SCAMMED ICT & 2 7919

EXTENDED TO NOVEMBER 15, 2016

Return of Private Foundation
or Section 4947(a)(1) Trust Tr eated as Private Foundation

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

▶ Go to www.irs.gov/Form990PF for instructions and the latest inform ation.

For ca	alendar year 2017 or tax year beginning	····	, and ending		
	e of foundation			A Employer identification	number
	ANGRID FOUNDATION, INC.			13-4200689	•
	per and street (or PO box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	,
	MARSH HILL RD			203-499-24	61
	or town, state or province, country, and ZIP or foreign p RANGE, CT 06477	ostal code		C If exemption application is p	ending, check here
	eck all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return			••
	X Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, imputation
H Ch	neck type of organization: X Section 501(c)(3) ex	empt private foundation	00] E= f private foundation sta	tus was terminated
$\dot{\Box}$		Other taxable private founda	ition 4 9)(A), check here 🕨 🗌
≠1 Fair	market value of all assets at end of year J Accounts	· —	Accrual	F If the foundation is in a	60-month termination
		her (specify)		under section 507(b)(1))(B), check here \b
<u>▶</u>			S.)		1 (4)
Par	The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	3,537,656.		N/A	
	2 Check if the foundation is not required to attach Sch. B				
	Interest on savings and temporary cash investments	14,373.	14,373.		STATEMENT 1
1	4 Dividends and interest from securities	27,620.	27,620.		STATEMENT 2
	5a Gross rents	474,091.	474,091.		STATEMENT 3
	b Net rental income or (loss) 334,803.	38,062.			STATEMENT 4
e	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1,158,085.	30,002.			
evenu	b assets on line 6a	, , , -	38,062.		
Be	8 Net short-term capital gain		30,0021		1
	9 Income modifications				
	Gross sales less returns 10a and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)		RECEIV	3U_O	
1	11 Other income			, S	
_	12 Total Add lines 1 through 11	4,091,802.	2554P146.	KUNG 13	
i i	13 Compensation of officers, directors, trustees, etc	0.	0.	UT	0.
	14 Other employee salaries and wages		OGDEN		
ارب	15 Pension plans, employee benefits 16a Legal fees				
nse	b Accounting fees STMT 5	10,700.	5,350.		0.
X De	c Other professional fees	20//000	3,3301		
iji D	17 Interest		-		
.21	18 Taxes STMT 6	3,321.	-3,246.		0.
istr	19 Depreciation and depletion	64,487.	64,487.		
틾	20 Occupancy .	78,047.	78,047.		0.
P	21 Travel, conferences, and meetings				
pue :	22 Printing and publications				
	23 Other expenses STMT 7	14,502.	0.		0.
Tati	24 Total operating and administrative	171 057	144 630		
<u>ad</u>	expenses. Add lines 13 through 23	171,057.	144,638.	<u> </u>	0.
- 1	25 Contributions, gifts, grants paid	5,649,412.		<u> </u>	5,649,412.
13	26 Total expenses and disbursements.	5,820,469.	144,638.		5,649,412.
-	Add lines 24 and 25 27 Subtract line 26 from line 12:	3,040,403.	144,030.		J,043,414.
ľ	2/ Subtract file 20 If off line 12. 2 Excess of revenue over expenses and disbursements	-1,728,667.			
	b Net investment income (if negative, enter -0-)	1,720,0071	409,508.	 	
1	c Adjusted net income (if negative, enter -0-)			N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

For	m 99	00-PF (2017) AVANGRID FOUNDATION, INC		13-	4200689 Page 2		
Ē	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		End of year		
Ë	<u> </u>	column should be for end-or-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	- 4 006 040	2 660 260			
	2	Savings and temporary cash investments	4,206,219.	3,662,062.	3,662,062.		
	3	Accounts receivable		_			
		Less: allowance for doubtful accounts		_			
	4	Pledges receivable ▶					
		Less; allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons	İ				
	7	Other notes and loans receivable					
		Less; allowance for doubtful accounts					
S	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As	-	Investments - U.S. and state government obligations			·		
	i .	Investments - corporate stock					
		Investments - corporate bonds					
		Investments - land, buildings, and equipment basis 3,891,380.	+				
	''	Less accumulated depreciation STMT 8 > 1,023,939.	2,931,928.	2,867,441.	3,127,800.		
	4,0	Investments - mortgage loans	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,007,441.	3,127,000.		
		· F	1,120,023.	0.	0.		
	13	Investments - other	1,120,023.		•		
	14	Land, buildings, and equipment: basis					
		Less accumulated deprecation					
		Other assets (describe					
	16	Total assets (to be completed by all filers - see the	0 050 170	C 500 500	C 700 0C0		
_	_	instructions. Also, see page 1, item !)	8,258,170.	6,529,503.	6,789,862.		
	ł .	Accounts payable and accrued expenses					
	ŀ	Grants payable					
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
jab	21	Mortgages and other notes payable					
_	22	Other liabilities (describe ►)		· · · · · · · · · · · · · · · · · · ·			
				_			
_	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
m		and complete lines 24 through 26, and lines 30 and 31.	0 050 150	6 500 500			
ő	24	Unrestricted	8,258,170.	6,529,503.			
<u>la</u>	25	Temporarily restricted					
Ba	26	Permanently restricted					
핕		Foundations that do not follow SFAS 117, check here					
ũ		and complete lines 27 through 31.					
8	27	Capital stock, trust principal, or current funds					
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
As	29	Retained earnings, accumulated income, endowment, or other funds					
Net Assets or Fund Balances	30	Total net assets or fund balances	8,258,170.	6,529,503.			
	 		0 250 170	C 500 500			
_		Total liabilities and net assets/fund balances	8,258,170.	6,529,503.			
Р	art	Analysis of Changes in Net Assets or Fund Ba	lances				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30				
		st agree with end-of-year figure reported on prior year's return)			8,258,170.		
		r amount from Part I, line 27a		2	-1,728,667.		
3	Othe	r increases not included in line 2 (itemize)		3	0.		
		lines 1, 2, and 3		4	6,529,503.		
5	Decr	eases not included in line 2 (itemize)	·	5	0.		
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - PartII, col	tumn (b), line 30	6	6,529,503.		
					Form 990-PF (2017)		

Part IV Capital Gains a	nd Lo	sses for Tax on In	vestment	Income						
	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					How au - Purc - Don	inase	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a 44,185 SHS VANO	UARI	/WELLESLEY	INCOME			-				
b INVESTOR					L			<u>03/0:</u>	1/14	05/22/17
<u>c</u>		_			<u> </u>					
<u>d</u>					<u> </u>					
<u>e</u>					_				-	
(e) Gross sales price	(f) I	Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Ga ((e) plus	ain or (loss s (f) minus) (g))
a 1,158,085.				1,120,02	2					38,062.
			<u> </u>	1,120,02	٠.					30,002.
d										
e					_					
Complete only for assets showin	g gain in	column (h) and owned by	the foundation	on 12/31/69.				Gains (C	ol. (h) gam	minus
		(i) Adjusted basis		ccess of col. (i)	_			(k), but n	ot less tha	n -0-) or
(i) FMV as of 12/31/69	,	as of 12/31/69		col. (j), if any				Losses	(from col. :	(h))
a										
b										38,062.
C	-								-	
d										
e										
		∫ If gain, also enter	r in Part I, line	7	٦					-
2 Capital gain net income or (net cap	pital loss)				ľ	_ 2				38,062.
3 Net short-term capital gain or (los	s) as defi	ned in sections 1222(5) an	ıd (6):				l			
If gain, also enter in Part I, line 8,			(-).		Ì					
If (loss), enter -0- in Part I, line 8		<u> </u>	<u> </u>			3	<u> </u>		N/A	<u>-</u>
Part V Qualification Un	naer S	ection 4940(e) for	Reduced	lax on Net I	nve	stm	ent inco	me		
(For optional use by domestic private	foundate	ons subject to the section 4	1940(a) tax on	net investment in	come	.)				
If section 4940(d)(2) applies, leave th	is part bl	ank.								
Was the foundation liable for the sect				•	od?					Yes X No
If "Yes," the foundation doesn't qualify					trico					
1 Enter the appropriate amount in e	acii coidi		istructions de	ore making any er				1		(4)
Base periód years	\	(b) Adjusted qualifying dis	tributions	Net value of no	(C) ncha		use assets		Distril	(d) oution ratio
Calendar year (or tax year beginning	ig in)		8,356.				8,526		(coi. (b) ar	orded by col. (c)) - 344226
2016 2015			$\frac{8,330.}{8,934.}$				$\frac{6,320}{6,497}$		 -	.189870
2014	 		$\frac{6,334.}{6,496.}$				8,857			.372559
2013	+		1,809.				9,457			.184909
2012			$\frac{2,005}{3,007}$.		_ <u>~</u>	83	1,038	 		.230320
2012			<u> </u>	<u> </u>	<u> </u>	, 03	1,000	+		1230320
2 Total of line 1, column (d)								2		1.321884
3 Average distribution ratio for the 5	i-vear has	se period - divide the total o	on line 2 hv 5 i	O or by the number	er of v	vears		-		
the foundation has been in existen)	o, or by the number	,, 01	ycars		3		.264377
the reunation has been in existen	100 11 1033	than 5 years						-		
4 Enter the net value of noncharitable	le-uce acc	sets for 2017 from Part Y	line 5					4		8,739,962.
4 Enter the net value of noncharitable	ic-use as:	sets for 2017 from Fart A,	iiiie o					 " 	_	0,133,302.
5 Multiply line 4 by line 3								5		2,310,645.
3 Mulliply line 4 by line 3		•	•				•			2,320,013.
6 Enter 1% of net investment incom	e / 1% of	Part I line 27h)						6		4,095.
Citta 170 of fict investment insom	0 (170 01	, art 1, 11110 27 0)	•	•	•		•	1		
7 Add lines 5 and 6								7		2,314,740.
, , ad anod o und o				•		٠				_,,
8 Enter qualifying distributions from	Part XII	. line 4						8		5,649,412.
If line 8 is equal to or greater than	•	• •••	th andcom	Nata that nort usin	n a 11	0/, tau -	rato	1		
See the Part VI instructions.	iiiie 7, Cl	HEGA LIE DUA III FAIL VI, IIIIL	, וט, מווט ניטוון	neie mai hai i neil	yaı	/0 LdX	att.			
723521 01-03-18					_					Form 990-PF (2017)

	990-PF (2017) AVANGRID FOUNDATION, INC. REVIT Excise Tax Based on Investment Income (Section 4940(a	a) 4	940/h) 49			420068		<u>e 4</u>
	Exempt operating foundations described in section 4940(d)(2), check here and enti-)		The state of the s		
	Date of ruling or determination letter: (attach copy of letter if neces	загу-	see instructi	ons)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	X	and enter 19	6 } [1		4,095	<u>-</u>
	of Part I, line 27b		-					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% σ	f Part	I, line 12, co	L(b). 丿				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; other	rs, ent	ter -0-) <i>•</i>	ļ	2		0	_
3	Add lines 1 and 2				3		4,095	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, other	ers, en	iter -0-)		_4	Ļ	0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				_5_		4,095	÷
	Credits/Payments:		ı	l				
	2017 estimated tax payments and 2016 overpayment credited to 2017	6a		5,200.				
	Exempt foreign organizations - tax withheld at source	6b	ļ	0.				į
	Tax paid with application for extension of time to file (Form 8868)	6c	ļ	0.				ľ
	Backup withholding eroneously withheld	6d	L	0.			F 200	
	Total credits and payments. Add lines 6a through 6d		-	-	7_		5,200	
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach	ed		_ }	_8_	 -	0	•
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			>	9_	 	1 105	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1 105	Refunded	10		1,105 0	
11 103	Enter the amount of line 10 to be Credited to 2018 estimated tax Statements Regarding Activities		1,103.	Hetunded	11			<u>.</u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislat	ion o	did it partic	nate or intervene	ın.		Yes N	_
14	any political campaign?	יט ווטו	ulu it partic	pate of intervente	""	1a		_
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	s? Se	e the instruct	ions for the defini	 tion	1b	T 1	
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of							
	distributed by the foundation in connection with the activities.	٠٠٠ (٠٠٠	ata alo puo	51104 57		j	}	
c	Did the foundation file Form 1120-POL for this year?					10	Х	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ear:			•			
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers.			0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu	re tax	imposed on	foundation				
	managers. ► \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	?	-	-		2	X	_
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing ins	trume	nt, articles o	incorporation, or	•			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					3	X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					. / 3 4 <u>a</u>	X	_
	If "Yes," has it filed a tax return on Form 990-T for this year?	-			·₩	/A 4b		-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					. 5	Х	
	If "Yes," attach the statement required by General Instruction T.					}		ŀ
D	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or	31 .						
	 By state legislation that effectively amends the governing instrument so that no mandatory of 	liracti	one that cont	lict with the ctate	law			İ
	remain in the governing instrument?	III GULI	uns mai com	not with the state	Iavv	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	e Par	t II col (c) :	and Part XV		7	1	<u>-</u>
•	on the feditional nervice for the control of the fedition of t		. 11, 001. (0), (ind rait Av	• •		عاقاه	
82	Enter the states to which the foundation reports or with which it is registered. See instructions	. •						
J.	DE, NY, CT							
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto	rnev	General (or d	esignate)				
_	of each state as required by General Instruction G? If "No," attach explanation	-,	, , ,	J,		8b	Х	^
9	Is the foundation claiming status as a private operating foundation within the meaning of secti	on 49	42(j)(3) or 4	942(j)(5) for calen	ıdar			■ 'レ
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," comple		-,			9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	listing	heir names and	laddressesS	TMT		Х	_
				<u> </u>		Form 99	90-PF (20	17)

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Pa	成伙师A Statements Regarding Activities (continued)			
			Yes	N
1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
2	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
_	If "Yes," attach statement. See instructions	12_		X
3	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► WWW.AVANGRID.COM			
4	The books are in care of ► NICOLE GRANT Telephone no. ► (203)	499	-24	61
	Located at ▶ 180 MARSH HILL ROAD, ORANGE, CT ZIP+4 ▶06	5477		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	N
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pe	Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	N
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			;
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)		:	1
h	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b_		
	Organizations relying on a current notice regarding disaster assistance, check here			
c	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			<u> </u>
•	before the first day of the tax year beginning in 2017?	10		2
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5));	Ì		
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		1	
	before 2017? Yes X No			ļ
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			l
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	• · · · · · · · · · · · · · · · · · · ·			
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		}	
	during the year? Yes X No			
b	o If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	3b		
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
	b. Did the foundation make any investment in a prior year (but after December 31, 1969) that could gopardize its charitable purpose that			

Form 990-PF (2017)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

	0-PF (2017) AVANGRID FOUNDATION, INC.			13-42006	89 Page 6
Part'	Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (contin	ued)	
5a Du	ring the year, did the foundation pay or incur any amount to:			•	Yes No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es 🗶 No	
(2)	influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			1 1
	any voter registration drive?			es X No	
	Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🔀 No	
(4)	Provide a grant to an organization other than a charitable, etc., organization	n described in section			
	4945(d)(4)(A)? See instructions			es 🗓 No	j j
(5)	Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to		F₩7	1 1
L 16.	the prevention of cruelty to children or animals?	, , , , , , , , , , , , , , , , , , ,		es 🗓 No	
	any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und ction 53.4945 or in a current notice regarding disaster assistance? See instru		n Regulations	N/A	5b
	ction 53.4945 or in a current notice regarding disaster assistance? See instru ganizations relying on a current notice regarding disaster assistance, check h				30
	he answer is "Yes" to question 5a(4), does the foundation claim exemption fr		nad		
	penditure responsibility for the grant?			es 🔲 No	
	Yes," attach the statement required by Regulations section 53.4945-5(d).	.=`	.,		
	d the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
	personal benefit contract?		Y	es X No	
	the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
	Yes" to 6b, file Form 8870.				
7a At	any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es 🗓 No	
	Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part	Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly		
1 1:-4	Paid Employees, and Contractors	- in composition			
LIST	all officers, directors, trustees, and foundation managers and the		(c) Compensation	(d) Contributions to	(a) Evnance
	(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
		to position	enter -0-)	compensation	allowances
SEE	STATEMENT 10		0.	0.	0 -
	21.111111111111111111111111111111111111		1		
				ļ.	
		ludada lina di 16 o a	I INCARE II	L	L
2 Cor	npensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Expense
	(a) Name and address of each employee paid more than \$50,000	` 'hours per week "	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other
	NONE	devoted to position	 	compensation	allowances
	NONE				
			 	 	
				 	
				1	1
				<u> </u>	
		<u> </u>	<u></u>	<u> </u>	
Total n	umber of other employees paid over \$50,000				0
				Form	990-PF (2017)

Fo <u>rm 990-P</u> F ((2017) AVANGRID FOUNDATION, INC.	13-420	0689 Page 7
		ers, Highly	
3 Five high	est-paid independent contractors for professional services. If none, enter "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
1	NONE		
Total number	of others receiving over \$50,000 for professional services		0
Parl IX-A	Summary of Direct Charitable Activities		····
List the found	dation's four largest direct charitable activities during the tax year. Include relevant statistical information ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the	Expenses
11	N/A		
2			
3			
4			
	Summary of Program-Related Investments		
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	N/A		
2			
All other prog	gram-related investments. See instructions.		

Form **990-PF** (2017)

Total. Add lines 1 through 3

ட்	art:X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	44	
a	Average monthly fair market value of securities	1a	379,783.
b	Average of monthly cash balances	1b	5,365,475.
C	Fair market value of all other assets	1c	3,127,800.
d	Total (add lines 1a, b, and c)	1d	8,873,058.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,873,058.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	133,096.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,739,962.
6	Minimum investment return Enter 5% of line 5	6	436,998.
۰Ŗ	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here in and do not complete this part.)	ıd certain	
<u> </u>	foreign organizations, check here and do not complete this part.) Minimum investment return from Part X, line 6	1	436,998.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)	并 第二等	
C	Add lines 2a and 2b	2c	4,095.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	432,903.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	432,903.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	432,903.
<u>一</u> [P.	art:XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	
a		1a	5,649,412.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	5,649,412.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
J	Income. Enter 1% of Part I, line 27b	5	4,095.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,645,317.
J	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		

Form 990-PF (2017)

4940(e) reduction of tax in those years.

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	Обіраз	rears prior to 2010	2010	
line 7				432,903.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only	<u> </u>		0.	
b Total for prior years:	 	0.	ļ	
3 Excess distributions carryover, if any, to 2017:		0.		
a From 2012 1,057,879.	<u>:</u> !		į	
b From 2013 882,588.				
c From 2014 1,906,381.	1			
d From 2015 978,843.			1	
e From 2016 2,590,264.				i
f Total of lines 3a through e	7,415,955.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 5,649,412.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	<u> </u>	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			432 22
d Applied to 2017 distributable amount	5 216 500			432,903.
e Remaining amount distributed out of corpus	5,216,509.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,632,464.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from Ine 1. This amount must				_
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			i !	
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions) 8 Excess distributions carryover from 2012	0.			L
not applied on line 5 or line 7	1,057,879.		:	
9 Excess distributions carryover to 2018.	<u> </u>			
Subtract lines 7 and 8 from line 6a	11,574,585.			
10 Analysis of line 9:	,,			
a Excess from 2013 882,588.				
b Excess from 2014 1,906,381.				
c Excess from 2015 978,843.				•
d Excess from 2016 2,590,264.				
e Excess from 2017 5, 216, 509.				
723581 01-03-18				Form 990-PF (2017)

723581 01-03-18

Form 990-PF (2017)

Form 990-PF (2017) AVANGRI	D FOUNDATIO	N, INC.		<u>13-420</u>	0689 /Page 10
Part XIV Private Operating Fo	oundations (see in	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	•	=	. ▶ 🛌		
b Check box to indicate whether the found		ig foundation described in		4942(j)(3) or 494	2(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.0040	Prior 3 years		4
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014 /	(e) Total
investment return from Part X for				/	
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,	,			1/	
line 4 for each year listed				/	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			/		
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:		/		Ì	
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			i		
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed		/			
c "Support" alternative test - enter:		7			
(1) Total support other than gross					
investment income (interest,				[
dividends, rents, payments on	<i>j</i>				
securities loans (section 512(a)(5)), or royalties)	/				
(2) Support from general public	<i>''</i>				
and 5 or more exempt	#				
organizations as provided in section 4942(j)(3)(B)(III)	/				
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			,	-	
Part XV Supplementary Info	rmation (Complet	te this part only it	the foundation h	nad \$5,000 or more	in assets
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	•	than 2% of the total contr	butions received by the f	foundation before the close	of any tax
year (but only if they have contributed n					
NONE					
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (or an equally large portio	n of the ownership of a part	nership or
other entity) of which the foundation ha	s a 10% or greater interes	st.	, , , , , , , , , , , , , , , , , , , ,	,	,
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pro	grams:		
		• • • •	•	ot accept unsolicited reques	ts for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone number	per or email address of th	e person to whom applica	ations should be address	ed:	
SEE STATEMENT 11					
b The form in which applications should b	e submitted and informat	cion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographics	al areas, charitable fields	kinds of institutions, or o	other factors:	
and and a	., 25 0 j g 20 g ap mot				

723601 01-03-18

3 Grants and Contributions Paid During th	e Year or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or oddocumar contributor			
- Taile dailing the year				
SEE ATTACHED SCHEDULE				
				5,649,412.
				_
		ļ		
		}		
			1	
			ľ	
		1		
Total			▶ 3a	5,649,412.
b Approved for future payment				.
EASTMAN SCHOOL OF MUSIC	NONE	PC	ARTS AND CULTURE	
910 GENESEE ST SUITE 200		1		
ROCHESTER, NY 14611				180,000.
MAINE FOUNDATION FOR COMMUNITY	NONE	PC	EDUCATION AND RESEARCH	
COLLEGES				
54 LIGHTHOUSE CIRCLE				
SOUTH PORTLAND, ME 04106				50,000.
MAINE GENERAL HOSPITAL	NONE	PC	COMMUNITY PARTNERSHIPS	
30 CHASE AVENUE				
WATERVILLE, ME 04901				20,000.
Total SEE C	CONTINUATION SHEE	T(S)	<u>▶ 3b</u>	600,000. rm 990-PF (2017

Form 990-PF (2017) AVANGRID FOUNDATION, INC. 13-4200689 Page 12 ·Part#XVI; A. **Analysis of Income-Producing Activities** Unrelated business income Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise indicated. (e) _(c) (b) Related or exempt (d) **Amount** Amount function income 1 Program service revenue: code g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash 14,373. investments 27,620. 14 4 Dividends and interest from securities THE WAS ASSESSED. 5 Net rental income or (loss) from real estate: a Debt-financed property 16 334,803. b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other 38,062. 14 than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: ************* 414,858. 12 Subtotal. Add columns (b), (d), and (e) 414,858. 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) ParteXVI.B) Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). \blacksquare

Form 990-PF (2017)

	-				g with any other organizations?	on described in secti	on 5 O 1(c)		Yes	No
-		om the reporting founda	-		· -					
	Cash	on the reporting lounds	aton to a nonshanta	no oxompt org	Janzation of			1a(1)		X
	Other a	necate	•		•			1a(2)		X
	er trans		=		•		• •	14(2)		
			la avamet armeizat	ıon				1b(1)		X
		of assets to a noncharitab	• •			-			$\vdash \vdash$	X
		ses of assets from a nor	· · · · · · · · · · · · · · · · · · ·	rgamzauon		•		1b(2)	\vdash	X
٠,		of facilities, equipment, o	or other assets					1b(3)	\vdash	X
		ursement arrangements	-	•		•		. 1b(4)	\vdash	
		or loan guarantees			•	-		1b(5)		X
		nance of services or mei					-	1b(6)	H	X
	•	facilities, equipment, mai			•			<u> 1c</u>		X
					dule. Column (b) should ah				ets,	
					ed less than fair market valu	ie in any transaction	or sharing arranger	nent, show in		
	$\overline{}$	the value of the goods, o								
a) Line no) (b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transaction	ns, and sharing arr	angemen	its
				N/A						
	T						" ' ' ' ' ' ' '			
				•		1				
				 -						
_	\top								_	
	 			 -		 				
_		<u>-</u> · ·			·	+				
	 									
	+-							 :-		
	+-									
	+-					 				
						 _				
		· ·	*		or more tax-exempt organi	zations described				-
		01(c) (other than section		ction 527?				Yes	<u>X</u>	No
<u>b lf"\</u>	res, coi	nplete the following sche				,		 		
_		(a) Name of org	anization		(b) Type of organization		(c) Description of re	ationship		
		N/A								
_										
					accompanying schedules and st			May the IRS	iscuss	his
Sign	and beli	ef, it is true, correct, and com	plete Declaration of pre	parer (other than	taxpayer) is based on all informa	tion of which preparer h	as any knowledge	return with th shown below	e prepare	er
Here	•	live 2	Connet		18/30/201	9 DIRECT	OR	X Yes		No
	Signa	ture of officer or trustee			Date	Title				
	 _	Print/Type preparer's na	me	Preparer's si		Date	Check If	PTIN		
		JESSE J. WI			•		self- employed			
Paid		CPA	,	TESSE	J. WHEELER,]	20 mg	P00187	533	
Prepa	arer	Firm's name ► DAV	TDCOM FO			<u> </u>	Firm's EIN ▶ 1			
Use (riim s name PDAV	TOSON, FO	v & CO1	ALWAI, DDE		riffin SEIN - 1	J-0344/	20	
J30 (~ <u>`</u>	Eurmin address A. C.3	CHENTANCO	(007777			 			
		Firm's address ► 53						n noo -	200	
		BT	NGHAMTON,	NY T3	Ant		Phone no. 60	7-722-5		

3 Grants and Contributions Approved for Futu				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any toundation manager or substantial contributor	status of recipient	contribution	
		;		
ALE-NEW HAVEN HOSPITAL	NONE	PC	COMMUNITY PARTNERSHIPS	
0 YORK STREET				150.00
EW HAVEN, CT 06510				150,00
T COUNCIL FOR PHILANTHROPY	NONE	GOV	COMMUNITY PARTNERSHIPS	
21 MAIN STREET				
ARTFORD, CT 06106				50,00
ONROE COMMUNITY COLLEGE FOUNDATION	NONE	PC	COMMUNITY PARTNERSHIPS	
28 E MAIN STREET				
OCHESTER, NY 14604				150,00
			 	
		1		
· · · · · · · · · · · · · · · · · · ·				
			 	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2017

Name of the organization

Employer identification number

	AV	ANGRID FOUNDATION, INC.	13-4200689
Organiz	cation type (check o	one)	
Filers o	f:	Section:	
Form 99	90 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt chantable trust not treated as a private foundation	
		527 political organization	
Form 99	00-PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Note: O	nly a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.
General	Rule		
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special	Rules		
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, o or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount, line 1. Complete Parts I and II.	r 16b, and that received from
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educa cruelty to children or animals. Complete Parts I, II, and III.	-
	year, contributions is checked, enter the purpose Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled monere the total contributions that were received during the year for an exclusively religious, implete any of the parts unless the General Rule applies to this organization because it refer to contributions totaling \$5,000 or more during the year	re than \$1,000 If this box , chantable, etc.,
but it m	ust answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

|--|

13-4200689

AMING	RID FOUNDATION, INC.	<u> </u>	-4200003
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AVANGRID RENEWABLES 1125 NW COUCH STREET SUITE 700 PORTLAND, OR 97209	\$900,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW YORK STATE ELECTRIC AND GAS P.O. BOX 5224 BINGHAMTON, NY 13902	\$ <u>1,001,841.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROCHESTER GAS AND ELECTRIC CORPORATION 89 EAST AVENUE ROCHESTER, NY 14649	\$600,000.	Person X Payroll
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CENTRAL MAINE POWER COMPANY 83 EDISON DRIVE AUGUSTA, ME 04332	\$ <u>406,791.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	UNION WATER POWER COMPANY PO BOX 1050 AUGUSTA, ME 04332	\$ 79,023.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BERKSHIRE GAS CO 115 CHESHIRE ROAD PITTSFIELD, MA 01201	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

37733700 70	-ATDTD 3 MTAN	TNO
AVANGRID	FOUNDATION.	INC.

13-4200689

AVANG.	RID FOUNDATION, INC.	<u></u>	-4200009
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UIL HOLDINGS 180 MARSH HILL ROAD ORANGE, CT 06477	\$500,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ _ _	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ \$	Person Payroll Noncash Complete Part II for noncash contributions)

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990PF) (2017)

Name of organization

Employer identification number

AVANGI	RID FOUNDATION, INC.		-4200689
PartII	Noncash Property (see instructions) Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

723453 11-01-17

Name of org	ganization		Employer identification number
AVANGI	RID FOUNDATION, INC.		13-4200689
Fariu	the year from any one contributor. Complete of	columns (a) through (e) and the foliov	n section 501(c)(7), (8), or (10)that total more than \$1,000 for ying line entry. For organizations
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	, charitable, etc., contributions of \$1,000 or le	ess for the year (Enter this info once) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			
——			_
		(e) Transfer of gift	
<u> </u> -	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from	4) 5	(2) 11(-2)	40.0
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Ì			
ļ			
ŀ		(e) Transfer of gift	
	Tourstours's name address on	. א מול ו	Delationable of the maferon to broadens
	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ļ		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
		_ _	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVING	GS AND TEMPOR	ARY CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A) REVENUE PER BOOK	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME
SAVINGS ACCOUNTS		14,3	73.	14,373.	
TOTAL TO PART I, LI	NE 3	14,3	73.	14,373.	
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO	
FIDELITY JP MORGAN	13. 27,607.	0.	13. 27,607.		.3.
TO PART I, LINE 4	27,620.	0.	27,620.	27,62	20.
FORM 990-PF		RENTAL INCOM	E .		STATEMENT 3
KIND AND LOCATION C	F PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INCOME
ANTHONY AVE, AUGUST ELLSWORTH, ME RAND ROAD, PORTLAND BEEDLE & RIVER ROAL), ME			2 3 6 7	255,497. 218,594.

474,091.

TOTAL TO FORM 990-PF, PART I, LINE 5A

FORM 990-PF	RENTAL EXP	ENSES		STATEMENT 4
DESCRIPTION		CTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION			34,936.	
TAXES			38,218.	
REIMBURSEMENT OF TAXES DEPRECIATION			-76,436. 29,551.	
REPAIRS & MAINTENANCE			41,330.	
TAXES			27,463.	
UTILITIES	CIIDMOMAT	3	36,717.	125 061
TAXES	SUBTOTAL -	3	4,937.	135,061.
	SUBTOTAL -	6	1,557.	4,937.
TAXES		_	2,572.	
-	SUBTOTAL -	7		2,572.
TOTAL RENTAL EXPENSES			_	142,570.
NET RENTAL INCOME TO FORM 99	0-PF, PART I	, LINE 5B	=	334,803.
FORM 990-PF	ACCOUNTI	NG FEES	7	STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL AND ACCOUNTING FEES	10,700.	5,350	•	0.
TO FORM 990-PF, PG 1, LN 16B	10,700.	5,350	•	0.
FORM 990-PF	TAX	ES		STATEMENT 6
	(A)	(B)	(C)	(D)
DESCRIPTION	EXPENSES PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED NET INCOME	CHARITABLE
FEDERAL EXCISE TAX	6,567.	0	•	0.
TAXES	38,218.	38,218		0.
REIMBURSEMENT OF TAXES	-76,436.			0.
TAXES TAXES	27,463. 4,937.			0.
TAXES	2,572.	2,572		0.
	3,321.	·	 	0.
TO FORM 990-PF, PG 1, LN 18	3.3/1	-3,246	_	- 11

FORM 990-PF OTHER EXPENSES			OTHER EXPENSES STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES	55.	0.		0.	
MARKETING EXPENSE	3,834.	0.		0.	
PROPERTY APPRAISALS	1,000.	0.		0.	
DUES AND SUBSCRIPTIONS	3,500.	0.		0.	
SCHOLARSHIP EXPENSES	5,863.	0.		0.	
NYS FEE	250.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	14,502.	0.		0.	

FORM 990-PF DEPRECIATION OF ASSE	TS HELD FOR INV	ESTMENT	STATEMENT 8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS AND IMPROVEMENTS LAND	2,569,693. 1,321,687.	1,023,939.	1,545,754. 1,321,687.
TOTAL TO FM 990-PF, PART II, LN 11	3,891,380.	1,023,939.	2,867,441.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT 9

NAME OF CONTRIBUTOR

ADDRESS

NEW YORK STATE ELECTRIC AND GAS

P.O. BOX 5224

BINGHAMTON, NY 13901

ROCHESTER GAS AND ELECTRIC

CORPORATION

89 EAST AVENUE

ROCHESTER, NY 14649

UNION WATER POWER COMPANY

P.O. BOX 1050

AUGUSTA, ME 04332

CENTRAL MAINE POWER COMPANY

83 EDISON DRIVE AUGUSTA, ME 04332

AVANGRID RENEWABLES

1125 NW COUCH ST STE 700

PORTLAND, OR 97209

UIL HOLDINGS

180 MARSH HILL ROAD

ORANGE, CT 06477

BERKSHIRE GAS COMPANY

115 CHESHIRE ROAD PITTSFIELD, MA 01201

	II - LIST OF OFFICERS, DIRECTORS FEES AND FOUNDATION MANAGERS		STATEMENT 10	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARK V. DOLAN 17 LINK DRIVE KIRKWOOD, NY 13795	SECRETARY 1.00	0.	0.	0.
ROBERT D. KUMP 180 MARSH HILL RD ORANGE, CT 06477	FORMER PRESIDED	NT 0.	0.	0.
DARLENE E. BEACH 83 EDISON DRIVE AUGUSTA, ME 04336	FORMER TREASUR	ER 0.	0.	0.
CRAIG N. DENEKAS P.O. BOX 17516 PORTLAND, ME 04112-8516	DIRECTOR 1.00	0.	0.	0.
ANTONIO M. PEREZ 26 WESSEX COURT PITTSFORD, NY 14534	DIRECTOR 1.00	0.	0.	0.
JAMES P TOGERSON 180 MARSH HILL RD ORANGE, CT 06477	PRESIDENT 1.00	0.	0.	0.
NICOLE L GRANT 180 MARSH HILL RD, AD-1B ORANGE, CT 06477	TREASURER 3.00	0.	0.	0.
LAURA BEANE 1125 NW COUCH STREET, SUITE 700 PORTLAND, OR 97209	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

NICOLE GRANT 180 MARSH HILL ROAD ORANGE, CT 06477

TELEPHONE NUMBER

1-203-499-2461

EMAIL ADDRESS

AVANGRIDFOUNDATION@AVANGRID.COM

FORM AND CONTENT OF APPLICATIONS

FOUNDATION HAS A GRANT APPLICATION

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

QUALIFIED 501 (C)(3) AND RELATED ENTITIES BASED AND OPERATING IN THE US AND TERRITORIES PRIMARILY, WITH A FOCUS SUSTAINABLE COMMUNITIES AND VULNERABLE PERSONS.