

990

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning 2017, and ending 20 D Employer identification number C Name of organization B Check if applicable ▼PANERA BREAD FOUNDATION, INC. 43-1950869 Doing business as Number and street (or P O box if mail is not delivered to street address) E Telephone number 3630 S. GEYER ROAD, SUITE 100 (314) 984-1000 Final return City or town, state or province, country, and ZIP or foreign postal code ST. LOUIS, MO 63127 G Gross receipts \$ 2,162,715. Application pending Name and address of principal officer RONALD M SHAICH H(a) Is this a group return for Yes X No 3630 S. GEYER RD., SUITE 100 ST. LOUIS, MO H(b) Are all subordinates included Tax-exempt status X | 501(c)(3) 501(c) (4947(a)(1) If "No." attach a list, (see instructions) (insert no.) Website ► WWW.PANERACARES.ORG H(c) Group exemption number Form of organization | X | Corporation L Year of formation 2002 M State of legal domicile Trust Association MO Part I Briefly describe the organization's mission or most significant activities PANERA BREAD FOUNDATION, INC. SEEKS TO ELIMINATE AND RAISE AWARENESS OF FOOD INSECURITY. IT OBTAINS FUNDS Governance THROUGH PUBLIC CONTRIBUTIONS AND FROM OPERATION OF PANERA CARES CAFES. 2 Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets 3. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0. Total number of individuals employed in calendar year 2017 (Part V, line 2a). Total number of volunteers (estimate if necessary). 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 , 0. 7 a b Net unrelated business taxable income from Form 990-T Prior Year **Current Year** 4,284,594. 2,160,361. 8 Contributions and grants (Part VIII, line 1h) q 0. Program service revenue (Part VIII, line 2g) 0. 2,286. 10 2,354. Investment income (Part VIII, column (A), lines 3, 4, and 11 0 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c 4,286,880. 2,162,715. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, 1,918,881. 1,101,139. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Ō. Benefits paid to or for members (Part IX, column (A), line 4) 1,575,233. 908,209. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 995,172. 704,619. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 4,489,286. 2,713,967. 19 -202,406. -551,252. Revenue less expenses Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 20 1,836,017. 924,440. Total assets (Part X, line 16) 21 2,432,897. 2,072,572. -596,880. -1,148,132.Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare to be perfectly be the officer) is based on all information of which prepare has any knowledge Sign Signature of officer Here STACE FAULDERS VP OF TAX Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid self-employed Preparer Firm's name Firm's EIN Use Only Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) X No Yes For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2017)

_	n 990 (2017)	Page 2
Pa	Statement of Program Service Accomplishments	
٠	Check if Schedule O contains a response or note to any line in this Part III	. [X]
	Briefly describe the organization's mission	
	ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	· - · · · · · · · · · · · · · · · · · ·	X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services?Yes	X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services.	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,
	the total expenses, and revenue, if any, for each program service reported	
<u></u>	(Code) (Expenses \$ 27,500 including grants of \$ 27,500) (Revenue \$)	
	THE FOUNDATION CONTRIBUTES TO EXEMPT ORGANIZATIONS THROUGHOUT THE	
	UNITED STATES WHOSE MISSIONS FALL WITHIN THE FOLLOWING CATEGORIES:	
	HEALTH AND WELFARE, EDUCATION, CULTURE AND ARTS, AND CIVIC AND	
	COMMUNITY.	
		•
	······································	
415	(Code) (Expenses \$ 2,659,076. including grants of \$ 1,073,639) (Revenue \$)	
40	PANERA CARES IS A PROGRAM RUN BY THE PANERA BREAD FOUNDATION. IT	'
	CONSISTS OF FOUR CAFES WHICH OPERATE SIMILARLY TO A TRADITIONAL	
	PANERA BREAD CAFE. HOWEVER, PARTRONS ARE ENCOURAGED TO TAKE WHAT	
	THEY NEED AND DONATE THEIR FAIR SHARE. THE CAFES ALSO OFFER THE	
	OPTION OF VOLUNTEERING THEIR TIME IN EXCHANGE FOR A MEAL.	
	OPTION OF VOLUNTEERING THEIR TIME IN EXCHANGE FOR A MEAL.	
		·
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$))
<u></u>	Other program conuces (Decembe in Schodule O.)	
4 C	Other program services (Describe in Schedule O)	
,	(Expenses \$ including grants of \$) (Revenue \$)	
4e	• Total program service expenses ▶ 2,686,576.	

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Form 990 (2017)

Page 3 **Checklist of Required Schedules** Part IV Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 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 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, न 7ल स VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "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 14a Did the organization maintain an office, employees, or agents outside of the United States?....... Х 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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A) line 3 more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........ Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19

Form 990 (2017)

Form 99	<u> ' </u>		F	age 4
Part	V Checklist of Required Schedules (continued)			
•			Yes	No
20 a		20a		Х
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	i	,,	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		<u> </u>	
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		Х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		 ^- -
20	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
_	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		х	
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	I .	1	,,
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1	x	
25.0	or IV, and Part V, line 1	34		Х
35a h		35a		
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		į.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	$\overline{}$	 	
	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? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		 	
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			r
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		:	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	42		х
h	account)?	4a		
U	•			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	. ' .		,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	'		
	and services provided to the payor?	7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		Χ ,
_	required to file Form 8282?	7c	-	
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>x</u>
	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	1.		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		- ·
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter		'	
	Gross income from members or shareholders	1		
D	Gross income from other sources (Do not net amounts due or paid to other sources			
122	against amounts due or received from them)	122	ľ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax exempt interest received divine the year	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	∤ ∙,	,	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.	138		
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	.	,	
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			tions
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
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 be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c		
13		13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ļ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	,		
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1		
	organization's exempt status with respect to such arrangements?	16b	l	
Sect	ion C. Disclosure	1.02		
17	List the states with which a copy of this Form 990 is required to be filed ▶ MA, MO,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5047	-1/21-	- Calca
10	available for public inspection. Indicate how you made these available. Check all that apply	501(<i>(3)</i> (3)8	only)
	Own website Another's website X Upon request Other (explain in Schedule O)			
10				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	bolic	, and
20	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record PANERA BREAD COMPANY 3630 SOUTH GEYER ROAD, SUITE 100 ST LOUIS, MO 63127 314-984-1000	S >		
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Part VII	Compensation	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontractore								

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- Ta 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

	(B) Average hours per week (list any hours for related organizations below dotted line)				is both	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1)RONALD M. SHAICH	0.				,	i				
DIRECTOR, PRESIDENT	0.	х	1	х				0.	0.	0.
(2)MARIANNE GRAZIADEI	0.									
DIRECTOR, VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(3)SCOTT BLAIR	0.									
DIRECTOR	0.	Х					,	0.	0.	0.
(4)LOUIS DIPIETRO	0.									
SECRETARY	0.]		Х				0.	0.	0.
(5)MARK WOOLDRIDGE	0.									
ASSISTANT TREASURER	0.			Х			Ĺ.,	0.	0.	0.
(6)SUZANNE FOSTER	0.									
ASSISTANT SECRETARY	0.	l		Х				0.	0.	
(7)MICHAEL BUFANO	0.									
TREASURER	0.	<u> </u>	<u> </u>	Х	<u>. </u>			0.	0.	0
(8)										
(9)		-				 				
(10)		 		-	-					
(11)		-	-	-						
(12)			<u> </u>				<u> </u>			
(13)		-		-						
(14)			-							

Form 990 (2017)

_	990 (2017)									·- ·			Page 8
Pai	t.VII Section A. Officers, Directors, Tru		y Em	plo			and H	ligl			/ees (c		
•	(A) Name and title	hours per (do not check more than one box, unless person is both an officer and a director/inistee)		(D) Reportable compensation from the	Reportable Reportation compensation relate		able Estimated amount of						
	हैं . हैं .	related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensate employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		organ and r	n the Ization elated zations
				ě			ated						
												_	
													
													
									-	<u>.</u>			
			 	╁╴		┢							
1b	Sub-total	1	<u> </u>	<u> </u>		<u>L</u>		•	0.		0.		0.
С	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A .						▶	0.		0.		0.
	Total number of individuals (including but not reportable compensation from the organization	limited to		liste				о ге	eceived more than	\$100,000	of		
				-									res No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	X
4	For any individual listed on line 1a, is the organization and related organizations grandividual	eater thar	n \$1:	50,0	007	? //	f "Yes	s, "	complete Schedu	ule J for	such	4	X X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	ısatı	on	fror	n any	un	related organizat	on or indiv	idual	5	X
Se	ction B. Independent Contractors							<i></i>					
1	Complete this table for your five highest concompensation from the organization. Report year												
	(A) Name and business ad							(B) Description of s	ervices		(C) Compensa	ition	
_								-					
_								+					
	Total number of independent contractors (ıncludina h	out no	t lir	nite	ed to	o thos	_ se	listed above) who	received			
_	more than \$100,000 in compensation from the).						門經

Part VIII	Statement of Revenue Check if Schedule O contains a response of	or note to an	iŷ`line in thi≲ Part \	/11		
***************************************			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514
ilar Amou	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations					
a a	All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f . ATTACHMENT . 3 .	2,160,361	2,160,361			1
Service Revenue		usiness Code	2,100,301			The horse on which
2 1	All other program service revenue		0			W. Carrey
4	Investment income (including dividends, and other similar amounts)	oceeds >	2,354 0 0	FACTORISM PROSESSION	高級を大を育るご論を設立が	Original Control
b c d	Gross rents	>	0			Service and the service and th
b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(ii) Cirici				
Other Revenue	Net gain or (loss)		0.			
9a	Net income or (loss) from fundraising events. Gross income from gaming activities See Part IV, line 19					ANTERIOR MESSAGE CONTRACTOR
b c	Less direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less	▶				
b	returns and allowances				一大 きままる 変変	}
11a b		usiness Code				The state of the s
е	All other revenue		0	海河外沿地域		**************************************
12 SA E1051 1 000	Total revenue See instructions		2,162,715	<u> </u>		Form 990 (201

Pant IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations mus		s. All other organization	ons must complete col	umn (A)
0,001	Check if Schedule O contains a resp				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	27,500.	_27,500.	general expenses	The second of the second
	Grants and other assistance to domestic	1,073,639.	1,073,639.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			11.171 125
	Benefits paid to or for members	0.		THE PROPERTY OF THE PARTY OF TH	Allegan St. A. St. A.
	Compensation of current officers, directors, trustees, and key employees	0.			
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	١.			
7	Other salaries and wages	,760,173.	760,173.		
	Pension plan accruals and contributions (include	^			
	section 401(k) and 403(b) employer contributions)	0. 81,251.	81,251.		
	Other employee benefits	66,785.	66,785.		
	Fees for services (non-employees)				
	Management /	0.	·		
	Legal	0.			
c	Accounting	0.			
	Lobbying	0.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· · · · · · · · · · · · · · · · · · ·	
	Professional fundraising services See Part IV, line 17	0.	では、まない、	以外,但是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
	Investment management fees		<u> </u>		
g	Other (If line 11g amount exceeds 10% of line 25, column	0.1			
12	(A) amount, list line 11g expenses on Schedule O)	4,156.	4,156.		
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	368,317.	368,317.		
17	Travel	0.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	. 0.			
	Conferences, conventions, and meetings	0.			
20	Interest	0.			-
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23 24	Insurance	THE STATE OF THE S		沙沙沙 沙沙沙沙沙沙沙沙沙沙沙沙沙沙沙沙沙沙沙沙沙沙沙沙	angle deliceration
	above (List miscellaneous expenses in line 24e If				Might with high
	line 24e amount exceeds 10% of line 25, column				With a great cast
	(A) amount, list line 24e expenses on Schedule O)	THE SHAPE OF THE S	工作工艺和影響	Mark Sales And Sales Sal	The state of the s
_	OTHER OPERATING EXPENSES	228,657.	201,266.	27,391.	
b	UTILITIES	103,489.	103,489.	ļ	
C					
d	·	\	 	 	
	All other expenses Add Inc. 1 through 24c	2,713,967.	2,686,576.	27,391.	
	Total functional expenses Add lines 1 through 24e 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	2,113,301.	2,000,376.	21,331.	
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	0.	,		

Part X Balance Sheet

Page **11**

		(A)	(5)
		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	1,774,570.	1 871,132
2	Savings and temporary cash investments	0.	2 0
3	Pledges and grants receivable, net	0.	3 0
4,,,	Accounts receivable, net	. 6,374.	
5	Loans and other receivables from current and former officers, directors,		The state of the s
	trustees, key employees, and highest compensated employees	· · · · · · · · · · · · · · · · · · ·	
	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		Aller Color
vo	organizations (see instructions) Complete Part II of Schedule L	0.	6 0
Assets 7 8	Notes and loans receivable, net	0.	
8 AS	Inventories for sale or use	25,926.	
9	Prepaid expenses and deferred charges ATCH . 2	29,147.	
10 a	Land, buildings, and equipment cost or	STATE OF THE PARTY	1862 1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	other basis Complete Part VI of Schedule D 10a 1,041,905.		
	Less. accumulated depreciation		10c 0
11	Investments - publicly traded securities	0.	
12	Investments - other securities See Part IV, line 11	0.	
13	Investments - program-related See Part IV, line 11	0.	
14	Intangible assets	0.	
15	Other assets See Part IV, line 11	0.	15 0
16	Total assets. Add lines 1 through 15 (must equal line 34)		16 924,440
17	Accounts payable and accrued expenses	1,953,161.	
18	Grants payable	479,736.	18 479,736
19	Deferred revenue	0.	
20	Tax-exempt bond liabilities	0.	
1	Escrow or custodial account liability. Complete Part IV of Schedule D	VETTER TO THE PARTY OF THE PART	21 0
<u> </u>	Loans and other payables to current and former officers, directors,		
Cabilities 22			
5 ₂₃	disqualified persons Complete Part II of Schedule L	0.	22 0 23 0
24	Secured mortgages and notes payable to unrelated third parties	0.	
25	Other liabilities (including federal income tax, payables to related third	0.	24 0
' 23	parties, and other liabilities not included on lines 17-24) Complete Part X		
	of Schedule D	0.	25 0
26	Total flabilities. Add lines 17 through 25.	2,432,897.	26 2,072,572
- • • •	Organizations that follow SEAS 117 (ASC 958), check here X and		· · · · · · · · · · · · · · · · · · ·
ខ្ល	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	The state of the s	The state of the s
27 28 29 29	Unrestricted net assets	1	-1,153,436
28	Temporarily restricted net assets	6,374.	28 5,304
29	Permanently restricted net assets	0.	29 0
5	Organizations that do not follow SFAS 117 (ASC 958), check here		
5	complete lines 30 through 34.		大学 大学 かんしょう
	Capital stock or trust principal, or current funds	Color Programmer (1980) to Nov. Of the Solid Life of L	30
30	Paid-in or capital surplus, or land building, or equipment fund	<u> </u>	31
32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	-596,880.	33 -1,148,132
34	Total liabilities and net assets/fund balances	1,836,017.	34 924,440
	The state of the s	2,030,017.	Form 990 (2

Form 99	90 (2017)		P	age 12	
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,162,		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,713, -551,		
3	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	-596,	880.	
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	-1,148,	132.	
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	<u></u>		Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	<u> </u>	3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in	建造 原	1	
	Schedule O		1998年1997年	**	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	ipiled or			
	reviewed on a separate basis, consolidated basis, or both			13	
	Separate basis Consolidated basis Both consolidated and separate basis		200	. 125	
ь	Were the organization's financial statements audited by an independent accountant?		2b X	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud		360 B		
	separate basis, consolidated basis, or both			d'a	
	X Separate basis Consolidated basis Both consolidated and separate basis		Part of the	1600	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit according to the selection of the se		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain in	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 1 2 1 A 1.	
	Schedule O			\$ 1. F. V.	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth 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	ergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		
			Form 990	(2017)	

JSA

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.

Attach to Form 990 or Form 990-EZ.

► Go to www irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2017
Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PANERA BREAD FOUNDATION, INC.

Employer identification number

43-1950869

Ρa	irt l	Reason for Public Cha	rity Status (All o	rganizations must o	omplete	e this pa	rt.) See instructions	· · · · · · · · · · · · · · · · · · ·				
The	org	ganization is not a private four	ndation because it	is (For lines 1 through	gh 12, ch	eck only	one box)	1				
1		A church, convention of the	irches, or associat	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	\mathcal{O}'				
2	Ŀ	A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ))					
3	Ľ	A hospital or a cooperative	hospital service of	rganization described	n sectio	n 170(b)	(1)(A)(iii).					
4		A medical research organiz	ation operated in	conjunction with a hos	spital de:	scribed in	n section 170(b)(1)(A)	(iii). Enter the				
		hospital's name, city, and st	ate									
5	L	J An organization operated f	for the benefit of	a college or universit	ty owner	d or ope	rated by a governme	ntal unit described in				
	_	section 170(b)(1)(A)(iv). (Complete Part II)										
6	<u> </u>		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that norma			ipport fro	om a go	vernmental unit or fro	om the general public				
	_	described in section 170(b)										
8	 	A community trust describe			-							
9		☐ An agricultural research org	=			-	-	•				
		or university or a non-land- university	grant college of ag	riculture (see instruct	tions). Ei	nter the i	name, city, and state of	the college or				
10		An organization that norma receipts from activities rela	ily receives (1) me	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross				
		support from gross investm	rent income and ui	nrelated business tax	able inco	ome (les	s section 511 tax) from	businesses				
44	$\overline{}$	acquired by the organizatio										
11 12	-	An organization organized			-			46				
12	_	An organization organized a										
		of one or more publicly su Check the box in lines 12a t										
_	. [· 1										
a	, ,	Type I A supporting orga		•	-		• ' '					
		the supported organization supporting organization.				ajority of	the directors of truste	es or the				
t	۱ ،	Type II A supporting org	•	•		with ite	cupported ergonizate	an(a) by baying				
•	, ,	control or management of					• • •					
		organization(s) You must	• • •	•	the sam	e persor	is that control of man	age the supported				
c	۱ :	Type III functionally integ	•	•	ated in c	onnectio	n with, and functional	ly integrated with				
		its supported organization						iy intogratod with,				
c	ı [Type III non-functionally		The state of the s				ted organization(s)				
		that is not functionally into										
		requirement (see instruct	-	•			•					
e	, [Check this box if the orga						l, Type ill				
		functionally integrated, or						. 71				
f	Ε	nter the number of supported	organizations									
	P	rovide the following information	on about the suppo	orted organization(s)								
	(i)	Name of supported organization	(II) EIN	(iii) Type of organization				(vi) Amount of				
				(described on lines 1-10 above (see Instructions))		ur governing ment?	support (see	other support (see instructions)				
		· · · · · · · · · · · · · · · · · · ·			Yes	No						
(A)												
(B)												
					 	-						
(C)					ļ <u>-</u>							
(D)						L						
(E)												
Tot	tal		and the state of t	4 600		3"						

Par	Complete only if you checket Part III. If the organization fail	ed the box on I	line 5, 7, or 8	of Part I or if th	he organizatio	n failed to qual	(vi) lify under
Sec	tion A. Public Support	, , , , , , , , , , , , , , , , , , , ,				,	
	ndar year (or fiscal year beginning in)	`(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10,913,833	9,033,780	6,065,134	4,284,594	2,160,361	32,457,702
2	Tax 22-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	10,913,833	9,033,780.	6,065,134	4,284,594	2,160,361.	32,457,702
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ATCH, 1.					OR THE PARTY OF TH	8,775,559
6	Public support. Subtract line 5 from line 4	建设设施	the desired the		《高速管法》	Walter Walter	23,682,143
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	10,913,833	9,033,780	6,065,134.	4,284,594	2,160,361	32,457,702
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	512	920	655	2,286	2,354	6,727
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	1.类型加强 1.00	《新光》,是一种		医生态的现在分	常識語樂號觀響	32,464,429
12	Gross receipts from related activities, etc. (see instructions) .				12	
13	First five years. If the Form 990 is organization, check this box and stop here tion C. Computation of Public Sup	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
			. W	44 (0)		122	72.95%
14	Public support percentage for 2017 (I						71.07%
15	Public support percentage from 2016						
168	331/3% support test - 2017. If the or box and stop here. The organization of	-					
h	331/3% support test - 2016. If the or			-			
	this box and stop here. The organizat	=					Te, check ▶ □
17a	10%-facts-and-circumstances test -			_			ine 14 is
,,,	10% or more, and if the organization		_			•	
	Part VI how the organization meets						
	organization			_		· · · · · · · · · · · · · · · · · · ·	
b	10%-facts-and-circumstances test -						
-	15 is 10% or more, and if the org						
	Explain in Part VI how the organizat						
	supported organization						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2017

D 4 111		for Organizations Described in S	
1 ' L T 3 E 1 1 E	SUDDOM SCHOOLI	tor Organizations Decembed in S	200tion E00(01/7)

(Complete only if you checked the box on line 10 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.)

_	is the organization rails to qui	amy ander the	icata nated be	- Piease Ci	Jilpiete Fatt I	1.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees]	
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					1	
	unrelated trade or business under section 513 .				_	1	
4	Tax revenues levied for the				/		-
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					-	
3							
	furnished by a governmental unit to the			/	1		
_	organization without charge		<u> </u>	/			
6	Total. Add lines 1 through 5					ļ	
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3			/			
J	received from other than disqualified			/			
	persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year			1			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	or the second of the	* 39953	12,00	ا به هواه د فاتر ا الوام خان الادارات	1 7 4 24 5	
	line 6)	\$ 1. And 1886 1945.	Labor La James	es de la M	the state of the s	Topic or a district of the same	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<u>(β)</u> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6,						
10 a	Gross income from interest, dividends,		<i>y</i>				
	payments received on securities loans, rents, royalties, and income from similar		1				
	sources				1		
b	Unrelated business taxable income (less	Ĭ,					
,	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	/	 	 		 	
11	Net income from unrelated business	/			1		
	activities not included in line 10b.	/	1				
	whether or not the business is regularly		1				
	carried on		 	 	 	 	ļ
12	Other income Do not include gain or				1		
	loss from the sale of capital assets				1		
	(Explain in Part VI)			 	ļ	<u>ļ</u>	
13	Total support. (Add lines 9, 10c, 11,				1		
	and 12)	L			<u> </u>		<u> </u>
14	First five years. If the Form 990 is f						
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ige				
15	Public support percentage for 2017 (line 8			mn (f))		15	%
16	Public support percentage from 2016 Sche					16	
	tion D. Computation of Investmen					1 10	
17				12 column (6)		147	0/
	Investment income percentage for 2017 (In						<u>%</u>
18	Investment income percentage from 2016						%_
19 a	331/3% support tests - 2017. If the or						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2016. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2017

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

ectio	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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	i	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	,,	-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		:
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		·	ř.
	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 7? 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.	9ь		
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.			
ь	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)	10a		

69	1	Page 5
	Yes	No
1 a		
1 b		
1 c		
_		
	Yes	No
į		

Schedu	le A (Form 990 or 990-EZ) 2017		F	age 5
.Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			İ
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		
	A family member of a person described in (a) above?	11b	ļ	<u> </u>
	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		r	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	•	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
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 the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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 provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			<u></u>
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations Complete line 3 below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see		·	
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections. A through E. Section A - Adjusted Net Income				
instructions. All other Type III non-functionally integrated supporting organizations must complete. Sections A through E Section A - Adjusted Net Income (A) Prior Year (B) Current Ye (optional) 1 Net short-term capital gain 1 (optional) 2 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 Add lines 1 through 3 5 Depreciation and depletion 5 Depreciation and depletion 5 Fortion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly cash balances 1 b Average monthly cash balances 1 b Average monthly cash balances 1 c Fair market value of other non-exempt-use assets 1 c d Total (add lines 1 a, 1), and (c) 1 d e Discount claimed for blockage or other factors (explain in debtain in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1 d 4 Cash deemed held for exempt use Enter 1-1/12% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 6) 8 Militiply line 5 by 035 6 6 7 Recoveries of prior-year distributions 7 7 8 Minimum asset amount for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 3 Network of the 1 Adjusted and 1 Adjusted A from line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ons	
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		6	16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	
			40 1 10 10 10 2 2 2 2 2 2 10 10 1	rganization /ccc

Schedule A (Form 990 or 990-ÉZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Page 7

	on D - Distributions			
				Current Year \
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported 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 2017 from Section C, line 6			1
10	Line 8 amount divided by Line 9 amount			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	可以如何期间的	艾斯斯斯斯斯斯斯斯斯斯斯	
2	Underdistributions, if any, for years prior to 2017	Section of the sectio		2 1 1 1 m
	(reasonable cause required-explain in Part VI) See	制力的可能的	,	17. 18. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	instructions			Property of the second second
3	Excess distributions carryover, if any, to 2017	ないできる にない はいない あいしゅう	なるというないとなっている。	The ship to see you
а	過過,將海線是結構的問題。他們可能的一個一個一個一個	學學學學學學	的影響的學術學學	養養養養養養
b	From 2013		福利國土民作用的國際智慧	心识别等问题的问题
	From 2014	A profit to the tenth of the te	。如此是一种,但是一种的一种,但是一种的一种的一种,但是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一	"我们没有被被 随时,1705
d	From 2015	是被軍事和共產黨的	通知证明明的证明	的。但是是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一
e	From 2016	THE PROPERTY OF THE PARTY OF TH		British British British
f	Total of lines 3a through e		William The Control of the Control o	要的表情是是 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount	经产生的企业的企业	网络斯斯斯拉斯斯斯斯	
i	-Carryover from 2012 not applied (see instructions)	"是否正常正式料的证据	到你还是是是不是一个。	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
- 4	Distributions for 2017 from			是这种种性的。
	Section D, line 7\$			Hamilian Faritain.
а	Applied to underdistributions of prior years			的情觀時期的自己
b	Applied to 2017 distributable amount	A CONTRACT OF THE PROPERTY OF	The state of the s	v .
С	Remainder Subtract lines 4a and 4b from 4		是自然的理論。	A THE RESERVE AND A STATE OF THE SECOND SECO
5	Remaining underdistributions for years prior to 2017, if			South to be a little of the southern of
	any Subtract lines 3g and 4a from line 2 For result			Tarried to the 11 Tarried to 12 Tarried to 1
	greater than zero, explain in Part VI See instructions			Element Control of the control of th
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j			我把证据法律证明 证明,只
	and 4c			THE THE PARTY OF T
8	Breakdown of line 7	通過學院的學院	医不管的现在分词形式	中國國際國際經濟學的
а	Excess from 2013	数据标准用的设置		Section of the second of the s
ь	Excess from 2014		新疆域中的	数据证据的证据
С	Excess from 2015	国种的创新的工作。		AND SECULIAR
d	Excess from 2016			
е	Excess from 2017	ATTENDED TO THE PERSON OF THE	AND LOCAL COMMENTS OF STREET	High to go have an author contact and the

Schedule A (Form 990 or 990-EZ) 2017

age 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)

			ATTACHMEN)T 1
SCHEDULE A, PART II - EXCESS CONTRIBUTIONS				
(NOT OPEN TO PUBLIC INSPECTION)				EXCESS
	TOTAL	LESS	2% OF	CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE	11(F)	AMOUNT
PANERA, LLC	9,424,848.		649,289.	8,775,559.
TOTAL	9,424,848.			8,775,559.

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name	of the organization	Employer identification number
PAN	ERA BREAD FOUNDATION, INC.	43-1950869
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
Þ	funds are the organization's property, subject to the organization's exclusive legal control?.	1 1 1
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fi	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	- I I I
	conferring impermissible private benefit?	Tes No
Te	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
_	Purpose(s) of conservation easements held by the organization (check all that apply)	
•		of a historically important land area
		of a historically important land area of a certified historic structure
		or a certified historic structure
•	Preservation of open space	the form of a consequence
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year	
a	Total number of conservation easements	2a 2b
b	Total acreage restricted by conservation easements	20 2c
C	Number of conservation easements on a certified historic structure included in (a)	20
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	- 1 1 1
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
_	►s	470(1)(4)(8)(1)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
	and section 170(h)(4)(B)(II)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements	cial statements that describes the
Б		u Cimilar Accets
	Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide, in Part XIII, the text of the footnote to its financial statements that de-	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that de	scribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its i	
	works of art, historical treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$
2	if the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	is'
а	Revenue included on Form 990, Part VIII, line 1	
_ <u>b</u>	Assets included in Form 990, Part X	<u></u>
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2017

Sung the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sched	ule D (Form 990) 2017								Page	₃ 2
a	Par	III Organizations Maintainir	ng Collections	s of Art, Hist	orical Tre	easures,	or Other Si	nilar Asse	ts (cont	inued)	厂
a Public axhibition de Loan or exchange programs b Scholarly research e Other reservation for future generations Preservation for future generations Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV, line 9, or reported an amount on Form 990, Part X, line 21 is list he organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 is list he organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 is list he organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for excrew or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table Additions during the year 1 Beginning balance 1 In did the organization include an amount on Form 990, Part X, line 21, for excrew or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Beginning of year balance (a) Current year (b) Proryser (c) Two years back (d) Those years back (e) Four years back Complete if the organization answered "Yes" on Form 990, Part IV, line 10 The percentages on lines 2a, 2b, and 2c should equal 100% A return endowment the medical precentage of the current year end balance (line 1g, column (a)) held as a Beard designated or quasi-endowment \$\infty\$ for Temporarity restricted arganizations For the percentages on lines 2a, 2b, and 2c should equal 100% A return endowment the model was of the organization s	3	Using the organization's acquisitio	n, accession, a	and other record	ds, check a	any of the	following tha	it are a sigi	nificant u	se of i	ts
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Schedule D (Form 990) 2017

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Part XIII Supplemental Information (continued)

SCHEDULEI (Form 990)

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Open to Public Inspection

Department of the Treasury		¥	► Attach to Form 990.				June 1 done
Internal Revenue Service	№ Go	to www.irs.gov	Go to www.irs.gov/Form990 for the latest information.	atest information			Inspection
Name of the organization						Employer identification number	tion number
PANERA BREAD FOUNDATION, INC.				·		43-1950869	6
Part General Information on Grants and Assistance	1 Assistanc	o					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ubstantiate th	e amount of the	e grants or assistar	ice, the grantees	'eligibility for the gran	s or assistance, and	
the selection criteria used to award the grants or assistance?	s or assistanc	е,					X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	lures for mor	itoring the use	of grant funds in the	United States			
Part II Grants and Other Assistance to Domesti	omestic Or	ganizations ar	nd Domestic Gov	ernments. Con	ic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ation answered "Ye	s" on Form
990, Part IV, line 21, for any recipient that received more than \$5,000. Part il can be duplicated il additional space is rieeded	ent tnat red	eived more in	an \$5,000 Part II	can be duplical	ed II additional spa	ce is ileeded.	
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 noncash assistance	(h) Purpose of grant or assistance
(1) FEEDING AMERICA				i			
35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)	27,500.		воок	PROCURE FOOD	
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government	rganizations lis	ted in the line 1 tab			A : : : : : : : : : : : : : : : : : : :	1.
3 Enter total number of other organizations listed in the line 1 table.	ed in the line	1 table				•	

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

Schedule I (Form 990) (2017)

PANERA BREAD FOUNDATION, INC.

Schedule I (Form 990) (2017)

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed FOOD INVENTORY Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book FMV, appraisal, other) COMPARABLE SALE 1,073,639. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 1 FOOD INVENTORY Part III ന ß ~

Schedule I (Form 990) (2017)

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

OMB No 1545-0047

Department of the Treasury nternal Revenue Service	▶ Go to				990 or Form nstructions a		Z. latest information.				oen To specti	Public on	
Name of the organization	 							Employer	Identifi	cation	numbe	г	
PANERA BREAD FOUND									1950	869			
Part I Excess Benefit Complete if the	Transactions organization a	(section 501 nswered "Ye	(c)(3 es" o), secti n Form	on 501(c)(4) 990, Part IV	and :	501(c)(29) orgar 25a or 25b, or Fo	izations rm 990-	only) EZ, P	art V,	line 40)b	
1 (a) Name of disqualified	d person	(b) Relation	nship	between organiz	disqualified perso	n and	(c) De	scription	of trans	action		- 1	Corrected?
(1)		-		Or garriz								Ye	s No
(2)							 	-					+-
(3)		 					 						+-
(4)		 						 -					+-
(5)													1
(6)													\top
2 Enter the amount of	tax incurred by	the organiz	zatioi	n mana	gers or disqu	alified	persons during	the yea	ar	•			
under section 4958		. <i>.</i>								• \$ _			
3 Enter the amount of	tax, if any, on lii	ne 2, above,	reım	bursed	by the organ	iizatio	n		>	· \$ _			
Part II Loans to and/o													
							ine 38a or Form 9	90, Par	t IV, Iır	ne 26,	or if the	ne	
organization re	ported an amo	unt on Form	990	, Part A	k, line 5, 6, or	22				,			
(a) Name of interested person	(b) Relationship	(c) Purpose of	1	oan to or	(e) Origina		(f) Balance due	(g) In	default?		proved		
	with organization	loan	1	om the nization?	principal ami	ount		1			ard or nittee?	agreen	nent?
			-					\ <u>\</u>	1		T		
/1)			То	From				Yes	No	Yes	No	Yes	No
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(3)	 		+	+					┼	 			
(4)	- 		†	_	 				 - -		l ——		
(5)			+										
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(7)	·· ·····		†						†				
(3)			ļ —							ļ			
(9)													
(10)			1					\neg					
Total						_, ▶	\$	1,1,4	ومواور والماء	18.50	ΩĹ	1.1	
Pårt III. Grants or Assi	istance Benefit	ing Interest	ed P	ersons.	•								
Complete if the	organization a	inswered "Y	es" c	n Form	1 990, Part IV	line 2	7						
(a) Name of interested person		p between intere the organization		(c) Amol	unt of assistance		(d) Type of assistance	•	(e)	Purpo	se of as	sistance	1
(1)												•	
(2)					-								
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)	_												
(10)	1			l		ı		i i					

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

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017

Page 2

Part IV	Business Transactions Involving Complete if the organization answer		t 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) PAI	NÈRA BREAD COMPANY & SUBSIDIARIES			-		х
(2)						
(3)						
(4)						
(5)						<u> </u>
(6)						
(7)		1				
(8)			1			
(9)						
(10)					T	

Part V **Supplemental Information**

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

SCHEDULE L, PART IV

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

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

PANERA BREAD FOUNDATION, INC.

► Go to www.irs.gov/Form990 for the latest information.

43-1950869

Par	1 Types of Property				
	,	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests	······································			
_			1 1/2 × 41/2 in 1 1 1 1		
4	Books and publications				
5	Clothing and household		2 1 1 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
_	goods				
6	Cars and other vehicles				
7	Boats and planes		***************************************		
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock	<u> </u>			
11	Securities - Partnership, LLC,	}	1		
	or trust interests				
12	Securities - Miscellaneous			<u> </u>	
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory			591,119.	COMPARABLE SALE
20	Drugs and medical supplies	1			
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received	by the ord	panization during the tax v	ear for contributions for	
	which the organization completed		•		29
			,	,	Yes No
30a	During the year, did the organization	tion receive	by contribution any prope	rty reported in Part I. line	
	28, that it must hold for at least t				s 1 through
	to be used for exempt purposes for				
h	If "Yes," describe the arrangement		notating period		
	-		stance nelicy that require		nonstandard
31	Does the organization have a	-	•	•	monotandara
20-	contributions?				
32a	Does the organization hire or us				
	contributions?				32a X
	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a) is checked,
	describe in Part II	<u> </u>			

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

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017)

Part II

Page 2

Supplemental Information. 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)

Department of the Treasury

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service

PANERA BREAD FOUNDATION, INC.

Employer identification number

43-1950869

SECTION B, LINE 11A & 11B

SECTION B, LINE IIA & IIB

THE DESIGNATED MEMBER OF THE ORGANIZATION'S GOVERNING BODY RECEIVES THE 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 TWO

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.

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

29,613.

Name of the organization
PANERA BREAD FOUNDATION, INC.

Employer identification number
43-1950869

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNING
BOOK VALUE
PREPAID EXPENSES
29,147.
29,613.

TOTALS

29,147.

(

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information ► Attach to Form 990.

2017	Open to Publi	Inspection

OMB No 1545-0047

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43-1950869

Employer identification number

(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) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity PANERA BREAD FOUNDATION, INC. Part <u>4</u> (3) 9 9 Ξ 2

(g) Section 512(b)(13) controlled entity? Ŷ 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 entity Public charty status (if section 501(c)(3)) e (d) Exempt Code section Legal domicile (state or foreign country) Primary activity (a) Name, address, and EIN of related organization Part II E (2) 3 **3** 9 9

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

8

Schedule R (Form 990) 2017

Page 2

Schedule R (Form 990) 2017

(I) Section 512(b)(13) contratled entity? Yes No (k) Percentage ownership Schedule R (Form 990) 2017 (h) Percentage ownership 5 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year (I) General or managing partner? res No 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 Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Oispropordorate aboradora? ŝ Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp S corp. or trust) C CORPORATION (f) Share of total income (d)
Direct controlling entity because it had one or more related organizations treated as a partnership during the tax year. (e)
Predominant
income (related,
unrelated,
excluded from
tax unded
tax unded (c) Legat domicile (state or foreign country) 30 (b) Primary activity BAKERY CAFES (d) Direct controlling enfity 04-2723701 (c) Legal domicile (state or foreign (a) Name, address, and EIN of related organization 63127 (b) Primary activity 웆 3630 S. GEYER ROAD, SUITE 100 ST LOUIS, (a) Name, address, and EIN of related organization (1) PANERA BREAD COMPANY Part IV Ξ 2 (3) 4 (2) 9 8 2 ල € (2)(9) 2

7E1308 1 000

Note: Complete line 1 if any entity is listed in Parte II III or IV of this schedule			Yes	ŝ
	9	1,		
	organizations listed in Parts II-IV?		,	:
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				۱ ۲
b Gift, grant, or capital contribution to related organization(s)		1		$\times $
c. Giff grant or capital contribution from related organization(s)		10	×	
Loans or loan quarantees to or for related organization(s)		<u> </u>		×
		: -		×
c coalls of foat gualantees by letated organization(s)		: <u> </u>	; ;	
6 Duidonde from coluted econisation(c)		- 1 - 1	(e	×
		:		×
g Sale of assets to related organization(s)		61		: :
h Purchase of assets from related organization(s)		<u>뒤</u> :		×
i Exchange of assets with related organization(s).		1	_	×
i Lease of facilities equinment or other assets to related organization(s)		=		×
Lease of lacilities, equipment, of other assets to related organization(s).			+1	
		4	j.	>
k Lease of facilities, equipment, or other assets from related organization(s)		¥ ; :		< >
I Performance of services or membership or fundraising solicitations for related organization(s)		= : :		۲
m Performance of services or membership or fundraising solicitations by related organization(s).		1m	_	×
		7		×
		-		×
o onalmig of paid employees with lelated organization(s)		<u> </u>	i,	
		<u>,</u> 4	ja Ja	×
		: :	İ	۱
q Keimbursement paid by related organization(s) for expenses		<u> </u>	,;1	:
			<u>^</u>	, >
r Other transfer of cash or property to related organization(s)		-		×
,,		18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	including covered relationships and transaction thresholds	ction threshold	S	
(a) Name of related organization	(b) (c)	(d)		
ימונים כן כומירם כולקחוקשים ב	·····	amount involved	olved	.
(1) PANERA BREAD COMPANY (SEE STATEMENT ATTACHED)				
•			ŀ	
(2)				1
	_			
(3)				
(t.				
(5)				
1.0				
(0)	713	C 41.14		;
JSA 7E1309 2 000	20110	Scnedule K (rorm 990) 201/	1066	5

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

(a) (b) (c) (d) (e) (f) (f) (f) (g) (f) (g) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(q)	(c)	(b)	(e) Are all partners	(c) do see 40	(9) Share of	(£)		(i) General or	(k)
(100 pt 100 pt 1	filliat acutio	(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3) organizations?		end-of-year æsets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
				Yes No			Yes No	, 	Yes No	
(1)										
									_	
(2)										
(3)										
				·						
(4)										
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(16)										
JSA								Sch	Schedule R (Form 990) 2017	n 990) 2017

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Schedule R (Form 990) 2017

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PANERA BREAD COMPANY

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