

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052
2020
Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

| | | | |
|--|--|--|--|
| Name of foundation AVANGRID FOUNDATION INC | | A Employer identification number 13-4200689 | |
| Number and street (or P.O. box number if mail is not delivered to street address) 180 MARSH HILL RD | | B Telephone number (see instructions) (203) 499-2461 | |
| City or town, state or province, country, and ZIP or foreign postal code ORANGE, CT 06477 | | C If exemption application is pending, check here <input type="checkbox"/> | |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> | |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> | |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ <u>4,914,040</u> | | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.) | |
| | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> | |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|---|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 2,562,758 | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | | | | |
| | 4 Dividends and interest from securities | 13,889 | 13,889 | | |
| | 5a Gross rents | 274,830 | 274,830 | | |
| | b Net rental income or (loss) 234,575 | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| | b Gross sales price for all assets on line 6a | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | | 0 | |
| | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less: Cost of goods sold | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | |
| 11 Other income (attach schedule) | | | | | |
| 12 Total. Add lines 1 through 11 | 2,851,477 | 288,719 | | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 0 | 0 | | 0 |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach schedule) | 11,200 | 5,600 | | 0 |
| | c Other professional fees (attach schedule) | | | | |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) | 12,715 | 5,319 | | 0 |
| | 19 Depreciation (attach schedule) and depletion | 34,936 | 34,936 | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | 4,190 | 0 | | 0 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 63,041 | 45,855 | | 0 |
| | 25 Contributions, gifts, grants paid | 3,600,375 | | | 3,600,375 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 3,663,416 | 45,855 | | 3,600,375 | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | -811,939 | | | | |
| b Net investment income (if negative, enter -0-) | | 242,864 | | | |
| c Adjusted net income (if negative, enter -0-) | | | | | |

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | | Beginning of year | End of year | |
|--|---|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash—non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 4,065,243 | 2,686,240 | 2,686,240 |
| | 3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | 25,000 | | |
| | 4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments—U.S. and state government obligations (attach schedule) | | | |
| | b Investments—corporate stock (attach schedule) | | | |
| | c Investments—corporate bonds (attach schedule) | | | |
| | 11 Investments—land, buildings, and equipment: basis ▶ _____ 2,350,000 Less: accumulated depreciation (attach schedule) ▶ _____ 663,279 | 1,721,657 | 1,686,721 | 2,227,800 |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | | | |
| | 14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____ | | | |
| 15 Other assets (describe ▶ _____) | | | | |
| 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 5,811,900 | 4,372,961 | 4,914,040 | |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | 1,093,000 | 466,000 | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶ _____) | | | |
| | 23 Total liabilities (add lines 17 through 22) | 1,093,000 | 466,000 | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30. | | | |
| | 24 Net assets without donor restrictions | 4,718,900 | 3,906,961 | |
| | 25 Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30. | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | | | |
| 29 Total net assets or fund balances (see instructions) | 4,718,900 | 3,906,961 | | |
| 30 Total liabilities and net assets/fund balances (see instructions) . | 5,811,900 | 4,372,961 | | |

| Part III Analysis of Changes in Net Assets or Fund Balances | | | |
|---|--|----------|-----------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | | 1 | 4,718,900 |
| 2 Enter amount from Part I, line 27a | | 2 | -811,939 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | | 3 | 0 |
| 4 Add lines 1, 2, and 3 | | 4 | 3,906,961 |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | | 5 | 0 |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . | | 6 | 3,906,961 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|---|---|-------------------------------------|
| 1a | | | |
| | | | |
| | | | |
| | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|--------------------------|---|--|---|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h)) |
|---|---|--|---|
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | | | |
|---|---|---|---|----------|--|
| 2 Capital gain net income or (net capital loss) | { | If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | } | 2 | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 | { | | } | 3 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

| 1 Reserved | (a) Reserved | (b) Reserved | (c) Reserved | (d) Reserved |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Reserved | | | | 2 |
| 3 Reserved | | | | 3 |
| 4 Reserved | | | | 4 |
| 5 Reserved | | | | 5 |
| 6 Reserved | | | | 6 |
| 7 Reserved | | | | 7 |
| 8 Reserved | | | | 8 |

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, tax based on investment income, and credits/payments. Total tax due is 3,024.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

11 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.
12 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
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.AVANGRID.COM
14 The books are in care of NICOLE GRANT Telephone no. (203) 499-2461
Located at 180 MARSH HILL ROAD ORANGE CT ZIP+4 06477
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -check here and enter the amount of tax-exempt interest received or accrued during the year. 15
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country

Part VII-B 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.

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?
(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.)
b If 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. Organizations relying on a current notice regarding disaster assistance check here.
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?
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)):
a At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? If "Yes," list the years 20, 20, 20, 20
b 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.)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20, 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2020 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 2020.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". | | |
|---|---------------------|------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services. ▶ | | 0 |

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 | |
| | |
| 2 | |
| | |
| 3 | |
| | |
| 4 | |
| | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 | |
| | |
| 2 | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| Total. Add lines 1 through 3 ▶ | 0 |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|----------|--|-----------|-----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities. | 1a | 0 |
| b | Average of monthly cash balances. | 1b | 3,878,533 |
| c | Fair market value of all other assets (see instructions). | 1c | 2,227,800 |
| d | Total (add lines 1a, b, and c). | 1d | 6,106,333 |
| e | 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 | 6,106,333 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 91,595 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 6,014,738 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 300,737 |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | | |
|-----------|--|-----------|---------|
| 1 | Minimum investment return from Part X, line 6. | 1 | 300,737 |
| 2a | Tax on investment income for 2020 from Part VI, line 5. | 2a | 3,376 |
| b | Income tax for 2020. (This does not include the tax from Part VI.). | 2b | |
| c | Add lines 2a and 2b. | 2c | 3,376 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 297,361 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 0 |
| 5 | Add lines 3 and 4. | 5 | 297,361 |
| 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 | 297,361 |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|--|-----------|-----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. | 1a | 3,600,375 |
| 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: | | |
| a | Suitability test (prior IRS approval required). | 3a | |
| b | 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 | 3,600,375 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4. | 6 | 3,600,375 |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2019 | (c) 2019 | (d) 2020 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2020 from Part XI, line 7 | | | | 297,361 |
| 2 Undistributed income, if any, as of the end of 2020: | | | | |
| a Enter amount for 2019 only. | | | 0 | |
| b Total for prior years: 20____, 20____, 20____ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2020: | | | | |
| a From 2015. | 978,843 | | | |
| b From 2016. | 2,590,264 | | | |
| c From 2017. | 5,216,509 | | | |
| d From 2018. | 2,124,627 | | | |
| e From 2019. | 2,099,926 | | | |
| f Total of lines 3a through e. | 13,010,169 | | | |
| 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____ 3,600,375 | | | | |
| a Applied to 2019, but not more than line 2a | | | 0 | |
| b Applied to undistributed income of prior years (Election required—see instructions). | | 0 | | |
| c Treated as distributions out of corpus (Election required—see instructions). | 0 | | | |
| d Applied to 2020 distributable amount. | | | | 297,361 |
| e Remaining amount distributed out of corpus | 3,303,014 | | | |
| 5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | 0 |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 16,313,183 | | | |
| 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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions | | | 0 | |
| f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). | | 0 | | |
| 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). | 978,843 | | | |
| 9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a | 15,334,340 | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2016. | 2,590,264 | | | |
| b Excess from 2017. | 5,216,509 | | | |
| c Excess from 2018. | 2,124,627 | | | |
| d Excess from 2019. | 2,099,926 | | | |
| e Excess from 2020. | 3,303,014 | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

| | Tax year | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2020 | (b) 2019 | (c) 2018 | (d) 2017 | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, 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:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(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:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public 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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

NICOLE GRANT
180 MARSH HILL ROAD
ORANGE, CT 06477
(203) 499-2461
AVANGRIDFOUNDATION@AVANGRID.COM

b The form in which applications should be submitted and information and materials they should include:

FOUNDATION HAS A GRANT APPLICATION

c Any submission deadlines:

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient | 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 |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> See Additional Data Table | | | | |
| Total | | | ▶ 3a | 3,600,375 |
| b <i>Approved for future payment</i> See Additional Data Table | | | | |
| Total | | | ▶ 3b | 466,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|---|---|--------------------------------|---------------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| DISTRICT ARTS & EDUCATION 470 JAMES STREET SUITE 001 NEW HAVEN, CT 06513 | NONE | PC | TRAINING, RESEARCH & HIGHER EDUCATION | 50,000 |
| HENRY FORD MUSEUM 20900 OAKWOOD BLVD DEARBORN, MI 48124 | NONE | PC | TRAINING, RESEARCH & HIGHER EDUCATION | 50,000 |
| KENNEBEC VALLEY COMMUNITY COLLEGE FOUNDATION 92 WESTERN AVE FAIRFIELD, ME 04937 | NONE | PC | TRAINING, RESEARCH & HIGHER EDUCATION | 5,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|--|---|--------------------------------|---------------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MAINE DEVELOPMENT FOUNDATION 2 BEECH STREET SUITE 203 HALLOWELL, ME 04347 | NONE | PC | TRAINING, RESEARCH & HIGHER EDUCATION | 50,000 |
| MONROE COMMUNITY COLLEGE FOUNDATION 1057 EAST HENRIETTA ROAD ROCHESTER, NY 14623 | NONE | PC | TRAINING, RESEARCH & HIGHER EDUCATION | 10,000 |
| UNIVERSITY OF MAINE TWO ALUMNI PLACE ORONO, ME 04469 | NONE | GOV | TRAINING, RESEARCH & HIGHER EDUCATION | 10,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|--|---|--------------------------------|---------------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| YALE UNIVERSITY SCHOOL OF ARCHITECTURE PO BOX 208280 NEW HAVEN, CT 06520 | NONE | PC | TRAINING, RESEARCH & HIGHER EDUCATION | 20,000 |
| OJAI RAPTOR CENTER PO BOX 182 OAK VIEW, CA 93022 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 10,000 |
| WILL STEGER FOUNDATION - CLIMATE CHANGE GENERATION 2801 21ST AVE SOUTH SUITE 110 MINNEAPOLIS, MN 55407 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 50,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| BLUE MOUNTAIN WILDLIFE 71046 APPALOOSA LANE PENDLETON, OR 97801 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 7,500 |
| CENTER FOR WILDLIFE THEPO BOX 620 CAPE NEDDICK, ME 03902 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 10,000 |
| GULF OF MAINE RESEARCH INSTITUTE 350 COMMERCIAL STREET PORTLAND, ME 04101 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 50,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| HAWKS A LOFT 6715 EAGLE ROCK AVE NE SUITE A ALBUQUERQUE, NM 87113 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 10,000 |
| ITHACA SCIENCENTER - DISCOVERY MUSEUM 601 FIRST ST ITHACA, NY 14850 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 10,000 |
| LIBERTY WILDLIFE2600 E ELWOOD ST PHOENIX, AZ 85040 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 7,500 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| NATURES NURSERYPO BOX 2395 WHITEHOUSE, OH 43571 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 7,500 |
| OCEAN FOUNDATION THE 1320 19TH STREET WASHINGTON, DC 20036 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 140,000 |
| OREGON MUSEUM OF SCIENCE & INDUSTRY 1945 SE WATER AVENUE PORTLAND, OR 97214 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 10,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| OREGON ZOO FOUNDATION 4001 SW CANYON ROAD PORTLAND, OR 97221 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 50,000 |
| RIVERKEEPER20 SECOR RD OSSINING, NY 10562 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 5,000 |
| ROCHESTER MUSEUM AND SCIENCE CENTER 657 EAST AVE ROCHESTER, NY 14607 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 10,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| SHARON AUDUBON CENTER 325 CORNWALL BRIDGE RD SHARON, CT 06069 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 10,000 |
| TRUST FOR PUBLIC LAND 101 MONTGOMERY ST 9TH FLOOR SAN FRANCISCO, CA 94104 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 25,000 |
| UNIVERSITY OF CALIFORNIA DAVIS UC DAVIS SCHOOL OF VETERINARY MEDICINE (UC ONE SHIELDS AVENUE DAVIS, CA 95616 | NONE | GOV | BIODIVERSITY & CLIMATE CHANGE | 12,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| VENTANA WILDLIFE SOCIETY 9699 BLUE LARKSPAR LANE SUITE 105 MONTEREY, CA 93940 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 25,000 |
| WHISPERING WILLOW WILD CARE 3558 CARMAN RD SCHENECTADY, NY 12303 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 10,000 |
| WILDLIFE WORKSPO BOX 113 YOUNGWOOD, PA 15697 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 5,500 |
| Total ▶ 3a | | | | 3,600,375 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | 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 |
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| INTERNATIONAL FESTIVAL OF ARTS AND IDEAS 195 CHURCH ST 12TH FL NEW HAVEN, CT 06510 | NONE | PC | ARTS & CULTURE | 20,000 |
| WADSWORTH ATHENEUM MUSEUM OF ART 600 MAIN STREET HARTFORD, CT 06103 | NONE | PC | ARTS & CULTURE | 55,000 |
| ADAMS SUFFRAGE CENTENNIAL CELEBRATION COMMITTEE TOWN OF ADAMS (ASCCC) 2 CENTER STREET PO BOX 228 ADAMS, MA 01220 | NONE | PC | ARTS & CULTURE | 10,000 |
| Total | | | ▶ 3a | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| BARRINGTON STAGE COMPANY 30 UNION ST PITTSFIELD, MA 01201 | NONE | PC | ARTS & CULTURE | 20,000 |
| CONNECTICUT WOMEN'S HALL OF FAME 320 FITCH STREET B-3 SCHWARTZ HALL NEW HAVEN, CT 06515 | NONE | PC | ARTS & CULTURE | 10,000 |
| CT ASSOCIATION FOR THE PERFORMING ARTS DBA SHUBERT THEATRE 247 COLLEGE STREET NEW HAVEN, CT 06510 | NONE | PC | ARTS & CULTURE | 10,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| HANCOCK SHAKER VILLAGE PO BOX 927 PITTSFIELD, MA 01201 | NONE | PC | ARTS & CULTURE | 10,000 |
| JOSEPH AVENUE ARTS AND CULTURAL ALLIANCE PO BOX 30147 ROCHESTER, NY 14603 | NONE | PC | ARTS & CULTURE | 10,000 |
| MASSACHUSETTS MUSEUM OF CONTEMPORARY ART 1040 MASS MOCA WAY NORTH ADAMS, MA 01247 | NONE | PC | ARTS & CULTURE | 10,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| NATION WOMEN'S HALL OF FAME 1 CANAL STREET SENECA FALLS, NY 13148 | NONE | PC | ARTS & CULTURE | 10,000 |
| NATIONAL BUILDING MUSEUM 401 F STREET NW WASHINGTON, DC 20001 | NONE | PC | ARTS & CULTURE | 25,000 |
| NORTHEAST INDIANA FOUNDATION 200 EAST MAIN STEET SUITE 910 FORT WAYNE, IN 46802 | NONE | PC | ARTS & CULTURE | 5,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| PORTLAND MUSEUM OF ART 7 CONGRESS SQ PORTLAND, ME 04101 | NONE | PC | ARTS & CULTURE | 10,000 |
| SNOW POND CENTER FOR THE ARTS NEW ENGLAND MUSIC CAM ASSOCIATION 8 GOLDENROD LAND SIDNEY, ME 04330 | NONE | PC | ARTS & CULTURE | 25,000 |
| SUSAN B ANTHONY HOUSE AND MUSEUM 17 MADISON STREET ROCHESTER, NY 14608 | NONE | PC | ARTS & CULTURE | 25,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| WXXI PUBLIC BROADCASTING COUNCIL 280 STATE STREET ROCHESTER, NY 14614 | NONE | PC | ARTS & CULTURE | 17,000 |
| YALE UNIVERSITY - INSTITUTION FOR THE PRESERVATION OF CULTURAL HERITAGE (IP) PO BOX 208280 NEW HAVEN, CT 065208280 | NONE | PC | ARTS & CULTURE | 50,000 |
| PEABODY MUSEUM OF NATURAL HISTORY AT YALE PO BOX 208280 NEW HAVEN, CT 065208280 | NONE | PC | ARTS & CULTURE | 5,000 |
| Total ▶ 3a | | | | 3,600,375 |

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|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| AMERICAN ONLINE GIVING BENEVITY 40 EAST MAIN STREET NEWARK, DE 19711 | NONE | PC | COMMUNITY PROGRAMS | 55,658 |
| AMERICAN RED CROSS - OREGON WILDFIRES 209 FARMINGTON AVE FARMINGTON, CT 06032 | NONE | PC | COMMUNITY PROGRAMS | 50,000 |
| AMERICAN RED CROSS 209 FARMINGTON AVE FARMINGTON, CT 06032 | NONE | PC | COMMUNITY PROGRAMS | 250,000 |
| Total ▶ 3a | | | | 3,600,375 |

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|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| AMERICAN RED CROSS 209 FARMINGTON AVE FARMINGTON, CT 06032 | NONE | PC | COMMUNITY PROGRAMS | 100,000 |
| OREGON FOOD BANK 7900 NE 33RD DR PORTLAND, OR 97211 | NONE | PC | COMMUNITY PROGRAMS | 20,000 |
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREE 18TH FLOOR NEW YORK, NY 10004 | NONE | PC | COMMUNITY PROGRAMS | 20,000 |
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|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| AMERICARES88 HAMILTON AVE STAMFORD, CT 06902 | NONE | PC | COMMUNITY PROGRAMS | 100,000 |
| CAMP SUNSHINE35 ACADIA RD CASCO, ME 04015 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| CAPITAL FOR CHANGE 10 ALEXANDER DRIVE WALLINGFORD, CT 06492 | NONE | PC | COMMUNITY PROGRAMS | 20,000 |
| Total ▶ 3a | | | | 3,600,375 |

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|--|---|--------------------------------|----------------------------------|------------------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| CATHOLIC CHARITIES - ARCHDIOCESE OF HARTFORD 839-841 ASYLUM AVE HARTFORD, CT 06105 | NONE | PC | COMMUNITY PROGRAMS | 10,000 |
| CENTER FOR FAMILY JUSTICE THE 753 FAIRFIELD AVENUE BRIDGEPORT, CT 06604 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| CENTRAL NEW YORK COMMUNITY FOUNDATION 431 EAST FAYETTE STREET SUITE 100 SYRACUSE, NY 13202 | NONE | PC | COMMUNITY PROGRAMS | 50,000 |
| Total | | | | 3,600,375 |

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| CHELSEA HICKS FOUNDATION PO BOX 755 TUALATIN, OR 97062 | NONE | PC | COMMUNITY PROGRAMS | 10,000 |
| CHILD HUNGER OUTREACH PARTNERS (CHOP) 2 ELIZABETH STREET TOWANDA, PA 18848 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| COMMUNITY FOUNDATION FOR GREATER BUFFALO 762 EXCHANGE STREET SUITE 525 BUFFALO, NY 14210 | NONE | PC | COMMUNITY PROGRAMS | 50,000 |
| Total | ▶ 3a | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| COMMUNITY FOUNDATION FOR SOUTH CENTRAL NEW YORK 520 COLUMBIA DRIVE SUITE 100 JOHNSON CITY, NY 13790 | NONE | PC | COMMUNITY PROGRAMS | 25,000 |
| CONNECTICUT FOOD BANK 2 RESEARCH PKWY WALLINGFORD, CT 06492 | NONE | PC | COMMUNITY PROGRAMS | 25,000 |
| DAYS FOR GIRLS INTERNATIONAL - UNADILLA CHAPTER PO BOX 2622 MOUNT VERNON, WA 98273 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| FEEDING AMERICA 35 EAST WACKER DRIVE SUITE 2000 CHICAGO, IL 60601 | NONE | PC | COMMUNITY PROGRAMS | 150,000 |
| FOOD BANK OF THE SOUTHERN TIER CATHOLIC CHARITIES 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903 | NONE | PC | COMMUNITY PROGRAMS | 20,000 |
| FOOD BANK OF WESTERN MASSACHUSETTS PO BOX 160 HATFIELD, MA 01038 | NONE | PC | COMMUNITY PROGRAMS | 10,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| FOODLINK1999 MT READ BLVD ROCHESTER, NY 14615 | NONE | PC | COMMUNITY PROGRAMS | 20,000 |
| FRIENDS OF GREEN CHIMNEYS 400 DOANSBURG ROAD CALLER BOX 719 BREWSTER, NY 10509 | NONE | PC | COMMUNITY PROGRAMS | 10,000 |
| GLADYS ALLEN BRIGHAM COMMUNITY CENTER - GIRLS INC OF THE BERKSHIRES 165 EAST STREET PITTSFIELD, MA 01201 | NONE | PC | COMMUNITY PROGRAMS | 25,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| GOOD SHEPARD FOOD BANK 3121 HOTEL ROAD AUBURN, ME 04211 | NONE | PC | COMMUNITY PROGRAMS | 20,000 |
| HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT ST AMERICUS, GA 31709 | NONE | PC | COMMUNITY PROGRAMS | 135,000 |
| HARTFORD FOUNDATION FOR PUBLIC GIVING 10 COLUMBUS BLVD 8TH FLOOR HARTFORD, CT 06106 | NONE | PC | COMMUNITY PROGRAMS | 25,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| HEARTSHARE HUMAN SERVICES OF NEW YORK ROMAN CATHOLIC DIOCESE OF BROOKLYN 12 METRO TECH CTR 29TH FLR BROOKLYN, NY 11201 | NONE | PC | COMMUNITY PROGRAMS | 400,000 |
| HERITAGE CHRISTIAN SERVICES 275 KENNETH DRIVE SUITE 100 ROCHESTER, NY 14623 | NONE | PC | COMMUNITY PROGRAMS | 10,000 |
| IBERO-AMERICAN ACTION LEAGUE 817 E MAIN ST ROCHESTER, NY 14605 | NONE | PC | COMMUNITY PROGRAMS | 10,000 |
| Total ▶ 3a | | | | 3,600,375 |

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|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| JESSICA'S CLOSETPO BOX 944 JACKSONVILLE, VT 05342 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| JOBS FOR MAINE'S GRADUATES INC 45 COMMERCE DR SUITE 9 AUGUSTA, ME 04430 | NONE | PC | COMMUNITY PROGRAMS | 25,000 |
| JUDY DWORIN PERFORMANCE PROJECT 75 CHARTER OAK AVE BUILDING ONE SUITE 206 HARTFORD, CT 06103 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| Total ▶ 3a | | | | 3,600,375 |

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|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MAINE COMMUNITY FOUNDATION 245 MAIN STREET ELLSWORTH, ME 04605 | NONE | PC | COMMUNITY PROGRAMS | 100,000 |
| MAINE WOMENS LOBBY EDUCATION FUND 295 WATER STREET SUITE 10 AUGUSTA, ME 04330 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| MEALS ON WHEELS AMERICA 1550 CRYSTAL DRIVE SUITE 1004 ARLINGTON, VA 22202 | NONE | PC | COMMUNITY PROGRAMS | 100,000 |
| Total ▶ 3a | | | | 3,600,375 |

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|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MY HAPPY PLACEPO BOX 982 MASON CITY, IA 50402 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| NEW BEGINNINGS134 COLLEGE STREET LEWISTON, ME 04240 | NONE | PC | COMMUNITY PROGRAMS | 10,000 |
| NEW HAVEN PRIDE CENTER PO BOX 89814 NEW HAVEN, CT 06532 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| ONE CITY FUN CITY OF ROCHESTER - COOL SWEEP 30 CHURCH ST ROOM 106-A ROCHESTER, NY 14614 | NONE | GOV | COMMUNITY PROGRAMS | 15,000 |
| OPERATION FUEL 75 CHARTER OAK AVE STE 2-240 HARTFORD, CT 06106 | NONE | PC | COMMUNITY PROGRAMS | 25,000 |
| OREGON CHILDREN'S FOUNDATION - START MAKING A READER TODAY (SMART) 101 SW MARKET ST PORTLAND, OR 97201 | NONE | PC | COMMUNITY PROGRAMS | 35,000 |
| Total ▶ 3a | | | | 3,600,375 |

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|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL STREET SUITE 100 PORTLAND, OR 97205 | NONE | PC | COMMUNITY PROGRAMS | 75,000 |
| PINE TREE SOCIETY 149 FRONT STREET BATH, ME 04530 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| PORTLAND COMMUNITY SQUASH 66 NOYES STREET PORTLAND, ME 04103 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| Total ▶ 3a | | | | 3,600,375 |

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|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| PREBLE STREET38 PREBLE STREET PORTLAND, ME 04101 | NONE | PC | COMMUNITY PROGRAMS | 20,000 |
| RAPE ABUSE & INCEST NATIONAL NETWORK - RAINN 1220 L STREET NW SUITE 505 WASHINGTON, DC 20005 | NONE | PC | COMMUNITY PROGRAMS | 25,000 |
| REHAB'S SISTERSPO BOX 90234 PORTLAND, OR 97290 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| ROCHESTER AREA COMMUNITY FOUNDATION 500 EAST AVE ROCHESTER, NY 14607 | NONE | PC | COMMUNITY PROGRAMS | 100,000 |
| RONALD MCDONALD HOUSE CHARITIES OF NEW YORK - ROCHESTER 333 WESTMORELAND DRIVE ROCHESTER, NY 14620 | NONE | PC | COMMUNITY PROGRAMS | 25,000 |
| RONALD MCDONALD HOUSE CHARITIES OF PORTLAND & BANGOR 250 BRACKETT STREET PORTLAND, ME 04102 | NONE | PC | COMMUNITY PROGRAMS | 20,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|--|---|--------------------------------|----------------------------------|------------------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| RONALD MCDONALD HOUSES CHARITIES OF CONNECTICUT & WESTERN MASSACHUSETTS 860 HOWARD AVE NEW HAVEN, CT 06519 | NONE | PC | COMMUNITY PROGRAMS | 25,000 |
| SAVE THE CHILDREN 501 KINGS HIGHWAY E STE 400 FAIRFIELD, CT 06825 | NONE | PC | COMMUNITY PROGRAMS | 10,000 |
| SOLAR YOUTH53 WAYFARER STREET NEW HAVEN, CT 06515 | NONE | PC | COMMUNITY PROGRAMS | 10,000 |
| Total | | | | 3,600,375 |

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| STAND WITH MEPO BOX 206 BINGHAMTON, NY 13903 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| THE RESEARCH FOUNDATION FOR SUNY ON BEHALF OF THE COLLEGE AT BROCKPORT - CA 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| THE SYNTHESIS COLLABORATIVE WALLTHERAPY 38 ADAMS STREET ROCHESTER, NY 14608 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| Total | ▶ 3a | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| TRINITY JUBILEE CENTER 247 BATES STREET LEWISTON, ME 04240 | NONE | PC | COMMUNITY PROGRAMS | 20,000 |
| BERKSHIRE UNITED WAY 200 SOUTH ST PITTSFIELD, MA 01201 | NONE | PC | COMMUNITY PROGRAMS | 25,000 |
| UNITED WAY OF GREATER NEW HAVEN 900 CHAPEL ST 10TH FLR NEW HAVEN, CT 06510 | NONE | PC | COMMUNITY PROGRAMS | 20,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| UNITED WAY BROOME COUNTY PO BOX 550 BINGHAMTON, NY 13902 | NONE | PC | COMMUNITY PROGRAMS | 50,000 |
| UNITED WAY GREATER NEW HAVENCT UNITED WAYS 900 CHAPEL ST 10TH FLR NEW HAVEN, CT 06510 | NONE | PC | COMMUNITY PROGRAMS | 50,000 |
| UNITED WAY OF GREATER PORTLAND PO BOX 15200 PORTLAND, ME 04112 | NONE | PC | COMMUNITY PROGRAMS | 15,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|--|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVE ROCHESTER, NY 14607 | NONE | PC | COMMUNITY PROGRAMS | 15,000 |
| UNITED WAY OF KENNEBEC VALLEY 121 COMMERCIAL ST AUGUSTA, ME 04330 | NONE | PC | COMMUNITY PROGRAMS | 10,000 |
| UNITED WAY OF MID COAST MAINE 34 WING FARM PKWY STE 201 BATH, ME 04530 | NONE | PC | COMMUNITY PROGRAMS | 10,000 |
| Total ▶ 3a | | | | 3,600,375 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | 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 |
|---|---|--------------------------------|----------------------------------|-----------|
| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| UNITED WAY OF THE KLAMATH BASIN 136 N 3RD ST SUITE B KLAMATH FALLS, OR 97601 | NONE | PC | COMMUNITY PROGRAMS | 20,000 |
| UNITED WAY WORLDWIDE - TRUIST - EMPLOYEE MATCH (CONNECTICUT) 701 N FAIRFAX STREET ALEXANDRIA, VA 22314 | NONE | PC | COMMUNITY PROGRAMS | 47,717 |
| VETERANS ADAPTIVE SPORTS & TRAINING (VAST) PINELAND FARMS 32 FARM VIEW DRIVE NEW GLOUCESTER, ME 04260 | NONE | PC | COMMUNITY PROGRAMS | 5,000 |
| Total ▶ 3a | | | | 3,600,375 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|--|---|--------------------------------|----------------------------------|-----------|
| Recipient | 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 |
| Name and address (home or business) | | | | |
| <i>a Paid during the year</i> | | | | |
| ROARING BROOK NATURE CENTER AND CHILDREN'S MUSEUM 950 TROUT BROOK DRIVE WEST HARTFORD, CT 06119 | NONE | PC | BIODIVERSITY & CLIMATE CHANGE | 10,000 |
| Total | | | ▶ 3a | 3,600,375 |

TY 2020 Accounting Fees Schedule**Name:** AVANGRID FOUNDATION INC**EIN:** 13-4200689

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------------|---------------|----------------------------------|--------------------------------|--|
| LEGAL AND ACCOUNTING FEES | 11,200 | 5,600 | | 0 |

TY 2020 Investments - Land Schedule**Name:** AVANGRID FOUNDATION INC**EIN:** 13-4200689

| Category/ Item | Cost/Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|----------------------------|-------------------------|---------------------------------|-------------------|--------------------------------------|
| BUILDINGS AND IMPROVEMENTS | 1,395,884 | 663,279 | 732,605 | 1,902,800 |
| LAND | 954,116 | 0 | 954,116 | 325,000 |

TY 2020 Other Expenses Schedule**Name:** AVANGRID FOUNDATION INC**EIN:** 13-4200689**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| DUES AND SUBSCRIPTIONS | 3,470 | 0 | | 0 |
| MARKETING | 720 | 0 | | 0 |

TY 2020 Substantial Contributors Schedule

Name: AVANGRID FOUNDATION INC

EIN: 13-4200689

| Name | Address |
|--|--|
| NEW YORK STATE ELECTRIC AND GAS | PO BOX 5224 BINGHAMTON, NY 13901 |
| ROCHESTER GAS AND ELECTRIC CORPORATION | PO BOX 5244 BINGHAMTON, NY 13902 |
| CENTRAL MAINE POWER COMPANY | 83 EDISON DRIVE AUGUSTA, ME 04332 |
| AVANGRID RENEWABLES | 1125 NW COUCH ST STE 600 PORTLAND, OR 97209 |
| UIL HOLDINGS | 60 MARSH HILL ROAD NEW HAVEN, CT 06510 |
| BERKSHIRE GAS COMPANY | 115 CHESHIRE ROAD PITTSFIELD, MA 01201 |
| UNION WATER POWER COMPANY | PO BOX 1050 AUGUSTA, ME 04332 |

TY 2020 Taxes Schedule**Name:** AVANGRID FOUNDATION INC**EIN:** 13-4200689**Taxes Schedule**

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---------------|----------------------------------|--------------------------------|--|
| FEDERAL EXCISE TAX | 7,146 | 0 | | 0 |
| NYS FEE | 250 | 0 | | 0 |
| TAXES (REFUNDS INCLUDED WITH RENTAL INCOME) | 0 | 0 | | 0 |
| TAXES | 5,319 | 5,319 | | 0 |

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020

Name of the organization
AVANGRID FOUNDATION INC

Employer identification number
13-4200689

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 AVANGRID FOUNDATION INC

Employer identification number

13-4200689

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 |
|------------|-----------------------------------|----------------------------|---|
| — | See Additional Data Table | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| — | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |

| | |
|---|--|
| Name of organization AVANGRID FOUNDATION INC | Employer identification number 13-4200689 |
|---|--|

| Part II | | | |
|---------------------------|---|--|----------------------|
| Noncash Property | | | |
| (a) No. from Part I | (b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small> | (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 |
| - | _____ _____ _____ | _____ \$ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | _____ _____ _____ | _____ \$ | _____ |

Name of organization
AVANGRID FOUNDATION INC

Employer identification number
13-4200689

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (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, and 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, and 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, and 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, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ _____ | | _____ _____ | |

Additional Data

Software ID:

Software Version:

EIN: 13-4200689

Name: AVANGRID FOUNDATION INC

Form 990 Schedule B, 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 | \$ 539,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| 2 | NEW YORK STATE ELECTRIC AND GAS PO BOX 5224 BINGHAMTON, NY 13902 | \$ 490,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| 3 | CENTRAL MAINE POWER COMPANY 83 EDISON DRIVE AUGUSTA, ME 04332 | \$ 392,058 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| 4 | ROCHESTER GAS AND ELECTRIC CORPORATION PO BOX 1050 BINGHAMTON, NY 13902 | \$ 490,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| 5 | BERKSHIRE GAS CO 115 CHESHIRE ROAD PITTSFIELD, MA 01201 | \$ 49,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |
| 6 | UIL HOLDINGS 60 MARSH HILL ROAD NEW HAVEN, CT 06510 | \$ 539,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.) |

Form 990 Schedule B, 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 |
|------------|---|----------------------------|--|
| 7 | UNION WATER POWER COMPANY <hr/> PO BOX 1050 <hr/> AUGUSTA, ME 04332 | <hr/> \$ 63,700 | <p style="text-align: center;"> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </p> <p style="text-align: center;">(Complete Part II for noncash contribution.)</p> |