

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form 990

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information. 2102

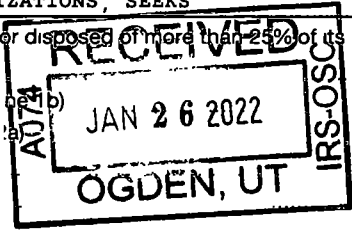
A For the 2021 calendar year, or tax year beginning JAN 1, 2021 and ending FEB 28, 2021

Form 990 header section including B (Check if applicable), C (Name of organization: THE ALBERTSONS COMPANIES FOUNDATION), D (Employer identification number: 91-2144510), E (Telephone number: (925) 226-5121), G (Gross receipts: 7,007,281), H(a) (Is this a group return: No), H(b) (Are all subordinates included: No), H(c) (Group exemption number), I (Tax-exempt status: 501(c)(3)), J (Website: NATIONAL.ALBERTSONSCOMPANIESFOUNDATION.ORG), K (Form of organization: Corporation), L (Year of formation: 2001), M (State of legal domicile: CA)

Part I Summary

SCANNED AUG 09 2022

Table with 22 rows and 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance, revenue (Total: 7,007,281), expenses (Total: 4,067,163), and net assets (Total: 70,311,108).



Part II Signature Block

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

Signature of officer: CHRISTY DUNCAN ANDERSON, PRESIDENT AND EXECUTIVE DIRECTOR. Date: 01/17/2022.

Preparer information: KATY BROWN, ARMANINO LLP, 12657 ALCOSTA BLVD, STE. 500, SAN RAMON, CA 94583-4600. Date: 01/13/22. PTIN: P00650274. Firm's EIN: 94-6214841. Phone no. 925-790-2600.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

61-5

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

THE ALBERTSONS COMPANIES FOUNDATION, WORKING IN COLLABORATION WITH LOCAL ORGANIZATIONS, SEEKS TO IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES. BY CAREFULLY DIRECTING ITS FUNDRAISING EFFORTS AND THE GENEROUS CONTRIBUTIONS OF ALBERTSONS' EMPLOYEES, VENDORS AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,915,923. including grants of \$ 1,915,923.) (Revenue \$)

NOURISHING NEIGHBORS - OUR NOURISHING NEIGHBORS PROGRAM'S MISSION IS TO ENSURE THAT ALL OF OUR NEIGHBORS INCLUDING KIDS, SENIORS AND FAMILIES HAVE ACCESS TO NOURISHING FOOD. THROUGH PROGRAMS THAT FUND BREAKFAST FOR KIDS, SUMMER MEALS, HOLIDAY DINNERS, BACKPACKS FOR KIDS TO TAKE HOME OVER THE WEEKENDS, SCHOOL PANTRIES AND MANY OTHER METHODS, NOURISHING NEIGHBORS' GOAL IS TO ENSURE ALL OUR COMMUNITIES' TABLES AND PANTRIES ARE FULL SO THAT OUR NEIGHBORS CAN LEARN, GROW AND SUCCEED.

4b (Code) (Expenses \$ 2,113,194. including grants of \$ 2,113,194.) (Revenue \$)

ALBERTSONS COMPANIES FOUNDATION SUPPORTS CAUSES THAT IMPACT OUR CUSTOMERS' LIVES. OUR STORES PROVIDE THE OPPORTUNITY TO MOBILIZE FUNDING AND CREATE AWARENESS IN OUR NEIGHBORHOODS THROUGH OUR EMPLOYEES' PASSION, PARTNERSHIPS WITH OUR VENDORS AND THE GENEROUS CONTRIBUTIONS BY OUR CUSTOMERS. WE TAKE PRIDE IN ENSURING THAT THE VAST MAJORITY OF THE FUNDS WE RAISE STAYS IN LOCAL COMMUNITIES AND REFLECTS WHAT IS IMPORTANT TO OUR CUSTOMERS AND EMPLOYEES.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,029,117.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	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.		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AZ, AR, CA, CO, CT, DE, HI, ID, IL, IN, IA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **CHRISTY DUNCAN ANDERSON - 925-226-5121**
11555 DUBLIN CANYON RD, PLEASANTON, CA 94588-3229

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTY DUNCAN ANDERSON PRESIDENT AND EXECUTIVE DIRECTOR	35.00	X		X				0.	0.	0.
(2) SUSAN MORRIS BOARD CHAIR	1.00	X						0.	0.	0.
(3) MIKE THEILMANN DIRECTOR	1.00	X						0.	0.	0.
(4) GEOFF WHITE DIRECTOR	1.00	X						0.	0.	0.
(5) CHRISTINE WILCOX DIRECTOR	1.00	X						0.	0.	0.
(6) RAMIYA IYER DIRECTOR	1.00	X						0.	0.	0.
(7) WENDY GUTSHALL VICE PRESIDENT	8.00			X				0.	0.	0.
(8) NANCY KEANE VICE PRESIDENT	8.00			X				0.	0.	0.
(9) SARA OSBORNE VICE PRESIDENT	8.00			X				0.	0.	0.
(10) CARRIE COOK CFO	1.00			X				0.	0.	0.
(11) TERESA EDINGTON SECRETARY	8.00			X				0.	0.	0.
(12) KRIS STAAF VICE PRESIDENT	8.00			X				0.	0.	0.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6,326,186.				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		6,326,186.			
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		681,095.		681,095.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	8a					
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19						
	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances						
	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____	Business Code				
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		7,007,281.	0.	0.	681,095.	

Part IX. Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,876,591.	3,876,591.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	152,526.	152,526.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,858.		10,858.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	885.			885.
13 Office expenses	1,888.		1,888.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ACTIVITY EXPENSE	24,415.		24,415.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,067,163.	4,029,117.	37,161.	885.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,731,013.	1	1,716,079.
	2 Savings and temporary cash investments	44,518,076.	2	50,547,445.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,035,315.	4	2,471,659.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	16,832,000.	11	17,502,237.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	73,116,404.	16	72,237,420.	
Liabilities	17 Accounts payable and accrued expenses	5,745,414.	17	1,926,312.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,745,414.	26	1,926,312.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	20,416,709.	27	20,964,609.
	28 Net assets with donor restrictions	46,954,281.	28	49,346,499.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	67,370,990.	32	70,311,108.
33 Total liabilities and net assets/fund balances	73,116,404.	33	72,237,420.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,007,281.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,067,163.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,940,118.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	67,370,990.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	70,311,108.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization

THE ALBERTSONS COMPANIES FOUNDATION

Employer identification number

91-2144510

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [X] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

09

Enter the number of supported organizations

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization (described on lines 1-10 above (see instructions)), (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions). Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

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

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2018	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	45,824,723.	42,021,260.	42,510,074.	142,798,217.	6,326,186.	279,480,460.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	45,824,723.	42,021,260.	42,510,074.	142,798,217.	6,326,186.	279,480,460.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				58,000,000.		58,000,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b				58,000,000.		58,000,000.
8 Public support. (Subtract line 7c from line 6)						221,480,460.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	45,824,723.	42,021,260.	42,510,074.	142,798,217.	6,326,186.	279,480,460.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,891,295.		2,680,763.	1,385,119.	681,095.	6,638,272.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,891,295.		2,680,763.	1,385,119.	681,095.	6,638,272.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	47,716,018.	42,021,260.	45,190,837.	144,183,336.	7,007,281.	286,118,732.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	77.41 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	79.27 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	2.32 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	2.21 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990)</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section 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)? <i>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).</i>		
1		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2a		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use Enter 0 015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI) See instructions.	6
7	Total annual distributions. Add lines 1 through 6	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI) See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI **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.)

PART III, SHORT YEAR EXPLANATION:

THE ALBERTSONS COMPANIES FOUNDATION CHANGED THE FISCAL YEAR END TO

ALIGN WITH ALBERTSONS, INC'S YEAR END. THE SHORT YEAR 2021 (1/1/2021 TO

2/28/21) NUMBERS ARE REPORTED ON SCHEDULE A, PART II, COLUMN (E).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2021

Open to Public Inspection

Name of the organization **THE ALBERTSONS COMPANIES FOUNDATION** Employer identification number **91-2144510**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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 terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,162,571.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	166,148.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	166,148.	
3	Subtract line 2e from line 1	3	6,996,423.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,858.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	10,858.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,007,281.	

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

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

1	Total expenses and losses per audited financial statements		1	4,222,453.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	166,148.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	166,148.	
3	Subtract line 2e from line 1	3	4,056,305.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,858.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	10,858.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,067,163.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND SECTION

23701D OF THE REVENUE AND TAXATION CODE OF THE STATE OF CALIFORNIA. THE

FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE A

PUBLICLY CHARITY WITHIN THE MEANING OF SECTION 509(A) OF THE CODE.

THE FOUNDATION ASSESSES TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN

AGAINST MORE LIKELY THAN NOT RECOGNITION THRESHOLD AND MEASUREMENT

ATTRIBUTES FOR FINANCIAL STATEMENT RECOGNITION. BASED ON AN ANALYSIS

PREPARED BY THE FOUNDATION, IT WAS DETERMINED THAT THE TAX POSITIONS TAKEN

OR EXPECTED TO BE TAKEN HAD NO MATERIAL EFFECT ON THE RECORDED TAX ASSETS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

OMB No 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE ALBERTSONS COMPANIES FOUNDATION

Employer identification number
91-2144510

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. MARY'S FOOD BANK 2831 N 31ST AVE PHOENIX, AZ 85009-1518	23-7353532	501(C)3	5,940.	0.			GENERAL ASSISTANCE
CHRISTIAN HOPE ASSOCIATION 205 S B C AVENUE SUITE 105 LYNDEN, WA 98264-2053	91-0858511	501(C)3	7,000.	0.			GENERAL ASSISTANCE
EL PASO BAPTIST CLINIC 2700 N PIEDRAS ST EL PASO, TX 79930-3508	20-3046801	501(C)3	7,000.	0.			GENERAL ASSISTANCE
VETERAN EXCURSIONS PO BOX 70685 MYRTLE BEACH, SC 29572-0030	83-2120542	501(C)3	7,000.	0.			GENERAL ASSISTANCE
PROMISE RANCH THERAPEUTIC RIDING PO BOX 545 FRANKTOWN, CO 80116-0545	26-2431767	501(C)3	7,200.	0.			GENERAL ASSISTANCE
BERKELEY FOOD & HOUSING PROJECT 1901 FAIRVIEW ST BERKELEY, CA 94703-2718	94-2979073	501(C)3	7,500.	0.			GENERAL ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **85.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALTY FOOD BANK 21104 86TH AVE SE SNOHOMISH, WA 98296-7904	91-1607217	501(C)3	9,500.	0.			GENERAL ASSISTANCE
AMERICAN MILITARY FAMILY PO BOX 238 FIRESTONE, CO 80520-0238	20-2123864	501(C)3	10,000.	0.			GENERAL ASSISTANCE
ANIMAL RESCUE LEAGUE OF EL PASO PO BOX 13055 EL PASO, TX 79913-3055	74-2729189	501(C)3	10,000.	0.			GENERAL ASSISTANCE
ARLINGTON FREE CLINIC 2921 11TH ST S ARLINGTON, VA 22204-0827	54-1671883	501(C)3	10,000.	0.			GENERAL ASSISTANCE
BANNER HEALTH FOUNDATION 2901 N CENTRAL AVE STE 160 PHOENIX, AZ 85012-2702	94-2545356	501(C)3	10,000.	0.			GENERAL ASSISTANCE
COMMUNITY FOOD PANTRY OF BENSON PO BOX 623 BENSON, AZ 85602-0623	41-2179075	501(C)3	10,000.	0.			GENERAL ASSISTANCE
FRANKLIN FOOD PANTRY 43 W CENTRAL ST FRANKLIN, MA 02038-2101	04-3272663	501(C)3	10,000.	0.			GENERAL ASSISTANCE
FRIENDS OF SPARSH 3108 NESTLING PINE CT ELLCOTT CITY, MD 21042-7617	83-2446938	501(C)3	10,000.	0.			GENERAL ASSISTANCE
GOOD NEIGHBORS 55 TURNER AVE RIVERSIDE, RI 02915-3235	05-0455668	501(C)3	10,000.	0.			GENERAL ASSISTANCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNEDY KRIEGER FOUNDATION INC. 707 N BROADWAY BALTIMORE, MD 21205-1832	52-1734695	501(C)3	10,000.	0.			GENERAL ASSISTANCE
LA CASA, INC. 800 S WALNUT ST LAS CRUCES, NM 88001-3954	85-0292161	501(C)3	10,000.	0.			GENERAL ASSISTANCE
LATIN AMERICAN YOUTH CENTER 1419 COLUMBIA RD NW WASHINGTON, DC 20009-4705	52-1023074	501(C)3	10,000.	0.			GENERAL ASSISTANCE
MATTACHEESE MIDDLE SCHOOL 400 HIGGINS CROWELL RD WEST YARMOUTH, MA 02673	04-6006223	501(C)3	10,000.	0.			GENERAL ASSISTANCE
METRO MEALS ON WHEELS 4307 SKYWAY ST CALDWELL, ID 83605-6065	82-0337301	501(C)3	10,000.	0.			GENERAL ASSISTANCE
MT. CARMEL VETERANS SERVICE CENTER 530 COMMUNICATION CIR COLORADO SPGS, CO 80905-1744	81-1652178	501(C)3	10,000.	0.			GENERAL ASSISTANCE
MUSICALLY FED 8274 E DEL CADENA DR SCOTTSDALE, AZ 85258-2325	83-3226653	501(C)3	10,000.	0.			GENERAL ASSISTANCE
NEST4US 20699 TALLY HO CT ASHBURN, VA 20147-3920	83-2161815	501(C)3	10,000.	0.			GENERAL ASSISTANCE
SOUTHERN MONO HEALTHCARE DISTRICT 85 SIERRA PARK RD MAMMOTH LAKES, CA 93546-2073	95-3154530	501(C)3	10,000.	0.			GENERAL ASSISTANCE

THE ALBERTSONS COMPANIES FOUNDATION
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DE PAUL OF BALTIMORE 2305 N CHARLES ST STE 300 BALTIMORE, MD 21218-5292	52-0597056	501(C)3	10,000.	0.			GENERAL ASSISTANCE
THE CHILDREN'S CANCER FOUNDATION, INC. - 5570 STERRETT PLACE - COLUMBIA, MD 21044-2641	52-1319756	501(C)3	10,000.	0.			GENERAL ASSISTANCE
THE FIRST TEE OF PHOENIX 3837 E WIER AVE STE 7 # 7 PHOENIX, AZ 85040-2949	52-2103204	501(C)3	10,000.	0.			GENERAL ASSISTANCE
THE GREATER BOSTON FOOD BANK 70 S BAY AVE BOSTON, MA 02118-2704	04-2717782	501(C)3	10,000.	0.			GENERAL ASSISTANCE
THE JOY BUS 3375 E SHEA BLVD STE C1 PHOENIX, AZ 85028-3357	46-3188719	501(C)3	10,000.	0.			GENERAL ASSISTANCE
THE LORD'S DAILY BREAD PO BOX 1012 AURORA, CO 80040-1012	41-2147842	501(C)3	10,000.	0.			GENERAL ASSISTANCE
TWIN FALLS SENIOR CITIZENS FEDERATION, INC. - PO BOX 23 - TWIN FALLS, ID 83303-0023	82-0342197	501(C)3	10,000.	0.			GENERAL ASSISTANCE
UNITED WAY OF SANTA BARBARA COUNTY 320 E GUTIERREZ ST SANTA BARBARA, CA 93101-1707	95-1641968	501(C)3	10,000.	0.			GENERAL ASSISTANCE
UNITY HEALTH CARE 1100 NEW JERSEY AVE SE STE 500 WASHINGTON, DC 20003-3326	52-1572431	501(C)3	10,000.	0.			GENERAL ASSISTANCE

THE ALBERTSONS COMPANIES FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE MOUNTAIN APACHE TRIBE OFFICE OF CHAIRWOMAN - PO BOX 550 - MCNARY, AZ 85930-0550	94-2787111	501(C)7	10,000.	0.			GENERAL ASSISTANCE
MARCH OF DIMES FOUNDATION 1550 CRYSTAL DR STE 1300 ARLINGTON, VA 22202-4144	13-1846366	501(C)3	10,500.	0.			GENERAL ASSISTANCE
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632-3920	36-2971864	501(C)3	11,160.	0.			GENERAL ASSISTANCE
CHRISTERMON FOUNDATION 9 ORCHARD STE 100 LAKE FOREST, CA 92630-8317	33-0262226	501(C)3	12,000.	0.			GENERAL ASSISTANCE
HILLCREST CHAPEL 1400 LARRABEE AVE BELLINGHAM, WA 98225-7428	91-6050229	501(C)3	15,000.	0.			GENERAL ASSISTANCE
HELPING HANDS 601 COOK ROAD SEDRO WOOLLEY, WA 98284-0000	91-1203572	501(C)3	16,000.	0.			GENERAL ASSISTANCE
SRAGIT VALLEY NEIGHBORS IN NEED PO BOX 394 MOUNT VERNON, WA 98273-0394	91-0951646	501(C)3	16,000.	0.			GENERAL ASSISTANCE
BHAKTIVEDANTA CULTURAL CENTER 100 S WEBER DR CHANDLER, AZ 85226-3216	86-0904478	501(C)3	20,000.	0.			GENERAL ASSISTANCE
BLAINE FOOD BANK PO BOX 472 BLAINE, WA 98231-0472	91-1160595	501(C)3	20,000.	0.			GENERAL ASSISTANCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEDHAM FOOD PANTRY PO BOX 46 DEDHAM, MA 02027-0046	04-3098455	501(C)3	20,000.	0.			GENERAL ASSISTANCE
FREEDOM SERVICE DOGS, INC. 7193 S DILLON CT ENGLEWOOD, CO 80112-4372	84-1068936	501(C)3	20,000.	0.			GENERAL ASSISTANCE
INDIA ASSOCIATION OF WESTERN WASHINGTON - PO BOX 404 - BELLEVUE, WA 98009-0404	91-1268802	501(C)3	20,000.	0.			GENERAL ASSISTANCE
LOVEPUP FOUNDATION 6405 E THOMAS RD SCOTTSDALE, AZ 85251-6084	82-1977302	501(C)3	20,000.	0.			GENERAL ASSISTANCE
MARYSVILLE COMMUNITY FOOD BANK PO BOX 917 MARYSVILLE, WA 98270-0917	91-1347507	501(C)3	20,000.	0.			GENERAL ASSISTANCE
SNOHOMISH COUNTY FOOD BANK COALITION - PO BOX 917 - MARYSVILLE, WA 98270-0917	47-1716276	501(C)3	20,000.	0.			GENERAL ASSISTANCE
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA, IL 60134-3587	36-3203648	501(C)3	21,340.	0.			GENERAL ASSISTANCE
FIRST BAPTIST DENTON MINISTRY CENTER - 1701 BROADWAY ST - DENTON, TX 76201-2501	45-5606427	501(C)3	22,000.	0.			GENERAL ASSISTANCE
FARMER VETERAN COALITION 4614 2ND ST STE 4 DAVIS, CA 95618-9401	46-2362098	501(C)3	25,000.	0.			GENERAL ASSISTANCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING SAN DIEGO 9477 WAPLES ST STE 100 SAN DIEGO, CA 92121-2934	26-0457477	501(C)3	25,000.	0.			GENERAL ASSISTANCE
JOHNJAY & RICH LOVEUP FOUNDATION 4340 E INDIAN SCHOOL ROAD 21-524 PHOENIX, AZ 85018-5360	26-1473086	501(C)3	25,000.	0.			GENERAL ASSISTANCE
SKILLS FOR CHICAGOLAND'S FUTURE 191 N WACKER DR STE 1150 CHICAGO, IL 60606-1934	45-1287418	501(C)3	25,000.	0.			GENERAL ASSISTANCE
SOUTHERN NEVADA JOINT MANAGEMENT CULINARY AND BARTENDERS TRAINING FUND - 710 W LAKE MEAD BLVD - N LAS VEGAS, NV 89030-4067	88-0298779	501(C)3	25,000.	0.			GENERAL ASSISTANCE
THE SUNDAY LOVE PROJECT 2723 MERCER ST PHILADELPHIA, PA 19134-4722	47-4383818	501(C)3	25,000.	0.			GENERAL ASSISTANCE
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS - 3033 WILSON BLVD THIRD FLOOR - ARLINGTON, VA 22201-3866	92-0152268	501(C)3	25,000.	0.			GENERAL ASSISTANCE
OPERATION HOMEFRONT, INC. 1355 CENTRAL PARKWAY S S SAN ANTONIO, TX 78232-0000	32-0033325	501(C)3	30,000.	0.			GENERAL ASSISTANCE
VETERAN'S PATH PO BOX 1408 SAN RAFAEL, CA 94915-1408	47-4428490	501(C)4	30,000.	0.			GENERAL ASSISTANCE
THURSTON COUNTY FOOD BANK 220 THURSTON AVE NE OLYMPIA, WA 98501-1138	23-7297837	501(C)3	32,250.	0.			GENERAL ASSISTANCE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERSEALS CENTRAL CALIFORNIA 9010 SOQUEL DR STE 1 APTOS, CA 95003-4091	94-1497580	501(C)3	35,000.	0.			GENERAL ASSISTANCE
LAS POSITAS COLLEGE VETERANS FIRST PROGRAM - 3000 CAMPUS HILL DR - LIVERMORE, CA 94551-7623	71-0942040	501(C)3	35,000.	0.			GENERAL ASSISTANCE
NATION'S FINEST - MENLO PARK PO BOX 378 SANTA ROSA, CA 95402-0378	94-2699571	501(C)3	35,000.	0.			GENERAL ASSISTANCE
PARALYZED VETERANS OF AMERICA, BAY AREA & WESTERN CHAPTER, INC. - 3801 MIRANDA AVE RM E-118 - PALO ALTO, CA 94304-1207	94-6132553	501(C)3	35,000.	0.			GENERAL ASSISTANCE
SOLDIERS' ANGELS 2700 NE LOOP 410 STE 310 SAN ANTONIO, TX 78217-4822	20-0583415	501(C)3	35,000.	0.			GENERAL ASSISTANCE
MISSION OF MERCY, INC. PO BOX 102 FAIRFIELD, PA 17320-0102	86-0704883	501(C)3	40,000.	0.			GENERAL ASSISTANCE
HELP OF SOUTHERN NEVADA 1640 E FLAMINGO RD STE 100 LAS VEGAS, NV 89119-5280	88-0108496	501(C)3	50,000.	0.			GENERAL ASSISTANCE
NATION'S FINEST - RENO PO BOX 378 SANTA ROSA, CA 95402-0378	94-2699571	501(C)3	50,000.	0.			GENERAL ASSISTANCE
OPERATION DIGNITY 3850 SAN PABLO AVE STE 102 EMERYVILLE, CA 94608-3842	94-3176007	501(C)3	50,000.	0.			GENERAL ASSISTANCE

THE ALBERTSONS COMPANIES FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENTINELS OF FREEDOM SCHOLARSHIP FOUNDATION - PO BOX 1316 - SAN RAMON, CA 94583-6316	20-8139201	501(C)3	50,000.	0.			GENERAL ASSISTANCE
SOCIETY OF ST. VINCENT DE PAUL, TUCSON DIOCESAN COUNCIL - 829 S 6TH AVE - TUCSON, AZ 85701-2624	86-0104418	501(C)3	50,000.	0.			GENERAL ASSISTANCE
SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION - 1060 HOWARD ST - SAN FRANCISCO, CA 94103-2820	94-2260626	501(C)3	50,000.	0.			GENERAL ASSISTANCE
UNITED LABOR AGENCY OF NEVADA INC 1201 N DECATUR BLVD STE 106 LAS VEGAS, NV 89108-1213	88-0344011	501(C)3	50,000.	0.			GENERAL ASSISTANCE
UNITED STATES VETERANS INITIATIVE 800 W 6TH ST STE 1505 LOS ANGELES, CA 90017-2742	95-4382752	501(C)3	50,000.	0.			GENERAL ASSISTANCE
UNIVERSITY MEDICAL CENTER FOUNDATION - 1400 HARDWAY ST STE 213 - EL PASO, TX 79903-3128	74-2540513	501(C)3	50,000.	0.			GENERAL ASSISTANCE
VAIL VETERANS FOUNDATION, INC. PO BOX 6473 VAIL, CO 81658-6473	20-5254885	501(C)3	50,000.	0.			GENERAL ASSISTANCE
BREAST CANCER RESOURCE CENTER 4807 SPICEWOOD SPRINGS RD AUSTIN, TX 78759-8444	74-2743333	501(C)3	55,935.	0.			GENERAL ASSISTANCE
BAYLOR HEALTH CARE SYSTEM FOUNDATION - 2001 BRYAN ST STE 2200 - DALLAS, TX 75201-3024	75-1606705	501(C)3	65,000.	0.			GENERAL ASSISTANCE

THE ALBERTSONS COMPANIES FOUNDATION
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHOENIX CHILDREN'S HOSPITAL 1919 E THOMAS RD PHOENIX, AZ 85016-7710	74-2421549	501(C)3	75,000.	0.			GENERAL ASSISTANCE
SUSAN G. KOMEN DALLAS COUNTY 5005 LBJ FREEWAY 526 DALLAS, TX 75244-6169	75-2444724	501(C)3	75,000.	0.			GENERAL ASSISTANCE
THREE SQUARE 4190 N PECOS RD LAS VEGAS, NV 89115-0187	30-0396918	501(C)3	80,780.	0.			GENERAL ASSISTANCE
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE N - SEATTLE, WA 98109-4433	23-7156071	501(C)3	100,000.	0.			GENERAL ASSISTANCE
JASON WITTEN'S SCORE FOUNDATION 2020 WILLOWMET LN BRENTWOOD, TN 37027-8949	26-1334187	501(C)3	100,000.	0.			GENERAL ASSISTANCE
WESTCARE CALIFORNIA, INC. 1711 WHITNEY MESA DRIVE HENDERSON, NV 89014-2080	23-7368450	501(C)5	100,000.	0.			GENERAL ASSISTANCE
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172-1776	20-3021444	501(C)3	247,574.	0.			GENERAL ASSISTANCE
SOCIAL GOOD FUND 2393 COLLINS AVE PINOLE, CA 94564-1548	46-1323531	501(C)3	799,394.	0.			GENERAL ASSISTANCE

Part III 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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WE CARE PROGRAM ASSISTANCE FOR ASSOCIATES IN NEED DUE TO HARDSHIP OR NATURAL DISASTER	5	27,500.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FOR ALL LARGE GRANTS OF \$100,000 OR MORE, WE ARE DEVELOPING AN IMPROVED PROGRESS REPORT EACH ORGANIZATION MUST COMPLETE ONLINE. THIS PROGRESS REPORT INCLUDES INFORMATION ON HOW THE FUNDS ARE SPENT, WHAT PERCENTAGE IS USED FOR ADMINISTRATIVE EXPENSES AS COMPARED TO PROGRAM SERVICES, WHAT PERCENTAGE OF THE OVERALL BUDGET IS THE FOUNDATION GRANT. WE ALSO COLLECT PROGRAM STATISTICS ABOUT THE NUMBER OF PEOPLE BEING SERVED AND RESEARCH MILESTONES.

Part IV Supplemental Information

IN ADDITION TO THE ABOVE PRECEDURES, GRANTEES OF FUNDING OVER \$100,000 MUST

PERFORM THE FOLLOWING:

ALL REQUESTS MUST BE MADE IN WRITING ON THE APPLICANT'S LETTERHEAD OR ON AN

OFFICIAL FOUNDATION GRANT APPLICATION. WE REQUIRE A COPY OF THE IRS

TAX-DETERMINATION LETTER AND FINANCIAL STATEMENTS TO BE SUBMITTED. THE

REQUEST SHOULD CLEARLY STATE THE ORGANIZATION'S MISSION, DESCRIPTION OF THE

SERVICES IT PROVIDES, NUMBER OF PEOPLE THAT IT SERVES ANNUALLY, WHETHER

THERE ARE ANY SAFEWAY EMPLOYEES ON ITS BOARD, AND WHETHER IT CHARGES A FEE

FOR ITS SERVICES.

IN ADDITION TO THE ABOVE PRECEDURES, GRANTEES OF FUNDING OVER \$1,000,000

MUST PERFORM THE FOLLOWING:

ALL REQUESTS MUST COMPLETE AN ONLINE APPLICATION AND PROVE THAT THEY (1)

ARE A 501(C)(3) IN GOOD STANDING WITH THE IRS, (2) PROVIDE INFORMATION ON

WHAT THEY WOULD LIKE TO USE THE MONEY FOR AND (3) PROVIDE RECENT FINANCIAL

STATEMENTS.

ALL APPLICATIONS FOR FUNDING ARE RECEIVED THROUGH AN ONLINE PORTAL. WE ASK

EACH APPLICANT TO PROVIDE INFORMATION ABOUT THEIR 501C3 STATUS AS WELL AS

THE ACTIVITIES PROPOSED. INFORMATION PROVIDED IS CHECKED AGAINST THE IRS

DATABASE FOR ACCURACY. THESE APPLICATIONS ARE REVIEWED BY A COMMITTEE AND

APPROVED. GRANTEES ARE REQUESTED TO PROVIDE OUTCOME INFORMATION EITHER IN A

SUBSEQUENT APPLICATION OR THROUGH A FINAL REPORT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE ALBERTSONS COMPANIES FOUNDATION

Employer identification number

91-2144510

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES. BY

CAREFULLY DIRECTING ITS FUNDRAISING EFFORTS AND THE GENEROUS

CONTRIBUTIONS OF ALBERTSONS' EMPLOYEES, VENDORS AND CUSTOMERS, THE

FOUNDATION SUPPORTS A VARIETY OF WORTHY CAUSES IN HUNGER RELIEF, YOUTH

AND EDUCATION, HEALTH AND HUMAN SERVICES, VETERANS AND PEOPLE WITH

SPECIAL NEEDS. IT TAKES PRIDE IN ENSURING THAT THE VAST MAJORITY OF THE

FUNDS RAISED STAYS IN LOCAL COMMUNITIES AND REFLECTS WHAT IS IMPORTANT

TO ITS CUSTOMERS AND EMPLOYEES.

FORM 990, PART I, SY EXPLANATION

THE ALBERTSONS COMPANIES FOUNDATION CHANGED ITS DECEMBER 31 YEAR END TO

FEBRUARY 28 TO ALIGN WITH ALBERTSONS, INC'S YEAR END. THE COMPANY

UPDATED THEIR ACCOUNTING SYSTEM AND WE USE THE SAME SYSTEM. WITH THIS

UPDATE, IT WAS REQUIRED THAT WE FOLLOW THE SAME FISCAL YEAR END AS THE

COMPANY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CUSTOMERS, THE FOUNDATION SUPPORTS A VARIETY OF WORTHY CAUSES IN HUNGER

RELIEF, YOUTH AND EDUCATION, HEALTH AND HUMAN SERVICES, VETERANS AND

PEOPLE WITH SPECIAL NEEDS. IT TAKES PRIDE IN ENSURING THAT THE VAST

MAJORITY OF THE FUNDS RAISED STAYS IN LOCAL COMMUNITIES AND REFLECTS

WHAT IS IMPORTANT TO ITS CUSTOMERS AND EMPLOYEES.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS AND OFFICERS OF THE FOUNDATION ARE EMPLOYED BY THE ALBERTSONS

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

Schedule O (Form 990) 2021

Name of the organization THE ALBERTSONS COMPANIES FOUNDATION	Employer identification number 91-2144510
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COMPANIES. (INCLUDING ITS SUBSIDIARIES). HOWEVER, NONE ARE EXPECTED TO BE
DISQUALIFIED PERSONS VIS-A-VIS THE FOUNDATION BY VIRTUE OF THEIR POSITIONS
WITH THE ALBERTSONS COMPANIES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY (BUT NOT IF THE PERSONS
ON THE GOVERNING BODY ARE THE ORGANIZATION'S ONLY MEMBERS) OR THEIR
DELEGATES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY (BUT NOT IF THE PERSONS
ON THE GOVERNING BODY ARE THE ORGANIZATION'S ONLY MEMBERS) OR THEIR
DELEGATES.

FORM 990, PART VI, SECTION B, LINE 11B:

FINANCIAL STATEMENT INFORMATION WHICH HAS BEEN INCORPORATED IN THE FORM 990
WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL LISTED MEMBERS OF THE BOARD AND STAFF ARE COVERED BY THIS POLICY.
DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST MUST BE MADE IMMEDIATELY TO
THE PRESIDENT AND/OR BOARD CHAIR WHO WILL MAKE THE DETERMINATION OF
POTENTIAL CONFLICT AND THE CONFLICT WILL BE REVIEWED BY THE ENTIRE BOARD IF
A CONFLICT IS DISCOVERED. THE BOARD MEMBER LEAVES THE DISCUSSION AND DOES
NOT VOTE ON THE MATTER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, AR, CA, CO, CT, DE, HI, ID, IL, IN, IA, LA, ME, MD, MA, MT, NE, NV, NH, NJ, NM, NY, ND, OR

Name of the organization THE ALBERTSONS COMPANIES FOUNDATION	Employer identification number 91-2144510
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PA, RI, SD, TX, UT, VT, VA, WA, WY

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Note: Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m	X	
1n	X	
1o	X	
1p	X	
1q		X
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(1)	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

