation Trust Association Other	L Year of f	formation 2002 M State	
	art I	Su	ımmary			
	1		y describe the organization's mission or most significant activities PANI			. SEEKS TO
ce			MINATE AND RAISE AWARENESS OF FOOD INSECUR			
ar Bar		THR	OUGH PUBLIC CONTRIBUTIONS AND FROM OPERATION	ON OF PANE	RA CARES CAFES.	
Š Š			k this box 🕨 🔛 if the organization discontinued its operations or disp			
ities & Go	3	Numb	per of voting members of the governing body (Part VI, line 1a)		3	3.
20			er of independent voting members of the governing body (Part VI, line 1			
กั≨			number of individuals employed in calendar year 2014 (Part V, line 2a).			0
⊅ફ	6	Total	number of volunteers (estimate if necessary)		6	
⊒Ă	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			0
Ţ Ţ 	b	Net ur	nrelated business taxable income from Form 990-T, line 34	<u> </u>		0
_ 					Prior Year	Current Year
يو ح	8	Contri	ibutions and grants (Part VIII, line 1h)	L	10,913,833.	9,033,780.
			am service revenue (Part VIII, line 2g)		0	0
285U€ Reven			(5) (3)(1) (4) (4) (5) (6) (7)		512.	920.
9 U IZ	11	Other	(Post \(\text{III} \) colored (A) \(\text{In a property (A)} \)		0	0
	12	Total i	revenue - add lines 8 through 11 (must equal Part VIII, column-(A), line 1		10,914,345.	9,034,700.
					5,733,716.	5,580,400.
	14	Benef	s and similar amounts paid (Part IX, column (A), lines 1-3) its paid to or for members (Part IX, column(A), line;4)\$ 2015		. 0	0
ý	4.5		es, other compensation, employee benefits (Part IX, column (A), lines 5 1	0)	2,779,630.	2,660,622.
nse	16a		ssional fundraising fees (Part IX, column (A) line 11er 11		0	0
Expenses	b		fundraising expenses (Part IX, column (D), line 25	Ö		-
ũ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,184,608.	2,098,543.
			expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		10,697,954.	10,339,565.
			nue less expenses Subtract line 18 from line 12		216,391.	-1,304,865.
P S					Beginning of Current Year	End of Year
Assets or	20	Total a	assets (Part X, line 16)		6,283,613.	5,803,015.
Ass	21		liabilities (Part X, line 26)		2,743,221.	3,567,488.
Percent	22		ssets or fund balances Subtract line 21 from line 20		3,540,392.	2,235,527.
	rt II		gnature Block	<u>. , , , , , , , , , , , , , , , , , , ,</u>	· · · · · · · · · · · · · · · · · · ·	
		nalties c	of perjury, I declare that I have examined this rottin, including accompanying sci complete Declaration of propage (other than officer) is based on all information of	hedules and stateme	ents, and to the best of my	knowledge and belief, it is
tru	e, corre	ect, and	complete Declaration of proparer (other than officer) is based on all information of	which preparer has	any knowledge	
					11/10/	, 15
Sig			Signature of officer		Date	<i></i>
He	re		Stock 1. Foulther NO Tox			
	-	 - P -	Type or print name and title			
_		Print/	Type preparer's name Preparer's signature	Date	Check If	PTIN
Paid	t				self-employed	
	parer	Firm's	s name		Firm's EIN ▶	
Use	Only		s address >		Phone no	
May	the II		cuss this return with the preparer shown above? (see instructions)		Li none no	. Yes X No
			Reduction Act Notice, see the separate instructions.		1	Form 990 (2014)
					G, S	59
JSA					-1-	- 1

Pa		tement of Program Service Accomplishments ack if Schedule O contains a response or note to any line in this Part III
1		ribe the organization's mission
2		anization undertake any significant program services during the year which were not listed on the 190 or 990-EZ?
		cribe these new services on Schedule O
3	services?	ganization cease conducting, or make significant changes in how it conducts, any program
4	Describe the expenses S	cribe these changes on Schedule O e organization's program service accomplishments for each of its three largest program services, as measured by section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others senses, and revenue, if any, for each program service reported
4a	UNITED S)(Expenses \$ 2,109,765. Including grants of \$ 2,109,765.)(Revenue \$) DATION CONTRIBUTES TO EXEMPT ORGANIZATIONS THROUGHOUT THE TATES WHOSE MISSIONS FALL WITHIN THE FOLLOWING CATEGORIES: ND WELFARE, EDUCATION, CULTURE AND ARTS, AND CIVIC AND Y.
4b	CONSISTS PANERA B THEY NEE)(Expenses \$ 8,154,832 including grants of \$ 3,470,635)(Revenue \$) ARES IS A PROGRAM RUN BY THE PANERA BREAD FOUNDATION. IT OF FIVE CAFES WHICH OPERATE SIMILARLY TO A TRADITIONAL READ CAFE. HOWEVER, PARTRONS ARE ENCOURAGED TO TAKE WHAT D AND DONATE THEIR FAIR SHARE. THE CAFES ALSO OFFER THE F VOLUNTEERING THEIR TIME IN EXCHANGE FOR A MEAL.
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
		
-		
4d	Other progr (Expenses \$	
4e	Total progra	am service expenses ▶ 10,264,597.

	PANER	FOUNDATION,	INC.
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Part	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)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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 98-197 If "Yes," complete Schedule C,			
	Part III	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? If			
	"Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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	_		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	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			
	, , , , , , , , , , , , , , , , , , , ,	11d		X
	, , , , , , , , , , , , , , , , , , ,	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		, ,	
	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			٠,,
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions)	17-	<u> </u>	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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			U
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	 ^-
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		



Part	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		162	NO
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22	х	
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? If "Yes," complete Schedule J	23		Х
24 a	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	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? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33	<u></u> .	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		ļ	
	related organization? If "Yes," complete Schedule R, Part V, Inne 2	36		Х
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? If "Yes," complete Schedule R,		-	-
	Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
38			X	

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Par				
	Check if Schedule O contains a response or note to any line in this Part V			للل
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 C			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	.	3,7
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	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			Х
	account)?	4a		
D	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			
E	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5.	-	 X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{X}{X}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		į	
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	İ		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	•	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			'
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	{		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		- [
12.	,	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-	-
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O			
h	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		j	
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-	

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

a 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 troad authority to an executive committee or smilar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family refolioriship or a bisiness relationship with any other officer, director, trustee, or key employee have a family refolioriship or a bisiness relationship with any other officer, director, trustee, or key employees to a management company or other the direct supervision of officers, director, or trustees, or key employees to a management company or other person? 3 Did the organization have members of the governing body and the evidence as were during the year of a significant diversion of the organization's assets? 5 Did the organization have members of stockholders? 6 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Did the organization have members of the governing body? A real any governance deceives of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization of the governing body? 5 Did the organization of the governing body? 6 Each committee with authority to act on behalf of the governing body? 7 Each committee with authority to act on behalf of the governing body? 8 Is there ary officer, director, trustee, or key employee lested in Part VIII. Section A, who cannot be reached at the organization have for the process. If year, provide the names and addresses in Schedule 0. 9 Exection B, Policies (This Section B requests information about policies not required by the Internal Revenue Code). 10a Did the organization have been processed to the organization with a comp	Sect	ion A. Governing Body and Management				
If there are material differences in voting inglits among members of the governing body, or if the governing body of the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 4 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? 4 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant diversion of the organization with the power to elect or appoint the year by the following a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 5 Each committee with authority to act on behalf of the governing body? 8 If Yes, float the organization have written policies and procedures governing the activities of such chapters, by if Yes, float the organization have address? If Yes, provide the management addresses in Schodule Officers or key employees in the float process or determined compensation of the comparization in extra written policies and procedures governing the activities of such chapters, by					Yes	No
If there are material differences in voting rights among members of the governing body, or if the governing body degreted troad submixing to an executive committee existing in Schedule 0 b Enter the number of voting members included in line 1a, above, who are independent. 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 employees an amagement company or other person. 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. 4 Did the organization make any significant changes to its governing documents since the prior Form 900 was filed?. 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 If year your persons other than the governing body? 9 If year your persons other than the governing body? 9 If year your persons other than the governing body? 9 If year your persons other than the governing body? 9 If year your persons other than the governing body? 9 If year your persons other than the governing body? 9 If year your persons other than the governing body? 9 If year your persons other than the governing body? 9 If year your persons other than the governing body? 9 If year your persons other than the governing body? 10 If year your persons other than the governing body? 10 If year your persons other than the governing body? 11 If your persons other than the governing body? 12 If your persons other than the governing body? 13 If your persons other than the governing body? 14 Did the organization have a written pol	1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3		•	
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c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	nat could give			
12c 13 Did the organization have a written whistleblower policy?				12b		<u> </u>
13 Did the organization have a written whistleblower policy?	С	Did the organization regularly and consistently monitor and enforce compliance with the po-	olicy? If "Yes,"	İ		
Did the organization have a written document retention and destruction policy?						v
Did the organization have a written document retention and destruction policy?. 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	13					└
a The organization's CEO, Executive Director, or top management official	14			14		^
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization	15					
b Other officers or key employees of the organization				_		v
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?	а	· · · · · · · · · · · · · · · · · · ·			-	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b			15b		Δ
with a taxable entity during the year?						
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 ▶ IL, MA, MI, MO, OR, 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 □ X 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. ▶	16a		_			v
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?				16a		
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 ▶ IL, MA, MI, MO, OR, 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. ▶	D					
 List the states with which a copy of this Form 990 is required to be filed ► IL, MA, MI, MO, OR, 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 X Upon request Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records. ► 		participation in joint venture arrangements under applicable rederal tax law, and take steps to	sateguard the	406		
 List the states with which a copy of this Form 990 is required to be filed ► IL, MA, MI, MO, OR, 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 X Upon request Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records. ► 	Sect			TOD		
 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) 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 State the name, address, and telephone number of the person who possesses the organization's books and records. ► 			 			
available for public inspection. Indicate how you made these available. Check all that apply. Own website		List the states with which a copy of this Form 990 is required to be filed \$\rightarrow\$ 127 \tag{1.57} 1	000 T (01	<u></u>		
Own website Another's website X 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.	18		990-1 (Section	501(0	;)(3)s	only)
 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 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶ 			edule (O)			
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. ▶	40		•		I	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶	19		s, conflict of into	erest	policy	y, and
PANERA BREAD COMPANY 3630 SOUTH GEYER ROAD, SUITE 100 ST. LOUIS, MO 63127 314-984-1000	20	· · · · · · · · · · · · · · · · · · ·	00kg and -000-4	o b		
	_U	PANERA BREAD COMPANY 3630 SOUTH GEYER ROAD, SUITE 100 ST. LOUIS, MO 63127 314-9	84-1000	o. 📂		

orm 990 (201	4)		PANER	BREAD	FOUNDATI	ON,	INC.	
Part VII	Compensation	οf	Officers	Directors	Trustees	Kev	Emn	ī

TIC	, אַכ	INC.		43-19	20869	Р
es,	Key	Employees,	Highest	Compensated	Employees,	

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 noi	r any related	orga	nıza	tion	CO	mpen	sate	ed any current office	er, director, or trus	tee	
(A) Name and Title	(B) Average hours per Week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	more	e than or trust employee	an	(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	_
_(1)RONALD M. SHAICH	0	х		x				0	0		0
(2)MARIANNE GRAZIADEI DIRECTOR, VICE PRESIDENT	0			v				C	o		Ω
(3)SCOTT BLAIR	- 0	Х		Х					, 0	`	— ^ر
DIRECTOR		Х						o	o		0
(4)LOUIS DIPIETRO SECRETARY	0			х			-	0	0		— 0
	0			х				0	0		 o
(6)SUZANNE FOSTER ASSISTANT SECRETARY	0			x				С	0		0
(7)MICHAEL BUFANO TREASURER	0			X				С	0		0
						_					
(10)										_	
(11)								-			
(12)											
(13)				-							
(14)											

DATION,	INC.	43-1950869

orm 990 (20	014)												Page 8
Part VII	Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and I	ligi	hest Compensat	ed Employees	(contir	ued)	
	(A) Name and title		box,	unles	ss pe	ition more	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fron related organizations		(F) Estimat amount other ompens	t of r
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	'	from the fro	ation ited
		_											
			•										
			-										
1b Sub-t									0		0		C
d Total	from continuation sheets to Part VII, S (add lines 1b and 1c)	<u> </u>						>	C		0		C
	number of individuals (including but not table compensation from the organization			iiste D	ed at	00V	e) wn	o re	eceived more than	\$100,000 O f			
				_								Ye	s No
emplo	he organization list any former offic byee on line 1a? <i>If "Yes," complete Sched</i>	ule J for su	ch ınd	lvid	ual							3	x
organ	ny individual listed on line 1a, is the sization and related organizations gradual	eater than	\$15	50,0	00?	lf.	"Ye	s, "	complete Schedu			•	x
5 Did a	ny person listed on line 1a receive or ervices rendered to the organization? If "Yo	accrue co	mpen	satı	on 1	fron	n any	un	related organizati			5	x
	3. Independent Contractors									<u> </u>			
	plete this table for your five highest comensation from the organization. Report of											ax	_
	(A) Name and business add	Iress							(B) Description of se	ervices		(C) ensatio	ก
								\perp					
	number of independent contractors (ii							se I	isted above) who	received			

Part VIII Statement of Revenue

PANER

		Check if Schedule O contains a response or note to an	y line in this Part V	/III <u></u>	<u> </u>	
			(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	1a b c d e f	Federated campaigns	9,033,780.	-		
-ine		Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue				
مَ	g	Total. Add lines 2a-2f	0			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	920.			
	6a b c d	Gross rents	0			
Ð	b c d	Less cost or other basis and sales expenses	0			
Other Revenue	b c	events (not including \$ of contributions reported on line 1c) See Part IV, line 18	0			
	9a b	Gross income from gaming activities See Part IV, line 19				,
		Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances	0			
	С	Less cost of goods sold	0			
_		Miscellaneous Revenue Business Code				
	11a					
	ь					
	C					
	d	All other revenue				
	е	Total. Add lines 11a-11d	0			
	12	Total revenue See instructions	9,034,700.			

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 resp	onse or note to any line	e in this Part IX	 	<u> </u>
	not include amounts reported on lines 6b, 7b, 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	2,109,765.	2,109,765.		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22	3,470,635.	3,470,635.		
3	Grants and other assistance to foreign				
·	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	o			
	Compensation of current officers, directors,				
J	trustees, and key employees	o			
c					
О	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	d			
7		2,247,150.	2,247,150.		
	Other salaries and wages	2/24//130.	2/24//100.		
8	Pension plan accruals and contributions (include	0			
	section 401(k) and 403(b) employer contributions)	187,637.	187,637.		
	Other employee benefits	225,835.			<u> </u>
	Payroll taxes	225,835.	225,835.		
	Fees for services (non-employees)				
	Management	0			
	Legal	<u> </u>			
	Accounting	0			
d	Lobbying	0			· · · · · · · · · · · · · · · · · · ·
	Professional fundraising services See Part IV, line 17.	0			·
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	22,356.	22,356.		
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	890,772.	890,772.		
	Travel	0			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
	Interest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	382,310.	382,310.		
	Insurance	22,581.	22,581.		
	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)				
а	OTHER OPERATING EXPENSES	597,253.	522,285.	74,968.	
_	UTILITIES	183,271.	183,271.		
		, =	-		<u> </u>
					
ū	All other expenses				
	Total functional expenses. Add lines 1 through 24e	10,339,565.	10,264,597.	74,968.	
	Joint costs. Complete this line only if the			2,300.	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	o			

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Form 990 (2014)



Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,944,350.	1	3,801,390.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	287,021.	4	239,169.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees		Ī	
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	0
	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			_
(0		organizations (see instructions) Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ass	8	Inventories for sale or use Prepaid expenses and deferred charges	59,578.	-	54,119.
	9	Prepaid expenses and deferred charges ATCH. 2	80,628.	9	82,219.
	10 a	Land, buildings, and equipment. cost or			
		other basis Complete Part VI of Schedule D 2,923,989.	1 010 026		1 626 110
	b	Less accumulated depreciation	1,912,036.		1,626,118.
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities See Part IV, line 11	0	12	0
	13	Investments - program-related See Part IV, line 11	0	13	0
	14	Intangible assets		15	0
	15	Other assets See Part IV, line 11	6,283,613.		5,803,015.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,202,624.		1,131,272.
	17	Accounts payable and accrued expenses	1,540,597.		2,436,216.
	18 19	Grants payable	0	19	0
	20	Deferred revenue	0	20	0
"	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Ë		disqualified persons Complete Part II of Schedule L	C	22	0
	23	Secured mortgages and notes payable to unrelated third parties	C	23	0
	24	Unsecured notes and loans payable to unrelated third parties	C	24	0
	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	0
	26	Total liabilities. Add lines 17 through 25	2,743,221.	26	3,567,488.
S		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	3,253,371.	27	1,996,358.
ala	28	Temporarily restricted net assets	287,021.	28	239,169.
<u>Б</u>	29	Permanently restricted net assets	(29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
O S	30			30	
set	31		1	31	
As	32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		32	
ë	33	Total net assets or fund balances	3,540,392.		2,235,527.
Z	34 -	Total liabilities and net assets/fund balances			5,803,015
	134	Total maximues and net assetsmand balances	1 2,200,020	1 4	Form 990 (2014)

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orm 99	90 (2014)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check 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			700.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,3		
3	Revenue less expenses Subtract line 2 from line 1	3	-1,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,5	40,	392.
5	5 Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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	2,2	35,	527.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · ·			لمسلم
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				x
	of the audit, review, or compilation of its financial statements and selection of an independent acc		2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain 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	25		х
	the Single Audit Act and OMB Circular A-133?		3a		 ^`
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		26		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	JI(S	3b		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

PAI	NERA	BREAD FOUNDATION,	INC.				43-	-1950869
Pa	rt I	Reason for Public Cha	arity Status (All o	rganizations must c	omplete	e this pa	art.) See instructions	
The	orga	nization is not a private for	indation because it	is: (For lines 1 through	gh 11, ch	eck only	one box)	
1		A church, convention of ch	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E.)				
3		A hospital or a cooperative	hospital service o	rganization described i	ın sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organi	zation operated in	conjunction with a hos	spital des	scribed ii	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (0	Complete Part II)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norm	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)(1)(A)(vi). (Compl	ete Part II)				
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete	Part II)			
9		An organization that norm	ally receives (1) m	nore than 331/3% of	its suppo	ort from	contributions, member	ership fees, and gross
		receipts from activities rel	lated to its exemp	t functions - subject	to certa	ın excep	otions, and (2) no mo	re than 331/3% of its
		support from gross inves	stment income an	d unrelated business	taxable	Income	e (less section 511	tax) from businesses
		acquired by the organization	on after June 30, 19	975 See section 509 ((a)(2). (C	Complete	Part III.)	
10		An organization organized	and operated exclu	usively to test for publi	c safety	See sec	tion 509(a)(4).	
11		An organization organized	and operated exclu	usively for the benefit o	of, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	orted organizations	described in section 5	509(a)(1) or sect	ion 509 (a)(2). See sec	ction 509(a)(3). Check
		the box in lines 11a throug	h 11d that describe	es the type of support	ing orga	nızatıon	and complete lines 11e	e, 11f, and 11g
а			anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	elect a m	ajority o	f the directors or trus	tees of the supporting
	_	organization You must o	omplete Part IV, S	ections A and B				
b	Ļ	Type II A supporting org	ganization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s) You mus	t complete Part IV	, Sections A and C				
С	L	$oldsymbol{ol}}}}}}}}} $	grated A supporti	ng organization opera	ated in co	onnectio	n with, and functional	ly integrated with,
	_	_ its supported organization	n(s) (see instruction	ns) You must comple	te Part l	V, Sectio	ons A, D, and E	
d			integrated A sup	porting organization o	perated	in conn	ection with its support	ted organization(s)
		that is not functionally int	egrated The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	_ requirement (see instruc	tions) You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V	
е		Check this box if the org-						I, Type III
		functionally integrated, o		ionally integrated sup	porting o	organizat	tion	
f		er the number of supported	-				• • • • • • • • • • • • • • • • • • • •	
<u>_g</u>		vide the following informati						<u> </u>
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(IV) Is the	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above or IRC section		ment?	instructions)	instructions)
				(see instructions))	<u> </u>			
				_	Yes	No		
(A)								
			 				<u> </u>	
(B)								
			<u> </u>		 			
(C)						1		
			 		 			
(D)								
		. <u> </u>		 - · · · · · · · · · · · · · · · · · · 	 	-	 	
(E)								
		·			 	 		
Tota	ai			Í				
			1	1	1	I	İ	1

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

Schedule A (Form 990 or 990-EZ) 2014



Page 2 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.)

Sec	tion A. Public Support						
Cale	ndar 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")	3,523,915.	7,162,361.	7,716,506.	10,913,833.	9,033,780.	38,350,395.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	3,523,915.	7,162,361.	7,716,506	10,913,833.	9,033,780.	38,350,395.
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).ATCH .1.					_	13,343,646.
	Public support. Subtract line 5 from line 4						25,006,749.
	tion B. Total Support	(=) 2010	(b) 2011	(a) 2012	(4) 2012	(a) 2014	/f) Total
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013 10,913,833.	(e) 2014	(f) Total
7 8	Amounts from line 4	3,523,915.	7,162,361.	7,716,506	512.	9,033,780.	38,350,395.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10						38,352,108.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2014 (In	ne 6, column (f) divided by line	11, column (f))		14	65.20%
15	Public support percentage from 2013					15	61.43%
16a	331/3% support test - 2014. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2013. If the concept this box and stop here. The organization	•					
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to organization	2014. If the organizers the "facts-and-occurrence of the organization meets the "	ganization did notes-and-circums circumstances" to the control of the control of the circumstant of the circ	ot check a box tances" test, chest. The organi	on line 13, 16a neck this box as zation qualifies	a, or 16b, and lind stop here. E as a publicly such as, 16b, or 17a, his box and stop qualifies as a	ne 14 is xplain in upported and line pp here. publicly
18	supported organization	did not check	a box on line 13	s, 16a, 16b, 17a	ı, or 17b, check	this box and see	

Page 3

PANER BREAD FOUNDATION, INC.

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.)

Sec	tion A. Public Support				<u> </u>		
Caler	ndar 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						
7 a	Amounts included on lines 1, 2, and 3						,
	received from disqualified persons						
b	Amounts included on lines 2 and 3				1		
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support		l			·	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	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)	Ab		About for the	f.fab. to:		(-\(2\)
14	First five years If the Form 990 is for						
800	organization, check this box and stop here . tion C. Computation of Public Sup			 	· · · · · · · · · · · · · · · · · · ·	<u> </u>	• • • • • •
<u> 15</u>	Public support percentage for 2014 (line 8,	·		mp (f))		15	%
16	Public support percentage from 2013 Sche						
	tion D. Computation of Investmen			<u> </u>		1 10 1	
				12 polyma (6)			
17	Investment income percentage for 2014 (III		-			17	<u>%</u>
18	Investment income percentage from 2013						<u>%</u>
туа	331/3% support tests - 2014. If the org						. F 1
	17 is not more than 331/3%, check the		•	· ·	•		
b	331/3% support tests - 2013. If the orga						
••	line 18 is not more than 331/3%, check		•	•		-	. =
20	Private foundation. If the organization	uia not check	a pox on line	14, 19a, or 19t	o, cneck this bo	ox and see instr	uctions 🚩 📗

PANERA

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.)

Secti	on A. All Supporting Organizations			
		_	Yes	No
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	1		
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).	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	3a		
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	3b		
С	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.	3c		
4 a	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	4a		
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	4b		
С	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	4c		
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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990)	8		
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 .	9a		
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.	9b		
С	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 .	9c		
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	10a		
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)	10b		

Schedul	e A (Form 990 or 990-EZ) 2014	_	F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		·
	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 .	11c		
	on B. Type I Supporting Organizations			
			Yes	No
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.	1		
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	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
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)	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
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?	1		
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)	2		
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	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institution of the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. 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.		Yes	No
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	2a		
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	2b	_	-
3 a	Parent of Supported Organizations Answer (a) and (b) below. 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.	3a		
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	3b		

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Schedule A (Form 990 or 990-EZ) 2014

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	<u> </u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must cor			structions. All
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 Check here if the current year is the organization's first as a non-functional	ly-integra	ited Type III supporting	organization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2014

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Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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 resp	onsive	
	(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			
			(ii)	(iii)
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	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			
а				
b				
С				
d				
е	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. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	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			
а			-	
b				
d	Excess from 2013			
е	Excess from 2014	1		

Schedule A (Form 990 or 990-EZ) 2014

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).

ATTACHMENT 1

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)

TOTAL

LESS 2% OF

EXCESS

CONTRIBUTOR NAME

CONTRIBUTION

LINE 11(F)

CONTRIBUTION AMOUNT

PANERA, LLC

14,110,688.

767,042.

13,343,646.

Page 8

TOTAL

14,110,688.

13,343,646.

SCHEDULE D (Form 990)

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

PAN		FOUNDATION,					43-19508	369	
Par	tl Organ	izations Mainta	aining Donor Adv	ised Funds or Other	Similar F	unds or	Accounts.		
	Comp	lete if the organ	nization answered	"Yes" to Form 990, I	Part IV, line	e 6.			
		- "		(a) Donor advi	sed funds		(b) Funds and	d other accounts	5
1	Total number	at end of year							
			is to (during year)						
			(during year)						
5	Did the organ	ization inform all	donors and donor	advisors in writing th	at the asse	ets held	in donor advised	·	
	funds are the	organization's pro	perty, subject to the	e organization's exclusi	ve legal co	ntrol? .		Yes _	No
6	Did the organi	ization inform all	grantees, donors, a	and donor advisors in v	writing that	grant fu	inds can be used	l	
	only for charit	able purposes an	nd not for the bene	fit of the donor or don	or advisor,	or for a	ny other purpose	,	_
	conferring imp	ermissible private	e benefit?	<u> </u>	<u></u>		<u> </u>	Yes_	No_
Par		ervation Easeme							
				"Yes" to Form 990, I		e 7			
1				e organization (check all	that apply)				
	Preserv	ation of land for p	oublic use (e.g., rec	reation or education)	Prese	ervation	of a historically in	nportant land a	area
	Protecti	on of natural hab	ıtat		Prese	ervation	of a certified histo	oric structure	
		ation of open space							
				eld a qualified conserv	ation contri	bution in			
		the last day of the					Held at the	e End of the Ta	x Year
							2a		
				s			2b		
				historic structure includ			2c		
				c) acquired after 8/17/					
							2d		
				nsferred, released, exti	nguishea, c	or termin	ated by the orga	inization durir	ng the
					4 %				
				ervation easement is loc				•	
	_			garding the periodic				1 1 1	
				sements it holds?				Yes [No
6			ted to monitoring, if	nspecting, and enforcing	ig conserva	illon eas	ements during the	: year	
7		oneoe incurred in	monitoring inches	cting, and enforcing co	ncorvation i	oacom or	nts during the yea	•	
'	-		i monitoring, iispet	sting, and emorcing co	iiseivatioii t	casemici	ints during the yea		
8			nent reported on lin	e 2(d) above satisfy th	e requireme	ents of se	ection 170(h)(4)(R)	ω	
			•		•			Yes	No.
9	In Part XIII de	escribe how the o	rganization reports	conservation easemer	nts in its rev	enue and	d expense stateme		140
				of the footnote to the o					•
			onservation easeme		J				
	rt III Organ	nizations Mainta	aining Collections	of Art, Historical Tr			r Similar Assets	s.	
	Comp	lete if the organ	nization answered	"Yes" to Form 990, F	Part IV, line	e 8			
1a	If the organiza	ation elected, as	permitted under S	FAS 116 (ASC 958), r	not to repo	rt in its i	revenue stateme	nt and baland	e sheet
	works of art,	historical treasu	res, or other simil	FAS 116 (ASC 958), r ar assets held for put ootnote to its financial:	blic exhibiti	ion, edu	cation, or resear	rch in further	ance of
									o shoot
b	works of art	ation elected, as historical treasu	s permitted under res or other simil	SFAS 116 (ASC 958) ar assets held for put	, to report hlic exhibiti	ın its ro ıon edu	evenue statemer cation or resear	icano baland rch in further	ance of
			wing amounts relat		-	, _			
	(i) Revenue ii	ncluded in Form 9	990, Part VIII, line 1				▶ 9	\$ _	
								\$	
				rt, historical treasures					
	following amo	unts required to t	be reported under S	SFAS 116 (ASC 958) re	lating to the	ese item:	s		
_ <u>b</u> _	Assets include	ed in Form 990, P	Part X	Form 990	<u></u>	· · · · ·	<u>,</u>	\$	
r D		-4 A-4 N-4!	4b b	- F 000			<u> </u>	L	0001 0044

Sched	ule D (Form 990) 2014 Page 2
Par	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
Par	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?
b	If "Yes," explain the arrangement in Part XIII and complete the following table
	Amount
С	Beginning balance
d	Additions during the year
е	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
	If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII
	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
1 a	Beginning of year balance
	Contributions
	Net investment earnings, gains,
	and losses
d	Grants or scholarships
	Other expenditures for facilities
•	and programs
f	Administrative expenses
	End of year balance
g 2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
۷ _	Board designated or quasi-endowment %
a b	Permanent endowment > %
	Temporarily restricted endowment ▶ %
С	The percentages in lines 2a, 2b, and 2c should equal 100%
2-	Are there endowment funds not in the possession of the organization that are held and administered for the
3a	
	organization by
	(i) unrelated organizations 3a(i)
	(ii) related organizations
4	Describe in Part XIII the intended uses of the organization's endowment funds
Par	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 (b) Cost or other basis (c) Accumulated (d) Book value
	(investment) (other) depreciation
1 a	Land
b	Buildings
	Leasehold improvements 1,757-,882 686,498 1-,-071,384.
d	Equipment
e	Other
Tota	I. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))▶ 1, 626,118.

Schedule D (F	form 990) 2014		Pag	ge 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" to Form 990,	, Part IV, line 11b See Form 990, Part X, Iine 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) Financia	al denvatives			
	-held equity interests			
	_			
<u>(B)</u>				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.			
Part VIII		l "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	—
	(a) Description of investment	(b) Book value	Cost or end-of-year market value	
(1)				_
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
			, Part IV, line 11d. See Form 990, Part X, line 15	
	(a) De	scription	(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)	-			
	umn (b) must equal Form 990, Part X, col (B) I	ine 15)		
Part X	Other Liabilities.		, Part IV, line 11e or 11f See Form 990, Part X,	
1.	(a) Description of hability	(b) Book valu	Je	
	ral income taxes	(3)		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	>		
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that reports the	

Scriedui	e D (Form 990) 2014		Page 4
Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1	9,392,489.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 357,789.	.]	
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII)2d		
_	Add lines 2a through 2d	_2e	357,789.
3	Subtract line 2e from line 1	3	9,034,700.
	Other (Describe in Part XIII) 4a 4b	}	
	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		9,034,700.
Part 2			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	10,697,354.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a 357,789.		
	Prior year adjustments 2b	.	
	Other losses 2c		
	Other (Describe in Part XIII) Add lines 2a through 2d		357,789.
	Subtract line 2e from line 1	2e 3	10,339,565.
	Amounts included on Form 990, Part IX, line 25, but not on line 1	-	10,333,303.
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII)		
С	Add lines 4s and 4h	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5	10,339,565.
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1b and 2b, Part		
2, Part	XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform	nation	
	·		
-	·		
	· 		
	·		
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	·		

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2014

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

.www.irs.gov/form990.
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1545-0047	14
OMB No	20

Open to Public Inspection

Name of the organization						Employer identification number	on number
PANERA BREAD FOUNDATION, INC.						43-1950869	
Part I General Information on Grants and Assistance	ind Assistance	0					
Ses	substantiate th	e amount of the	e grants or assistar	nce, the grantees	eligibility for the gran	ts or assistance, and	
the selection criteria used to award the grants or assistance?	ants or assistanc	е?					X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	edures for mon	itoring the use	of grant funds in the	United States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	Domestic Org that received	ganizations ar more than \$5	nd Domestic Gov ,000 Part II can b	ernments. Comine duplicated if a	ganizations and Domestic Governments. Complete if the organization are more than \$5,000 Part II can be duplicated if additional space is needed	ration answered "Yeneeded."	es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FEEDING AMERICA							
35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)	1,090,222	918,610. BOOK	ВООК	PROCURE FOOD	
(2) OPERATION FOOD SEARCH							
6282 OLIVE BLVD. ST LOUIS, MO 63130	43-1241854	501(C)(3)	100,933				
(3)		=					
(4)							
(5)							
(9)							
			-				
(7)							
(8)							
(6)							
(10)							
(11)							
	Ţ						
(12)							
	and governmen		organizations listed in the line 1 table	able		•	2.
3 Enter total number of other organizations listed in the lin	s listed in the lir	ne 1 table				•	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	actions for Form 9	.06				Sch	Schedule I (Form 990) (2014)

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

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2014) Part III

	art III carl be duplicated II additional space is receded	ce is ilecaed.				
	(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
1 FOOD	FOOD INVENTORY			3,470,635.	3,470,635. COMPARABLE SALE	FOOD INVENTORY
2						
4						
· ro						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	vide the informat	tion required in	Part I, line 2, Part III,	column (b), and any other additional

Schedule I (Form 990) (2014)

PAGE 31

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) 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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Inspection

	ne organization								Employer				r	
	A BREAD FOUND					504(-)(4)	1.54	247 2700		<u>-195</u>	0869			
Part I	Excess Benefit T Complete if the o	ransactions (rganization ar	section 501(swered "Yes	c)(3) s" or), section Form	on 501(c)(4), 990, Part IV,	and 50 line 25	5a or 25b, or Fo	m 990-E	oniy) Z, Par	t V, lı	ne 40l)	
1	(a) Name of disqualified	person	(b) Relatio	nship	between organiz	disqualified personation	on and	(c) D	escription	of transa	action			Corrected?
/4\		· · · · · · · · · · · · · · · · · · ·			Organiz								Ye	s No
<u>(1)</u> (2)									· · · ·					
(3)														+
(4)		·						-						+
(5)														+
(6)													\neg	
	nter the amount of ta	ax incurred by	the organiza	ation	manag	gers or disqu	alıfıed	persons during t	he year	**				
	nder section 4958.													
3 E	nter the amount of ta	ax, if any, on l	ine 2, above	, reir	mburse	d by the orga	nızatıor	١		▶	\$_			
						_								
Part II					_	== =								
	Complete if the organization rep							ne 38a or Form	990, Part	IV, lin	e 26,	or if th	1e	
	Organization rep	orted an amo	unt on Form	1	, rait /	, iiile J, O, Oi							[
(a) Na	me of interested person	(b) Relationship	(c) Purpose of		oan to or	(e) Origina		(f) Balance due	(g) In (default?			(i) Wi	
		with organization	Ioan		om the inization?	principal am	ount				comn	ard or	agreer	Hence
				То	From				Yes	No	Yes	No	Yes	No
(1)		<u> </u>		10	FIGHT				162	NO	res	NO	162	NO
(2)						<u> </u>								
(3)														
(4)	·													
(5)											-			
(6)														
(7)				1										
(8)														
(9)								·						
(10)														
Total .	<u> </u>					· · · · · · · · · · · · · · · · · · ·	<u>, , Þ</u>	\$						
Part II	Grants or Assis	tance Benefit	ing Interest	ed P	ersons.									
	Complete if the	,					line 27	, 						
(a) Na	me of interested person		p between intere the organization		(c) Amou	int of assistance	(d) Type of assistance	e	(e)	Purpo	se of as	sistance	
(1)														
(2)	•										<u> </u>			
(3)														
(4)														
(5)														
(6)							-							
<u>(7)</u>														
(8)														
(9)		1												

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Schedule L (Form 990 or 990-EZ) 2014

Page 2

Schedule L (Form 990 or 990-EZ) 2014

	Part IV	Business	Transactions	Involving	Interested	Persons
--	---------	----------	--------------	-----------	------------	----------------

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	anng of zation's nues?
				Yes	No
(1) PANERA BREAD COMPANY & SUBSIDIARIES					x
(2)					
(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART IV

- (B) SEVERAL OFFICERS AND DIRECTORS OF THE FILING ENTITY ARE EMPLOYEES FOR PANERA BREAD COMPANY.
- (D) DESCRIPTION OF TRANSACTION: PANERA BREAD COMPANY AND ITS SUBSIDIARIES PROVIDES THIRD-PARTY ADMINISTRATIVE SERVICES TO THE FILING ENTITY FREE OF CHARGE.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

► Attach to Form 990

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

OMB No 1545-0047
2014

pen To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PANERA BREAD FOUNDATION, INC.

Employer identification number 43-1950869

		·						
Par	Types of Property	_						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other				-			
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles			1 000 116	COMPADADI	E CA		
19	Food inventory	Х		1,808,116.	COMPARABL	E SA.	LE	
20	Drugs and medical supplies				<u> </u>			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()				<u> </u>			
26	Other ►()				<u> </u>			
27	Other ►()							
28	Other ►()		<u> </u>	<u> </u>	ļ			
29	Number of Forms 8283 received							
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	gement	29		/es	<u> </u>
				aaa . Daal laa			res	No
30a	During the year, did the organizat		*		_			
	28, that it must hold for at least th	•			-	20-		х
	to be used for exempt purposes for		olding period?	• • • • • • • • • • • • • • • • • • • •		30a		
	If "Yes," describe the arrangement in							
31	Does the organization have a					34	_]	X
20-	contributions?					31		
32a	Does the organization here or use	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		222	l	х
	contributions?	• • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • •	32a		
	If "Yes," describe in Part II	. المحددية مسيد	antona (a) fac a tona af co-	والمراجع والمراجع المراجع والمراجع والمراجع	المعادما			
33	If the organization did not report ar describe in Part II.	i amount in	column (c) for a type of pro	operty for which column (a) is checked,			

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

Schedule M (Form 990) (2014)

Partil

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2014

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Department of the Treasury Internal Revenue Service

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.

Name of the organization

PANERA BREAD FOUNDATION, INC.

Employer identification number 43-1950869

SECTION B, LINE 11A & 11B

THE DESIGNATED MEMBER OF THE ORGANIZATION'S GOVERNING BODY RECEIVES THE AUDITED FINANCIAL STATEMENT FOR REVIEW PRIOR TO THE FORM 990 BEING FILED. FORM 990 IS COMPLETED AND REVIEW BY TAX EMPLOYEES OF PANERA, LLC.

SECTION C, LINE 19

THE ORGANIZATION MAKES ALL NECESSARY DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PANERA BREAD FOUNDATION, INC. MAKES FINANCIAL CONTRIBUTIONS TO

QUALIFIED TAX-EXEMPT ORGANIZATIONS WHOSE PROGRAMS ADDRESS BASIC HUMAN

NEEDS. THE FOUNDATION SUPPORTS ORGANIZATIONS WHOSE MISSIONS FALL

WITHIN THE FOLLOWING CATEGORIES: HEALTH AND WELFARE, EDUCATION,

CULTURE AND ARTS, CIVIC AND COMMUNITY ORGANIZATIONS. PANERA CARES IS

A PROGRAM RUN BY THE PANERA BREAD FOUNDATION. IT CONSISTS OF FIVE

CAFES WHICH OPERATE WITH THE SAME LOOK AND FEEL OF A TRADITIONAL

PANERA BREAD CAFE. HOWEVER, PATRONS ARE ENCOURAGED TO TAKE WHAT THEY

NEED AND DONATE THEIR FAIR SHARE. THE CAFES ALSO OFFER THE OPTION OF

VOLUNTEERING TIME IN EXCHANGE FOR A MEAL.

Name of the organization

PANERA BREAD FOUNDATION, INC.

Employer identification number

43-1950869

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNING

BOOK VALUE

ENDING

BOOK VALUE

PREPAID EXPENSES

DESCRIPTION

80,628.

82,219.

TOTALS

80,628.

82,219.

SCHEDULE R (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2014

Open to Public Inspection

Employer Identification number 43-1950869

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

▶ Attach to Form 990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. PANERA BREAD FOUNDATION, INC. Part I

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(t) Direct controlling entity
(1)						
(2)						
(3)						
					,	
(4)						
(2)						
(9)						
Part	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	he organization ansv	vered "Yes" on For	rm 990, Part IV	, line 34 because	it had
					•	-

(g)
Section 512(b)(13)
controlled
entity? ŝ Yes (f) Direct controlling Public charity status (if section 501(c)(3)) Exempt Code section ਉ Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization ପ୍ର 4 9 (1 (2)

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

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(7)

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Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

Page 2

43-1950869

(i) Section 512(b)(13) controlled entrty? Schedule R (Form 990) 2014 Yes No Percentage ownership 3 (h) Percentage ownership managing partner? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. ŝ General or Yes (9) Share of end-of-year assets Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line amount in box 20 of Schedule K-1 (Form 1065) (i) Code V-UBI (f) Share of total Ŷ income ellocators? Ξ Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or C CORPORATION (f) Share of total income (d) Direct controlling because it had one or more related organizations treated as a partnership during the tax year entity N/A (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign 띰 (b)
Primary activity BAKERY CAFES (d)
Direct controlling
entity 04-2723701 (c) Legal domicite (state or foreign country) 3630 S. GEYER ROAD, SUITE 100 ST LOUIS, MO 63127 (a)
Name, address, and EIN of related organization Primary activity (a) Name, address, and EIN of related organization (1) PANERA BREAD COMPANY 4E1308 1 000 Part III Part IV Ξ প্র (3) (4) (5) (9)0 3 4 (2) \odot (6)

PAGE 39

å Yes

<u>ع</u> 1g <u>1</u> 4 19 <u>1</u>e 무 # Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 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. Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Gift, grant, or capital contribution from related organization(s), **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Dividends from related organization(s). Sale of assets to related organization(s)...... Purchase of assets from related organization(s). Exchange of assets with related organization(s), ပ D

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 19 ÷ Other transfer of cash or property to related organization(s). Solution of cash or property from related organization(s). 7

×

7 9

Sharing of paid employees with related organization(s)

Ε

= 0

p Reimbursement paid to related organization(s) for expenses.

Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s),

Lease of facilities, equipment, or other assets to related organization(s).

×

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9

	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
Ε	(1) PANERA BREAD COMPANY (SEE STATEMENT ATTACHED)			
9				
<u> </u>				
€				
<u>6</u>				
9				

JSA 4E1309 1 000

Schedule R (Form 990) 2014

43-1950869

Schedule R (Form 990) 2014

Unrelated Organizations Taxable as a Partnership Complete If the organization answered "Yes" on Form 990, Part IV, line 37 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	 (b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionata allocations?		(I) Code V - UBI amount in box 20 of Schedule K-1	(I) General or managing partner?	(k) Percentage ownership	аде Һір
				Yes No			Yes	2		Yes No	0	
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(2)												
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(3)												
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Part VII Supplemental Information

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

PANERA BREAD COMPANY

PANERA BREAD COMPANY IS A FOR PROFIT PUBLIC CORPORATION. RELATIONSHIP TO PANERA BREAD FOUNDATION IS REPORTED AS DISCLOSURE THAT SOME DIRECTORS AND OFFICERS OF THE FILING ENTITY ARE EMPLOYEES OF PANERA BREAD COMPANY.