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of Organization Exempt From come Tax

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

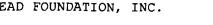
	2015 calendar year, or tax year beginning , 2015, and o	anumg	D Employer ider		, 20
B Check if appl	C Name of organization PANERA BREAD FOUNDATION, INC.		43-1950		uniner
Address	Doing business as		1 3 1 3 1 3 1 3 1 3 1		
change Name cl	Number and state (- DO based and state and sta	suite	E Telephone nur	nber	
├ ──┤	3630 C CEVED DOND CUTTER 100	,,,,,	(314) 98		
Initial re	· · · · · · · · · · · · · · · · · · ·		(314) 98	4-1000	
terminat Amende			6 065 70		
return	51. B0015, No 03127		G Gross receipts		6,065,79
pending	NORTH IN STATE OF THE PARTY OF		H(a) is this a ground subordinates?		Yes X
	3630 S. GEYER RD., SUITE 100 ST. LOUIS, MO 631	21	H(b) Are all subords	nates included?	Yes
	npt status	527		halist (see in	
		Vear of forms	H(c) Group exemp		
Part	Summary	real of forma	HON LOCK IN	State of lega	al dollinche -
	riefly describe the organization's mission or most significant activities PANERA BRI	AD FOUL	NDATION, I	NC. SE	EKS TO
	ELIMINATE AND RAISE AWARENESS OF FOOD INSECURITY.				
, ğ	THROUGH PUBLIC CONTRIBUTIONS AND FROM OPERATION OF				 -
E a					
= 1	theck this box I if the organization discontinued its operations or disposed of mi			1	
Ø 3 N	lumber of voting members of the governing body (Part VI, line 1a)			3	
80 4	lumber of independent voting members of the governing body (Part VI, line 1b)			4	·
> (otal number of individuals employed in calendar year 2015 (Part V, line 2a)		(5	
# 6 T	otal number of volunteers (estimate if necessary)			6	
'a '	otal unrelated business revenue from Part VIII, column (C), line 12			7a	
<u>b</u> N	let unrelated business taxable income from Form 990-T, line 34			7b	
1			Prior Year		Current Year
a 8 C	contributions and grants (Part VIII, line 1h)		9,033,78		6,065,13
5 9 F	rogram service revenue (Part VIII, line 2g)			0.	
Sevenue 9 F	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		92		65
11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	
12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,034,70		6,065,79
13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	🗀	5,580,40	0.	3,719,42
	enefits paid to or for members (Part IX, column (A), line 4)			0.	
g 15 S	salaries, other compensation, employee benefits (Partix county (A) fines 5-10).		2,660,62	2.	1,986,39
2 16a F	rofessional fundraising fees (Part IX, column (A)—Ine-11e)			0.	
17 (otal fundraising expenses (Part IX, column (P) line 25) Other expenses (Part IX, column (A), lines 1		2,098,54	3.	2,989,97
18 7	otal expenses Add lines 13-17 (must equal Part IX_column (A)_line_25)	• • •	10,339,56		8,695,79
	Revenue less expenses. Subtract line 18 from line (2GDEN, LIT.	• • •	-1,304,86		-2,630,00
28	Revenue ress expenses. Obblider line to from line (12 ft)		nning of Current Y		End of Year
35 20 T	otal assets (Part Y. Juno 16)		5,803,01		1,665,35
	otal assets (Part X, line 16)	• • •	3,567,48		2,059,82
# Z	otal liabilities (Part X, line 26)	• • • }	2,235,52		-394,47
	let assets or fund balances Subtract line 21 from line 20	• • • • •	2,233,32	<u>'-1</u>	-394,47
Part II	Signature Block Ities of person, I declare that I have examined this return, including accompanying schedules and	statements	and to the best of	my knowle	edge and helief
true, correc	lities of perjury, I declare that I have examined this return, including accompanying schedules and t, and complete. Declaration of preparer (other than efficer) is based on all information of which prep	arer has any k	nowledge		and pelier,
1	A Total		11/1	5/2016	
_	Signature of officer		Date	0, 2010	
Sign	STACE FAULDERS VP OF TAX		20.5		
Sign Here	TAX VY OF TAX				
- 1					
- 1	Type or print name and title			I Drive	
- 1		e	Check	If PTIN	
Here Paid	Type or print name and title	e	Check self-employe	!"	
Here Paid Preparer	Type or print name and title	e		!"	
Paid Preparer Use Only	Type or print name and title Print/Type preparer's name Preparer's signature Date Date	e	self-employ	!"	

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

4e Total program service expenses ▶ 8,677,189.

) (Revenue \$



⊃art	V 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		l	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1	1	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_ <u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,]]	- 1	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	} }	ŀ	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		į	1/
-	"Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	ļ	х
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
0	complete Schedule D, Part III	8	1	х
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	- 1	х
	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	}	Х
	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	1 1]	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		ţ	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		j	
	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			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444	ŀ	х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		$\frac{x}{x}$
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	' ' ' 		
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if 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		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,]	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	.	Ì	v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
.0	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	,,		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
			200	

orm 99	0 (2015)		F	age 4
<u>Part</u>	V Checklist of Required Schedules (continued)			
•			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		Ì	v
	employees? If "Yes," complete Schedule J	23		<u>x</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ļ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ļ	v
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u>x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4-	[
	to defease any tax-exempt bonds?	24c 24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a	1	х
ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	23a		
U	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	Ì	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	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		X
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	Х	
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		<u> </u>
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		_ <u>x</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		'	v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		X	
	or IV, and Part V, line 1	34	^	<u></u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^- -
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	-		v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_ X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes 2 of 10 cm. If a partnership for federal income tax purposes 2 of 10 cm.	!		}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			x
20	Part VI School to Sch	37	L	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	10 Hater I in 1 on 1000 maio are required to complete deficientle O	30	_^	



Part V Statements Regarding Other IRS Filings and Tax Compliance Page 5

r ei	Check if Schedule O contains a response or note to any line in this Part V			\Box
	The state of the s		Yes	No
1a	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	İ		}
	Did the organization comply with backup withholding rules for reportable payments to vendors and	- 1		
		10	х	
	reportable gaming (gambling) winnings to prize winners?	-10		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- 1		
	Statements, filed for the calendar year ending with or within the year covered by this return.	26		
	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)	.	- (x
	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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,,
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	Ì		
	(FBAR)	_ }	:	.,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		 ^-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	CL		
	gifts were not tax deductible?	6ь		
	Organizations that may receive deductible contributions under section 170(c).	1		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		х
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
	required to file Form 8282?			
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	'	1
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			Ì
	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			j
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O		}]
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		1	1
	Enter the amount of reserves on hand	<u> </u>	<u> </u>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Page 6 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 Part VI Section A. Governing Body and Management

				Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a 3			
14	If there are material differences in voting rights among members of the governing body, or if the governing		1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		1		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ationship with	1		
-	any other officer, director, trustee, or key employee?	•	2		X
3	Did the organization delegate control over management duties customarily performed by or ur				
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	•	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el				
. •	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval				
-	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following		1 {		
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	9		<u>X</u>
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenue	Code		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chapters,		i	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pi	ırposes?	10b		· ·
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ing the form?.	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		.		v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to	-	4.05		
	rise to conflicts?		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-	422		
	describe in Schedule O how this was done		12c		x
13	Did the organization have a written whistleblower policy?		14		$\frac{x}{x}$
14	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 ar				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official		15a		х
a b	Other officers or key employees of the organization		15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a		r arrangement			
104	with a taxable entity during the year?	-	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
_	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on 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	5010	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 Sci	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	s, conflict of int	erest	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 Panera Bread Company 3630 South Geyer Road, Suite 100 St. Louis, MO 63127 314-984-1000	ooks and record	s Þ		
	PANERA BREAD COMPANY 3630 SOUTH GEYER ROAD, SUITE 100 ST. LOUIS, MO 63127 314-984-1000				

JSA 5E1042 1 000

Form 990 (2015)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees. Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII...........

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor	any related	orga	niza	tion	cor	npen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	unle	ss pe	ition more	han both ust Highest compensated 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
		х		х				0.	0.	0.
(2)MARIANNE GRAZIADEI DIRECTOR, VICE PRESIDENT	 	x		x				0.	0.	0.
(3)SCOTT BLAIR DIRECTOR		х			 			0.	0.	0.
(4)LOUIS DIPIETRO SECRETARY				х				0.	0.	0.
(5)MARK WOOLDRIDGE ASSISTANT TREASURER				х			-	0.	0.	0.
16)SUZANNE FOSTER ASSISTANT SECRETARY				х				0.	0.	0.
(7)MICHAEL BUFANO TREASURER				х				0.	0.	0.
_(9)										
(10)					-					
(11)										
(12)	†									
(13)										
(14)	†				-					
		ь	ــــــــــــــــــــــــــــــــــــــ	Щ.	٠	ــــــــــــــــــــــــــــــــــــــ			<u> </u>	L

Pai	t VII Section A. Officers, Directors, Tru	stees, Ke	y En	plo	ye	es,	and I	dig	hest Compensat	ed Employ	ees (co	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles r and	Pos neck s pe	rson	than court is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	n from	Estin amoi oti	F) nated unt of ner nsation
		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-		and r	ızatıon
										_			
												-	
					1								
													,
													
1b	Sub-total					L			0.		0.		0.
	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A .						>	0.	<u> </u>	0.	<u>.</u>	0.
2	Total number of individuals (including but not li	imited to t		liste				o re		\$100,000 c			
					-								es No
3	Did the organization list any former offici employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	or, or chind	tru <i>ividi</i>	iste ual	e, 	key e	emp	oloyee, or highes	t compens	ated 	3	x
	For any individual listed on line 1a, is the sorganization and related organizations gre												
	ındıvıdual											4	X
	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co es," comple	mpen te Sch	satı	on ile J	fron for	n any such	un <i>per</i>	related organizatii rson	on or individ	duai ••••	5	x
	tion B. Independent Contractors												
	Complete this table for your five highest com compensation from the organization. Report c year.												
	(A) Name and business add	iress							(B) Description of se	ervices	С	(C) ompensa	tion
								$ar{\perp}$					
								1				_	
								+-					
2	Total number of independent contractors (in							se I	listed above) who	received			

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F 133 H		Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tall under sections
				revenue	revenue	512-514
and Other Similar Amounts	1a	Federated campaigns 1a	1			1
5 현	b	Membership dues 1b				}
<u> </u>	C	Fundraising events 1c				1
5 를	ď	Related organizations 1d				
35	е	Government grants (contributions) 1e				
اةٍ ا	f	All other contributions, gifts, grants,				İ
[8]		and similar amounts not included above . 1f 6,065,135.	ì			Ì
12	g	Noncash contributions included in lines 1a-1f \$ 1,363,115.	}			1
1	h	Total. Add lines 1a-1f	6,065,135.	· · · · · · · · · · · · · · · · · · ·		
Program Service Revenue	2a				 	
æ	b				·	
N K	С					
Ser	ď					
Ę١	е					
g	f	All other program service revenue				
Pr	_g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest,				
		and other similar amounts)	655.			
1	4	Income from investment of tax-exempt bond proceeds . >	0.			
	5	Royalties	0.			
- ((i) Real (ii) Personal				
	6a	Gross rents	Į			
	b	Less rental expenses	-			
	c	Rental income or (loss)	İ	-		1
	d	Net rental income or (loss)	0.			
	7 a	Gross amount from sales of (i) Secunties (ii) Other				
		assets other than inventory	ļ			ļ
	ь	Less cost or other basis	Į.			
		and sales expenses				
	С	Gain or (loss)]			
Ì	d	Net gain or (loss)	0.			
	8a	Gross income from fundraising .		,		
Ž		events (not including \$	•			İ
e e		of contributions reported on line 1c)	Į.			1
F		See Part IV, line 18 a				
Other Revenue	ь	Less direct expenses b				
	c	Net income or (loss) from fundraising events▶	0.		/	
	9 a	Gross income from gaming activities				
Ì		See Part IV, line 19 a				
	p.	Less direct expenses	0.			
-	10a	Gross sales of inventory, less returns and allowances	,			
	b	Less cost of goods sold b				
_	С	Net income or (loss) from sales of inventory ▶	0.			
L		Miscellaneous Revenue Business Code				
-	11a					
	ь					
- 1	С					
	d	All other revenue				
}	e	Total. Add lines 11a-11d	0.			
- 1.	12	Total revenue. See instructions	6,065,790.			

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,068,026.	1,068,026.							
2 Grants and other assistance to domestic individuals See Part IV, line 22	2,651,394.	2,651,394.							
3 Grants and other assistance to foreign organizations, foreign governments, and foreign									
Individuals See Part IV, lines 15 and 16	0.								
5 Compensation of current officers, directors, trustees, and key employees	0.								
6 Compensation not included above, to disqualified									
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.								
7 Other salaries and wages	1,664,278.	1,664,278.							
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9 Other employee benefits	155,053.	155,053.							
10 Payroll taxes	167,062.	167,062.							
11 Fees for services (non-employees)			}						
a Management	0.								
b Legal									
c Accounting	0.								
d Lobbying	0.								
e Professional fundraising services. See Part IV, line 17.	0.								
f Investment management fees									
g Other (If line 11g amount exceeds 10% of line 25 column	0.								
(A) amount, list line 11g expenses on Schedule O)	6,542.	6,542.							
12 Advertising and promotion	0.								
13 Office expenses	0.								
15 Royalties	0.								
16 Occupancy	718,080.	718,080.		·					
17 Travel	0.								
18 Payments of travel or entertainment expenses									
for any federal, state, or local public officials	0.								
19 Conferences, conventions, and meetings	0.								
20 Interest	0.								
21 Payments to affiliates	316,913.	316,913.							
22 Depreciation, depletion, and amortization	3,598.	3,598.							
23 Insurance	3,330.	3,330.	_						
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If		ļ							
line 24e amount exceeds 10% of line 25, column									
(A) amount, list line 24e expenses on Schedule O)			Į						
OTHER OPERATING EXPENSES	438,564.	419,962.	18,602.						
bUTILITIES	156,274.	156,274.							
cLONG-LIVED ASSET IMPAIRMENT	1,350,007.	1,350,007.							
d									
e All other expenses									
25 Total functional expenses. Add lines 1 through 24e	8,695,791.	8,677,189.	18,602.						
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here									
following SOP 98-2 (ASC 958-720)	0.								
JSA JSA 1 000				Form 990 (2015)					

JSA 5E1052 1 000

Form **990** (2015)

Part X Balance Sheet

Ιαι	LA	Check if Schedule O contains a response or note to any line in this Pa	art X		
•			(A) Beginning of year		(B) End of year
\neg	1	Cash - non-interest-bearing	3,801,390.	1	1,488,247.
	2	Savings and temporary cash investments	0.	2	0.
Ì	3	Pledges and grants receivable, net	0.	3	0.
}	4	Accounts receivable, net	239,169.	4	77,218.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
1		Complete Part II of Schedule L	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			
		organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	54,119.	8	42,847.
~	9	Inventories for sale or use Prepaid expenses and deferred charges	82,219.	9	57,042.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 2,386,787.			
	b	Less accumulated depreciation	1,626,118.	10c	0.
}	11	Investments - publicly traded securities	0.	11	0.
į	12	Investments - other securities See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
1	14	Intangible assets		14	0.
ļ	15	Other assets See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34) ,	5,803,015.		1,665,354.
	17	Accounts payable and accrued expenses	1,131,272.		1,437,455.
1	18	Grants payable	2,436,216.		622,373.
Į	19	Deferred revenue		19	0.
- 1	20	Tax-exempt bond liabilities		20	0.
- 1	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
တ္ဆ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ap		disqualified persons Complete Part II of Schedule L		22	0.
7	23	Secured mortgages and notes payable to unrelated third parties		23	0.
l	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
ľ	25	Other liabilities (including federal income tax, payables to related third			
i		parties, and other liabilities not included on lines 17-24) Complete Part X	_	}	_
l		of Schedule D	0.		0.
	26	Total liabilities. Add lines 17 through 25	3,567,488.	26	2,059,828.
Ses		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	1,996,358.	27	-471,692.
Ba	28	Temporarily restricted net assets	239,169.	28	77,218.
밀	29	Permanently restricted net assets	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	······
75	33	Total net assets or fund balances	2,235,527.	33	-394,474.
	34	Total liabilities and net assets/fund balances	5,803,015.		1,665,354.
				للنتب	- 000

Form **990** (2015)

orm 99	0 (2015)				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		6,0	65,	790.
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,6	95,	791.
3	Revenue less expenses Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,2	35,	527.
5	Net unrealized gains (losses) on investments	5				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		-3	94,4	474.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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," e	xplair	חו ח			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				•	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi			-		
	separate basis, consolidated basis, or both					1
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			}
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?					X
	If the organization changed either its oversight process or selection process during the tax year, e					1
	Schedule O	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Inspection

Employer identification number

PAN	IER/	A BREAD	FOUNDATION,	INC.				43-	-1950869
Pa	rt I	Reasor	n for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	art.) See instructions	
The	orga	anization is	not a private fou	ndation because it	is (For lines 1 through	gh 11, ch	eck only	one box)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school of	described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ))	
3		A hospital	or a cooperative	hospital service of	rganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical	l research organiz	ation operated in	conjunction with a hos	spital des	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's	name, city, and st	ate					
5		An organi	zation operated t	for the benefit of	a college or universit	y owned	or ope	rated by a governme	ntal unit described in
		section 17	70(b)(1)(A)(iv). (C	omplete Part II)					
6		A federal,	state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organi	zation that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	m the general public
		described	in section 170(b)	(1)(A)(vi). (Comple	ete Part II)				
8		A commu	nity trust describe	d in section 170(b)(1)(A)(vi). (Complete	Part II)			
9		An organi	zation that norma	ally receives (1) m	nore than 331/3% of	its suppo	ort from	contributions, member	ership fees, and gross
		receipts f	rom activities rela	ated to its exempt	t functions - subject	to certa	in excep	tions, and (2) no mo-	re than 331/3% of its
		support f	rom gross invest	ment income and	d unrelated business	taxable	income	e (less section 511	tax) from businesses
		acquired b	by the organizatio	n after June 30, 19	75 See section 509(a)(2). (C	Complete	Part III)	
10		An organiz	zation organized a	and operated exclu	usively to test for publi	c safety	See sec	tion 509(a)(4).	
11	\bigsqcup	An organiz	zation organized a	and operated exclu	usively for the benefit o	of, to per	form the	functions of, or to car	ry out the purposes of
								ion 509(a)(2). See sec	
		the box in	lines 11a through	n 11d that describe	es the type of support	ing orga	nization	and complete lines 11e	e, 11f, and 11g
а	L					-		orted organization(s),	
		the supp	ported organization	on(s) the power to	regularly appoint or e	elect a m	ajority o	f the directors or trust	ees of the supporting
				omplete Part IV, S					
b	L							supported organization	
						the sam	e persor	is that control or man	age the supported
		7 -			, Sections A and C.				
С	L_	_			= =			n with, and functional	ly integrated with,
	Γ				s) You must comple				
d	L_							ection with its support	=
			·	-		•		oution requirement and	l an attentiveness
	_	1			omplete Part IV, Sect				
е	L_							hat it is a Type I, Type I	I, Type III
•	En				ionally integrated sup	porting o	organizai	tion	
†				l organizations	orted organization(s)				
_ <u>9</u>			orted organization		(III) Type of organization	(ly) is the	ocception	(v) Amount of monetary	(vi) Amount of
	(1) 14	ame or suppe	Sited Organization	(11) (11)	(described on lines 1-9	listed in you			other support (see
					above (see instructions))	docui	ment?	instructions)	instructions)
						Yes No			
									
(A)						1	Ì		
						 			
(B)						1			
									
(C)						1	i		
/D\									
(D)							ĺ		
(E)									
(-)		· 							
Tot				<u> </u>		<u> </u>	<u> </u>		
For	Pape	rwork Redu	uction Act Notice, s	ee the Instructions fo	or			Schedule A	(Form 990 or 990-EZ) 2015

Form 990 or 990-EZ.



Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,162,361.	7,716,506.	10,913,833.	9,033,780.	6,065,134.	40,891,614.
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	7,162,361.	7,716,506.	10,913,833.	9,033,780.	6,065,134.	40,891,614.
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						
c	shown on line 11, column (f) ATCH 1 Public support. Subtract line 5 from line 4						12,782,525.
<u>6</u>	tion B. Total Support						28,109,089.
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	7,162,361.	7,716,506.	10,913,833.	9,033,780.	6,065,134.	40,891,614.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	55.	158.	512.	920.	655.	2,300.
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					ļ. <u></u>	40,893,914.
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>		d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup					r 	68.74%
14	Public support percentage for 2015 (III						65.20%
15							
тоа	331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h							• • • —
U	b 331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization						
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga	2014. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	
	Explain in Part VI how the organization supported organization	on meets the "	facts-and-circun	nstances" test	The organization	on qualifies as a	publicly
18	Private foundation. If the organization instructions						

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						l	
	furnished in any activity that is related to the		ļ		{		(
	organization's tax-exempt purpose						<u> </u>	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513				<u> </u>		L	
4	Tax revenues levied for the							
	organization's benefit and either paid	ļ					}	
	to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the						Ì	
	organization without charge							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons					1	j	
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of \$5,000						į	
	or 1% of the amount on line 13 for the year	}				!	}	
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
9	Amounts from line 6							
10 a	Gross income from interest, dividends,						ļ	
	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						L	
С	Add lines 10a and 10b						I	
11	Net income from unrelated business							
	activities not included in line 10b,						1	
	whether or not the business is regularly carried on							
12	Other income Do not include gain or							
	loss from the sale of capital assets	ļ					1	
	(Explain in Part VI)						1	
13	Total support. (Add lines 9, 10c, 11,							
	and 12)		<u> </u>		<u> </u>			
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)	
	organization, check this box and stop here			<u> </u>	<u> </u>		▶ 🗍	
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2015 (line 8	, column (f) divide	ed by line 13, colur	nn (f))		15	%	
16	Public support percentage from 2014 Sche	edule A, Part III, lir	ne 15			16	%	
Sec	ection D. Computation of Investment Income Percentage							
17	Investment income percentage for 2015 (In	ne 10c, column (f) divided by line 1	3, column (f))		17	%	
18	Investment income percentage from 2014					18	%	
19 a	33 1/3 % support tests - 2015. If the or							
	17 is not more than 331/3%, check th							
ь	33 1/3 % support tests - 2014. If the orga							
-	line 18 is not more than 331/3%, check							
20	Private foundation. If the organization							

Page 4



Part IV **Supporting Organizations**

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

	Section /	<u>4</u> . All	Supporting	Organizations
--	-----------	----------------	------------	---------------

ecti	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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	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		
C	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	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 9a) 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 9a) 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		_
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		

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)

	ile A (Form 990 or 990-EZ) 2015			Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	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		
Secti	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	ļ		
	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		
Secti	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	į l	:	
	the supported organization(s)	1	<u> </u>	•
Secti	on D. All Type III Supporting Organizations		<u> </u>	
			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, (i) a written notice describing the type and amount of support provided during the prior			İ
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously	1	1	
	provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	m		
-	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	İ		
	supported organizations played in this regard			
Saati		3_	L	<u> </u>
	ion E. Type III Functionally-Integrated Supporting Organizations	4	·	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	uucu	ons)	
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	l	1	
_	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	İ	1	Ì
	that these activities constituted substantially all of its activities	2a	L	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	Ì
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	1	1
2			1	—
3	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			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		1
L	· · · · · · · · · · · · · · · · · · ·	Ja	 	
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	21-	1	
	of its supported organizations in Tres, describe in Fait vi the Tole played by the organization in this regard	3b		7) 2065

4	
•	

BREAD FOUNDATION, INC. Schedule A (Form 990 or 990-EZ) 2015

	D~~~

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must con			
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	77		
collection of gross income or for management, conservation, or	1 1		1
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)
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	1		
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 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-functionall	y-ıntegi	rated Type III supporting	organization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2015

	PANE BREAD FOUNDAY	TION, INC.	4:	3-1950869
Schedu	le A (Form 990 or 990-EZ) 2015			Page 7
Part.	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
. 1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	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 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
C				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			1
	greater than zero, see instructions)			1
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016 Add lines 3			
	and 4c	İ	1	ì

Schedule A (Form 990 or 990-EZ) 2015

a

Breakdown of line 7

c Excess from 2013 d Excess from 2014 Excess from 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)

TOTAL

LESS 2% OF

EXCESS

Page 8

CONTRIBUTOR NAME

CONTRIBUTION

LINE 11(F)

CONTRIBUTION AMOUNT

PANERA, LLC

13,600,403.

817,878.

12,782,525.

TOTAL

13,600,403.

12,782,525.

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on 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 Employer identification number

Inspection

	ERA BREAD FOUNDATION, INC.		43-1950869
Pa	rt I Organizations Maintaining Donor Advise		Accounts.
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	dvisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the o	_	1 1 1
6	Did the organization inform all grantees, donors, and	- · · · · · · · · · · · · · · · · · · ·	
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
_	Complete if the organization answered "Y	<u>es" on Form 990, Part IV, line 7</u>	
1	Purpose(s) of conservation easements held by the or	rganization (check all that apply)	
	Preservation of land for public use (e.g., recrea	ation or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements .		2b
С	Number of conservation easements on a certified his		2c
đ	Number of conservation easements included in (c) a	equired after 8/17/06, and not on a	
	historic structure listed in the National Register	,	2d
3	Number of conservation easements modified, transfer	erred, released, extinguished, or termina	ated by the organization during the
	tax year ▶	•	
4	Number of states where property subject to conserva	ation easement is located >	
5	Does the organization have a written policy regar	rding the periodic monitoring, inspecti	on, handling of
	violations, and enforcement of the conservation ease	ments it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing co	onservation easements during the year
	> s		
8	Does each conservation easement reported on line 2(c	d) above satisfy the requirements of section	on 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	Yes No
9	In Part XIII, describe how the organization reports co	inservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of t	-	al statements that describes the
_	organization's accounting for conservation easements		
P	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Y		
1a	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar	S 116 (ASC 958), not to report in its r	evenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fool	assets neid for public exhibition, educ tnote to its financial statements that desi	cation, or research in furtherance of cribes these items
b	If the organization elected, as permitted under SF.		
-	works of art, historical treasures, or other similar	assets held for public exhibition, educ	cation, or research in furtherance of
	public service, provide the following amounts relating	to these items	·
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,	historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under SFA		• • • • • • • • • • • • • • • • • • • •
a	Revenue included in Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •	> \$
<u>b</u>	Assets included in Form 990, Part X Paperwork Reduction Act Notice, see the Instructions for Fo	<u> </u>	▶ \$
For	Paperwork Reduction Act Notice, see the Instructions for F	orm 990.	Schedule D (Form 990) 2015

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Pa	ne 4

Par	Organizations Maintainin	g Collec	ctions of	Art, Hist	orical T	reasur	es, or	Other Simi	lar Asse	ts (continu	ied)
3	Using the organization's acquisition	n, access	sion, and	other record	ds, check	k any o	of the fo	ollowing that	are a sigr	nificant use	of its
•	collection items (check all that apply	y)			_						
а	Public exhibition			d	Loan	or excha	ange pr	ograms			
b	Scholarly research			e	Other						
C											
4	, , , , , , , , , , , , , , , , , , , ,										
	XIII										
5	During the year, did the organization								_		_
	assets to be sold to raise funds rathe			ained as pa	rt of the o	organiza	ation's o	collection?		Yes	No
Par	Complete if the organization 990, Part X, line 21	on answ	ered "Yes					•		on Form	
1 a	Is the organization an agent, trusted										_
	included on Form 990, Part X?								[Yes	No
b	If "Yes," explain the arrangement in	Part XIII	and com	olete the foll	owing tat	ole					
							 _		Amount		
С											
ď											
е											
-	f Ending balance										
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII.										
	Part V Endowment Funds.										
Ган	Complete if the organizati	on answ	ered "Yes	s" on Form	990 Pa	art IV. I	ine 10				
	John protes it the organization		rent year	(b) Prior			o years b		years back	(e) Four year	s back
4.	Basissis of war balance			(-,	,	(-,		(,,	<u>,</u>		
1a	Beginning of year balance										
0	Net investment earnings, gains,										
С	and losses					İ					
a											
•	Grants or scholarships L. Other expenditures for facilities					l					
e	and programs					[i			
f	Administrative expenses										
g	·										
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as										
a											
b											
C	-										
	The percentages on lines 2a, 2b, and 2c should equal 100%										
3 a	3a Are there endowment funds not in the possession of the organization that are held and administered for the										
	organization by.										
	(i) unrelated organizations									3a(i)	<u> </u>
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	_		-			२७			3b	Ш.
4	Describe in Part XIII the intended u		e organiza	ition's endo	wment fu	nds					
Par	t VI Land, Buildings, and Equi Complete if the organization	tion ansv	vered "Ye	es" on Forr	n 990. F	Part IV.	line 1	1a. See Form	990, Pa	rt X, line 10).
	Description of property		(a) Cost o	r other basis	(b) Cost	or other b		(c) Accumulated		d) Book value	
40	Land		(inves	stment)	(0	other)	_	depreciation	 		
1a b	Land								-		
D	Leasehold improvements		1 /	169,158.				1,469,158	 	·· · · · · · · · · · · · · · · · · · ·	
d	Equipment			536,071.				536,071			
e	Other			381,558.				381,558			
	I. Add lines 1a through 1e (Column	(d) must			X. colum	n (R) I	ne 10c			-	
	(Ooidilli)	12,	3433.7011	555, 1 4/1	, 55,6,11	(-), "	, 50	<u>, , , , , , , , , , , , , , , , , , , </u>			

Page 3

PAN	BREAD	FOUNDATION,	INC

	4	13

Part/VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financi	al derivatives		
(2) Closely	-held equity interests		
(3) Other_			
/ A \			
(C)			
(<u>D</u>)			
<u>(E)</u>			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII		"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)	<u> </u>		
(8)			
_(9)			
	n (b) must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)	<u> </u>	 	
(9)		· ····································	
	umn (b) must equal Form 990, Part X, col (B) I	ine 15)	<u> </u>
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	e
	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			,
(8)			
(9)			
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 25)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedul	PAN BREAD FOUNDATION, INC.	43-19	50869
Part		n.	
• 1	Total revenue, gains, and other support per audited financial statements	1	6,388,303.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	-{	
b	Donated Services and disc of facilities	1	
C	The second of prior your grants of the second of the secon	┨	
d	Construction (Construction)	2e	322,513.
е 3	Add lines 2a through 2d	3	6,065,790.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1 [
_	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,065,790.
Part		urn.	
	Total expenses and losses per audited financial statements	T 1 T	9,018,304.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25	+++	
	Donated services and use of facilities	1 1	
a b	Prior year adjustments	1 1	
C	Other losses	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	322,513.
3	Subtract line 2e from line 1	3	8,695,791.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
·	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)]	
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,695,791.
	XIII Supplemental Information.		
2, Parl	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, P t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor PAGE 5	art V, lin mation	e 4, Part X, line
			· · · · · · · · · · · · · · · · · · ·
		-	
			

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FORM 990 SCHEDULE D PART X LINE 2 INCOME TAXES

IN ACCORDANCE WITH GAAP, THE FOUNDATION USES A LOSS CONTINGENCY APPROACH FOR EVALUATING UNCERTAIN TAX POSITIONS. MANAGEMENT ROUTINELY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS. THE FOUNDATION HAS ADDRESSED THE PROVISIONS OF FASB ASC 740, ACCOUNTING

FOR INCOME TAXES. IN THAT REGARD, THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY, AT THIS TIME, TO COVER ANY UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, AND THERE IS CURRENTLY AN AUDIT FOR THE 2012 TAX PERIOD IN PROGRESS. THE FOUNDATION'S MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR FISCAL YEARS PRIOR TO 2012.

SCHEDULE 1 (Form 990)

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

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

OMB No 1545-0047 2015

Open to Public

1-1-1-1	Tanana Tanana		
Internal Rev	Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspection
Name of th	Name of the organization	Employ	Employer identification number
PANER	BREAD FO	PANERA BREAD FOUNDATION, INC.	43-1950869
Part I	General In	Part I General Information on Grants and Assistance	
1 Doe	s the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, and
the	selection criter	the selection criteria used to award the grants or assistance?	X Yes No
2 Des	scribe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II	Grants and	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	rered "Yes" on Form
	990, Part IV	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	led.

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 I CHICAGO. IL 60601	36-3673599	501(C)(3)	553.039.	479.736.	ВООК	PROCURE FOOD	
	1						
6282 OLIVE BLVD. ST. LOUIS, MO 63130	43-1241854	501 (C) (3)	35,251.				
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)					-		
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government	organizations li	isted in the line 1 ta	**************************************		A : : : : : : : : : : : : : : : : : : :	2.
3 Enter total number of other organizations listed in the line	sted in the lin				1 table	• • • • • • • • • • • • • • • • • • • •	

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

Schedule I (Form 990) (2015)

ṗage 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) (2015) Part III

	(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	1 FOOD INVENTORY			2,651,394.	2, 651, 394. COMPARABLE SALE	FOOD INVENTORY
7		· · ·				
က						
4						
ro.						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part information.		ide the informati	ion required in	Part I, line 2, Part III, o	to provide the information required in Part I, line 2, Part III, column (b), and any other additional

PAGE 31

SCHEDULE L

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

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Name of the	Name of the organization Employer identification number				
PANERA	BREAD FOUNDATION, INC	.	43-1950869		
Part I		(section 501(c)(3), section 501(c)(4), and 50 inswered "Yes" on Form 990, Part IV, line 25			
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction		

4	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) c	(d) Corrected?		
	(a) Name of disquamed person	organization (c) Description of transaction		Yes	No		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
2		by the organization managers or disqualified p	• •				
2	Enter the amount of tax if any a	n line 2 shows roimbureed by the ergenization	▶ €				

3	Litter the amount of tax, if any, of time 2, above, reini	bursed by the organization,
Part	Loans to and/or From Interested Persons.	

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In d	lefault?	(h) Ap by bo comm	ard or	(i) W agreer	
		_	То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)					_							
(4)												
(5)												
(6)	T											
(7)												
(8)												
(9)												
(10)								T				

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
5)				
6)				
7)				
(8)				
(9)	 			
0)				

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

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.

Page 2

 Complete if the organization answe 	red "Yes" on Form 990, Par	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	nanng of ization's nues?
				Yes	No
(1) PANERA BREAD COMPANY & SUBSIDIARIES					х
(2)					
(3)					
(4)					<u> </u>
(5)					<u> </u>
(6)			· · · · · · · · · · · · · · · · · · ·		
(7)					
(8)					
(9)					
(10)					

SCHEDULE L, PART IV

Part V

Supplemental Information

(B) SEVERAL OFFICERS AND DIRECTORS OF THE FILING ENTITY ARE EMPLOYEES OF PANERA BREAD COMPANY.

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

(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

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service Name of the organization

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

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

Employer identification number

PAN	ERA BREAD FOUNDATION, IN	IC.			4	3-1950869)		
Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported of Form 990, Part VIII, lir	n l	Method of noncash cont			
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	Ì	}						
	structures	<u> </u>							
14	Qualified conservation								
	contribution - Other	L	<u></u>						
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles					L			
19	Food inventory	X		1,363,1	15.	COMPARABI	E S	ALE	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens			<u> </u>					
24	Archeological artifacts								
25	Other ►()			ļ					
26	Other ►()								
27	· · · · · · · · · · · · · · · · · · ·								
28	Other ►()	Ļ	<u> </u>	L		<u></u>			
29	Number of Forms 8283 received								
	which the organization completed l	Form 8283,	Part IV, Donee Acknowledg	gement	• •	29			- N-
20-	During the year did the account		In a second seco	Account the second second		4 41		Yes	No
JUa	During the year, did the organization						Ì	1]	
	28, that it must hold for at least th						00-		х
_	to be used for exempt purposes for		iolaing perioa?				30a	 -i	
	If "Yes," describe the arrangement i		Anna malieri () (- 41					}
31	Does the organization have a				•				v
20-	contributions?						31		X
s Za	Does the organization hire or us]		,,
	contributions?	• • • • • •					32a	 	Х
	If "Yes," describe in Part II	·	androna dal forma						
33	If the organization did not report as describe in Part II	n amount in	column (c) for a type of pro	pperty for which colu	mn (a)) is checked,]



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

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.

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 FOUR

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.

Schedule O (Form 990 or 990-EZ) 2015

Name of the organization

Employer identification number

Page 2

43-1950869

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION

PANERA BREAD FOUNDATION, INC.

BEGINNING BOOK VALUE

ENDING BOOK VALUE

PREPAID EXPENSES

82,219.

57,042.

TOTALS

82,219.

57,042.

43-1950869

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Servoe

PANERA BREAD FOUNDATION, INC.

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number

43-1950869

(f) Direct controlling

entity

(e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part I

4

(5)

(9)

3

Ξ

5

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

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Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Page 2 512(b)(13) controlled entity? Yes No Percentage ownership (h) Percentage 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. General or Yes No managing partner Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (g) Share of end-of-year assets amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI (f) Share of total Income Ŷ $\widehat{\mathbf{\epsilon}}$ Yes (C corp. S corp. or frust) (g) Share of end-ofyear assets C CORPORATION (f) Share of total (d)
Direct controlling
entity Income because it had one or more related organizations treated as a partnership during the tax year. N/A (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) 呂 (b) Primary activity BAKERY CAFES (d) Direct controlling 04-2723701 (c) Legal domicile (state or foreign country) 3630 S. GEYER ROAD, SUITE 100 ST LOUIS, MO 63127 (a)Name, address, and ElN of related organization Primary activity (a) Name, address, and EiN of related organization PANERA BREAD COMPANY Part III Part IV 4 E ε 2 3 9 (9) (3) 3 9 5 3 3 3

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Schedule R (Form 990) 2015

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Schedule R (Form 990) 2015

Part V

 $\times |\times |\times|$ × × × × Schedule R (Form 990) 2015 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 16 40 Ε a þ 무 \$ 9 Purchase of assets from related organization(s), Amount involved 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? type (a-s) Ē Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity..... Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule PANERA BREAD COMPANY (SEE STATEMENT ATTACHED) Other transfer of cash or property from related organization(s). Name of related organization Dividends from related organization(s). æ ¥ Ε _ **a** 5 ᆮ Ξ 3 3 3 3 9

Schedule R (Form 990) 2015

Unrelated Organizations Taxable as a Partnership Complete of 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

(b) (b) (b) (b) (c) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(b) Primary activity	(c) Legal domicile	domicile Predominant Are all partners Share of S	(e) Are all partners	(n) Share of	(g) Share of	(h) Disproportionate	1			(k) Percentage
אמווים מסכונים: מוק ביא כו פוויא		(state or foreign country)		section 501(c)(3) organizations?		end-or-year assets	altocations	of Schedule K-1 (Form 1065)	partner?		wnership
			sections 512-514)	Yes No			Yes No		Yes	£	
(1)											
							-			-	
(2)											
(3)										1	
(6)											
(4)										_	
										_	
(5)											
							+		1	1	
(9)											
(7)											
(8)							<u> </u>				
(6)											
(10)											
(11)											
(12)										<u> </u>	
(13)											
(14)									!		
(15)						i					
(16)											
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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.