EXTENDED TO NOVEMBER 15, 2018 **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 information.

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service For calendar year 2017 or tax year beginning , and ending Name of foundation A Employer identification number AVANGRID FOUNDATION, INC. 13-4200689 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 203-499-2461 180 MARSH HILL RD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ORANGE, CT 06477 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here ... > I Fair market value of all assets at end of year | J Accounting method: | X | Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here▶L 6,789,862. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income Contributions, gifts, grants, etc., received 3,537,656. N/A Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 14,373. 14,373. STATEMENT 27,620. 27,620. STATEMENT Dividends and interest from securities 474,091. 474,091. 5a Gross rents STATEMENT 334,803. STATEMENT Net rental income or (loss) 38,062. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a _______ 1,158,085. 38,062. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a and allowances Less: Cost of goods sold ... c Gross profit or (loss) 11 Other income 4.091.802. 554.146. Total, Add lines 1 through 11 0. Ο. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Administrative Expenses b Accounting fees STMT 5 10,700. 5,350. 0. c Other professional fees 17 Interest 0. Taxes STMT 6 3,321. -3,246.64.487. 64,487. 19 Depreciation and depletion 78,047. 78,047. 20 Occupancy 0. 21 Travel, conferences, and meetings Operating and 22 Printing and publications 23 Other expenses STMT 7 14,502. 0. 0. 24 Total operating and administrative 0. expenses. Add lines 13 through 23 171,057. 144,638. 5,649,412. 5,649,412. 25 Contributions, gifts, grants paid 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: -1,728,667. 2 Excess of revenue over expenses and disbursements 409,508. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

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

Form 990-PF (2017)

Form 990-PF

Form 990-PF (2017)

(a) List and describe	the kind(s) of property sold (for exa	mple, real esta		(b),I	low acquired - Purchase	(c) Date	acquired	(d) Date sold
	rehouse; or common stock, 200 shs		· 	<u> </u>	- Donation	(mo.,	day, yr.)	(mo., day, yr.)
	GUARD/WELLESLEY	INCOME		 		02/0	1111	05/00/17
				\vdash		03/0	1/14	05/22/17
c d				\vdash				
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss is (f) minus	
a b 1,158,085.			1 120 02	2				39.063
b 1,158,085.		<u> </u>	1,120,02	٥.				38,062.
d				T	· -	-		
e								
Complete only for assets showin	g gain in column (h) and owned by t	the foundation	on 12/31/69.			(I) Gains (I	Col. (h) gain	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cot. (i), if any			ol. (k), but Losses	not less tha (from col. (n -0-) or (h))
	<u> </u>			\rightarrow				22.252
b				\dashv				38,062.
c d								
e								
2 Capital gain net income or (net ca	If gain, also enter	in Part I, line	7	7	2			38,062.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) an							00,002.
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8				•	3		N/A	
Part V Qualification Un	nder Section 4940(e) for	Reduced	Tax on Net I	nve	stment Inc	ome		
(For optional use by domestic private	foundations subject to the section 4	940(a) tax on	net investment ind	ome.)			
If section 4940(d)(2) applies, leave th	is nart hlank							
	·		4					
Was the foundation liable for the secti If "Yes," the foundation doesn't qualify			*	od?				Yes X No
	ach column for each year; see the in:			tries.				
			or a triansing unity unit	(c)			Di-A-II	(d)
(a) Base period years Calendar year (or tax year beginnin	g in) Adjusted qualifying dist	ributions	Net value of nor	nchari	table-use assets	;	(col. (b) div	(d) oution ratio rided by col. (c))
2016	3,01	8,356.			768,526	5.		.344226
2015		8,934.			946,497			.189870
2014		6,496.			868,857			.372559
2013		1,809. 3,007.			499,457			.184909
2012	1,34.	3,007.		, د	831,038) •		.230320
2 Total of line 1, column (d)						2		1.321884
3 Average distribution ratio for the 5	-vear base period - divide the total o	n line 2 by 5.0), or by the number	r of ve	ars	· -		
•	ce if less than 5 years					. 3		.264377
							-	8,739,962.
4 Enter the net value of noncharitable	e-use assets for 2017 from Part A, iii	ile 5				4		0,139,902.
5 Multiply line 4 by line 3			5		2,310,645.			
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6		4,095.
7 Add lines 5 and 6		********				7	:	2,314,740.
8 Enter qualifying distributions from Part XII, line 4					8	į	5,649,412.	
If line 8 is equal to or greater than	line 7, check the box in Part VI, line							
See the Part VI instructions.							r.	orm 990-PF (2017)

Form 990-PF (2017) AVANGRID FOUNDATION, INC.		3-420068		Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4	940(b), 4940(e), or 494	<u>8 - see instru</u>	etion	IS)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A	A" on line 1.			19.00
Date of ruling or determination letter: (attach copy of letter if necessary-	-see instructions)			200
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	4,0	195.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Pari	II, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, en		2		0.
3 Add lines 1 and 2		3	4.0	95.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, er	iter -0-)	4	1863	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	4.0	95.
6 Credits/Payments;				
a 2017 estimated tax payments and 2016 overpayment credited to 2017	5,200.			2000
b Exempt foreign organizations - tax withheld at source 6b	0.			-
a Tay paid with application for extension of time to file /Form 9969\	- 1			
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 6d	0.			- 3
			E 2	00
7 Total credits and payments. Add lines 6a through 6d		7	5,4	00.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	4 4	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	1,1	05.
11 Enter the amount of line 10 to bg Credited to 2018 estimated tax	1,105 Refunded ▶	11	-	0.
Part VII-A Statements Regarding Activities			The second	T
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or	did it participate or intervene in		Yes	No
any political campaign?		<u>1a</u>	\downarrow	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See	the instructions for the definition	n <u>1b</u>	Щ	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any m	aterials published or	100	1 3	10000
distributed by the foundation in connection with the activities.				
c Did the foundation file Form 1120-POL for this year?		1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			To live	
(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$	0.	135	13.19	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax		200	1	1000
managers. ► \$ 0 .	•	250		
A Line the foundation approad in approachiation that have not arguinched by the IDCO		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 instrument	nt articles of incornoration or			8-8
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	+-	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A 4b	 	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			+	Х
If "Yes," attach the statement required by General Instruction T.	************************************	3	1000100	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		100		
By language in the governing instrument, or				
 By state legislation that effectively amends the governing instrument so that no mandatory direction 	une that appliet with the etate law			
				X
remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part	H == 1 (=) == 4 D== 4 A (6	х	
Total the foundation have at least \$5,000 in assets at any time during the year? If Yes, complete Part	II, cor. (c), and Part XV	7	A	
De Federathe states to colice the foundation are not on with which is its anish and On the surface.		1		
8a Enter the states to which the foundation reports or with which it is registered. See instructions.				
DE, NY, CT			8-21	1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney G		10000	1	
of each state as required by General Instruction G? If "No," attach explanation			X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 494				2000
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Par				X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	eir names and addresses STI	MT 9 10	X	
		Form QQI		/20171

	P	art VII-A Statements Regarding Activities (continued)			
		100 200 17 - 10 400 - 200 + 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	-	Yes	No
	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	11		x
	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	12	1	x
ı	13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	-
	10	Website address ►		-	
	14	The best of the NICOLE CDANIE	499	-24	61
	17	Located at 180 MARSH HILL ROAD, ORANGE, CT ZIP4 00			<u> </u>
	15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		$\overline{}$	
	10			/A	
	4.0	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	- 14	Yes	No
	10		40	163	X
		securities, or other financial account in a foreign country?	16		
		See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	2000	100	
I	Ď	foreign country Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required	100	and the same	
ŧ	Fa			Van	Ma
		File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
	1a	During the year, did the foundation (either directly or indirectly):		5.0	
		(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		922	12463
		(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	100	100	_ 2
		a disqualified person?		200	
		(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	100		
		(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		133	400
		(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)? Yes 🔀 No		- 6	
		(6) Agree to pay money or property to a government official? (Exception. Check "No"	100		
		if the foundation agreed to make a grant to or to employ the official for a period after	1000		1100
		termination of government service, if terminating within 90 days.)	100		
	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 N/A	1b		
		Organizations relying on a current notice regarding disaster assistance, check here			
		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 2017?	10		X
		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));			
		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			
	_	before 2017?		100	
		If "Yes," list the years - ,,,	THE REAL		
	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	133		
		valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			Sec. 1
		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.			
			1000		
	39	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
		during the year?			
		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	2000		175
		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,		-3	211/5
		Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	26	C-196	-
	A-	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b	$\overline{}$	X
		Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a	The same of	Α.
		to the transfer of the state of	44		X
-	_		<u>4b</u> rm 990	PE	
		ro	.III 330	- 1. II. (2017)

Form 990-PF (2017)

Total number of other employees paid over \$50,000

Total, Add lines 1 through 3

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1

	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	NO.	
-	Average monthly fair market value of securities	1a	379,783.
	Average of monthly cash balances	1b	5,365,475.
	Fair market value of all other assets	1c	3,127,800.
d	Total (add lines 1a, b, and c)	1d	8,873,058.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
Ū	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.
	ant XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
-	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	436,998.
2a	Tax on investment income for 2017 from Part VI, line 5	E335	
Ь	Income tax for 2017. (This does not include the tax from Part VI.)		
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.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	(30)	E C40 410
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,649,412.
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:	100	
а	Suitability test (prior IRS approval required)	3a	<u> </u>
Ь	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		
	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.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies for	the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, tine 7	Real Property			432,903.
2 Undistributed income, if any, as of the end of 2017:				332,703.
a Enter amount for 2016 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 1,057,879.				
b From 2013 882,588.			- A	
c From 2014 1,906,381.		Bridge Hall Street	THE COLUMN TWO IS NOT THE OWNER.	
dFrom 2015 978,843.		DESCRIPTION OF THE PERSON OF T		
e From 2016 2,590,264.	E 445 055		THE PROPERTY OF LINES	THE RESERVE
f Total of lines 3a through e	7,415,955.			<u> </u>
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 5,649,412.			0.	THE REPORT OF THE PARTY OF THE
Applied to 2016, but not more than line 2a b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	STORY OF STREET	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				432,903.
e Remaining amount distributed out of corpus	5,216,509.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
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			A THURSDAY	
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		0		
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line		NW STORY OF THE	0.	
4a from line 2a. Taxable amount - see instr f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				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 2012				
not applied on line 5 or line 7	1,057,879.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	11,574,585.		A)	
10 Analysis of line 9:		CONTRACTOR OF THE PARTY OF THE		
a Excess from 2013 882,588.		THE RESERVE TO SHEET		
b Excess from 2014 1,906,381. c Excess from 2015 978,843.	ANY HOUSE BOTH	THE RESERVE OF THE PARTY OF THE		
0 700 054		S REVELLE		
d Excess from 2016 2,590,264. e Excess from 2017 5,216,509.				

	D FOUNDATIO				00009 Page 10			
Part XIV Private Operating Fo			-A, question 9)	N/A				
1 a If the foundation has received a ruling of								
foundation, and the ruling is effective for								
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
2 a Enter the lesser of the adjusted net	Tax year	(b) 004C	Prior 3 years	445 0044	dal Tatal			
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,								
line 4 for each year listed								
d Amounts included in line 2c not								
used directly for active conduct of								
exempt activities		Leave-						
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					i.			
(2) Value of assets qualifying		1098-1						
under section 4942(j)(3)(B)(i)								
b "Endowment" afternative test - enter								
2/3 of minimum investment return								
shown in Part X, line 6 for each year listed								
c "Support" afternative 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	14							
organizations as provided in section 4942(j)(3)(B)(iii)								
ſ					*			
(3) Largest amount of support from								
an exempt organization								
(4) Gross investment income Part XV Supplementary Infor	mation (Complet	a ébia naut anticil	dha farmdadian b	and SE 000 an man				
			the toundation r	aa so,uuu or mor	e in assets			
at any time during th		actions.)						
1 Information Regarding Foundation	_							
a List any managers of the foundation who	have contributed more t	han 2% of the total contri	butions received by the f	oundation before the close	of any tax			
year (but only if they have contributed me	ore than \$5,000). (See se	ection 507(a)(2).)						
NONE			ii.					
b List any managers of the foundation who			or an equally large portion	n of the ownership of a par	tnership or			
other entity) of which the foundation has	a 10% or greater interes	L.						
NONE					<u> </u>			
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pro	grams:					
Check here 🕨 🔲 if the foundation or					sts for funds. If			
the foundation makes gifts, grants, etc., t	o individuals or organiza	tions under other condition	ons, complete items 2a, b	, c, and d.				
a The name, address, and telephone number or email address of the person to whom applications should be addressed:								
at								
SEE STATEMENT 11								
b The form in which applications should be submitted and information and materials they should include:								
c Any submission deadlines:								
a raij austinowati saudinias.								
d Any restrictions or limitations on awards,	such as by geographica	l areas, charitable fields. I	rinds of institutions, or of	ther factors:				
-		,						

Cartier Cappiementally information				
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment	×-	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	COURTORION	ranount
a Paid during the year				
SEE ATTACHED SCHEDULE		02		5,649,412.
Total				5,649,412.
b Approved for future payment			▶ 3a	3,043,412.
EASTMAN SCHOOL OF MUSIC 910 GENESEE ST SUITE 200 ROCHESTER, NY 14611	NONE	PC	ARTS AND CULTURE	180,000.
MAINE FOUNDATION FOR COMMUNITY COLLEGES 54 LIGHTHOUSE CIRCLE SOUTH PORTLAND, ME 04106	NONE	PC	EDUCATION AND RESEARCH	50,000.
MAINE GENERAL HOSPITAL 30 CHASE AVENUE	NONE	PC	COMMUNITY PARTNERSHIPS	20,000.
WATERVILLE, ME 04901		7/4		20,000.
Total SEE CON	TINUATION SHEET	r(S)	▶ 3b	600,000.

Form 990-PF (2017) AVANGRID FOUNDA	TION, I	NC.		13-4	200689 Page 12
Part XVI-A Analysis of Income-Produci					
Enter gross amounts unless otherwise indicated.	Unrelated business income			ed by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b					
c					27-17
d			 		
e	 		-		
	 		-		
g Fees and contracts from government agencies	\vdash		 		
2 Membership dues and assessments	 		\vdash		
3 Interest on savings and temporary cash	1 1		ابرا	44.550	
investments			14	14,373. 27,620.	
4 Dividends and interest from securities			14	27,620.	
5 Net rental income or (loss) from real estate:			1		
a Debt-financed property					
b Not debt-financed property	<u> </u>		16	334,803.	
6 Net rental income or (loss) from personal					
property			1 1		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	38,062.	
9 Net income or (loss) from special events				, , , , ,	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
å			-	+	
b			\vdash		
c			-		
ď			\vdash		
e		0.		414 050	0
12 Subtotal. Add columns (b), (d), and (e)				414,858.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	414,858.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Accom	plishment of Exe	empt P	urposes	
Line No. Explain below how each activity for which incom			contribut	ed importantly to the accompl	ishment of
the foundation's exempt purposes (other than by	providing fund	s for such purposes).			
					X
				•	
				· · · · · · · · · · · · · · · · · · ·	

723621 01-03-18

Part	90-PF (Information Re			INC. and Transactions a	nd Relationsh		- 4 2 0 0 6 8 9 Icharitable	Pa	age 13
1 D	id the o	Exempt Organ		v of the followi	ing with any other organizat	ion described in sect	ion 501/e)		Yes	No
		-		-	ng to political organizations's		ion so i(e)		100	110
	a Transfers from the reporting foundation to a noncharitable exempt organization of									
(1	l) Cast				************************			1a(1)		X
							······································	1a(2)	State College	X
_		nsactions:		- 47				100000		v
(1) Sale	s of assets to a noncharita	ible exempt organiz	auon					\vdash	X
(2) Purc	nases or assets from a no at of facilities, equipment	or other accete	organization .				1b(2)	\vdash	X
14	ı) Nein I) Reim	ai VI Iduillies, eyulpillelli, ihiireement arrannemente	oi otila assets					1b(3)		X
(5	i) Loan	s or loan quarantees						1b(5)	\vdash	X
(6) Perfe	ormance of services or me	embership or fundra	nising solicitation	ons			1b(6)		X
c SI	haring c	of facilities, equipment, ma	ailing lists, other ass	sets. or paid en	nployees	******************		1c		X
d If	the ans service olumn (wer to any of the above is	"Yes," complete the oundation. If the for other assets, or ser	e following scho undation receiv vices received.	edule. Column (b) should a red less than fair market val	lways show the fair i ue in any transaction	market value of the	goods, other ass ement, show in		
(4) 5110	10.	(B) Alliount Involved	(c) name (N/A	e exempt organization	(u) Description	to transiers, transacti	ons, and snaring arr	niñousas	13
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	+			100		-				
	+		l							
in	section	501(c) (other than section mplete the following school	n 501(c)(3)) or in se edule.		e or more tax-exempt organ			Yes	X] No
		(a) Name of org	ранизаціоп		(b) Type of organization		(c) Description of r	elationship		
		N/A			-					
						 				
										
Sign Here	and be				accompanying schedules and disappayer) is based on all informs	ition of which preparer h	as any knowledge.	May the IRS d return with the shown below? X Yes	prepare	r
	Juli	Print/Type preparer's na	me	Preparer's s		Date	Check if	PTIN		
		JESSE J. WI		1. John Cl. 3.5	rg-ratur o		self- employed	' ' ' ' '		
Paid		CPA	ر ۱۱ تندیدی	TESSE	J. WHEELER,			P00187	533	
Prepa	arer	Firm's name ► DAV	IDSON. FO		MPANY, LLP		Firm's EIN ▶ 1			
Use (
		Cirm's address > E3	OTTENIA NICO	Cannan	m					20

BINGHAMTON, NY 13901

Phone no. 607-722-5386 Form 990-PF (2017)

Part XV Supplementary Informatio	n	NC.	13-420	0003
3 Grants and Contributions Approved for Fu		_	<u> </u>	
Recipient Recipient	If recipient is an individual,	Foundation	Purnose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
			Ш	
YALE-NEW HAVEN HOSPITAL	NONE	PC	COMMUNITY PARTNERSHIPS	
20 YORK STREET				
NEW HAVEN, CT 06510				150,000
CT COUNCIL FOR PHILANTHROPY	NONE	GOV	COMMUNITY PARTNERSHIPS	
221 MAIN STREET				50.000
HARTFORD, CT 06106	-			50,000
MONROE COMMUNITY COLLEGE FOUNDATION 228 E MAIN STREET	NONE	PC	COMMUNITY PARTNERSHIPS	
ROCHESTER, NY 14604				150,000
				<u> </u>
		-		
		i		
	-			
- ··				±1
Total from continuation sheets				350,000.

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 AVANGRID FOUNDATION, INC. 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 X 501(c)(3) exempt private foundation Form 990-PF 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 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 33 1/3% 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

☐ 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

☐ 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

☐ 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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor.

☐ For an organization of the first filing Form 990 or 990 EZ that received from any one contributor.

☐ For an organization of the filing Form 990 or 990 EZ that received from 990 EZ that received fro 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 990 PF, 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

Employer identification number

13-4200689

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al 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	\$ <u>900,000.</u>	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
(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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	UNION WATER POWER COMPANY PO BOX 1050 AUGUSTA, ME 04332	\$	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
6	BERKSHIRE GAS CO 115 CHESHIRE ROAD PITTSFIELD, MA 01201	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number AVANGRID FOUNDATION, INC. 13-4200689 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 7 UIL HOLDINGS Person Payroli 180 MARSH HILL ROAD 500,000. Noncash (Complete Part II for ORANGE, CT 06477 noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** 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 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

AVANGRID FOUNDATION, INC.

13-4200689

AVANGE	RID FOUNDATION, INC.		3-4200689
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
:			
		_{ss}	
1.			
(a) No. rom 'art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		<u> </u>	
		s	
(a)		(c)	
No. rom art i	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
_ ;		_	
53 11-01-1			990, 990-EZ, or 990-PF) (2

Name of or	ganization		Employer identification number
AVANG:	RID FOUNDATION, INC.		13-4200689
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or I	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from	Ose doplicate copies of Fart III if addition	ar space is needed.	
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
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			
ŀ		(e) Transfer of gift	t
	Transferee's name, address, a		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
<u> </u>			
		(e) Transfer of gift	t
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
	<u> </u>		

FORM 990-PF INTER	EST ON SAVINO	GS AND TEMPOR	RARY CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A) REVENUE PER BOOK		(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME
SAVINGS ACCOUNTS		14,3	373.	14,373.	
TOTAL TO PART I, LI	INE 3	14,3	373.	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	10.
	5)¥				
FORM 990-PF		RENTAL INCOM	Œ		STATEMENT 3
KIND AND LOCATION O	F PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INCOME
ANTHONY AVE, AUGUST ELLSWORTH, ME RAND ROAD, PORTLAND BEEDLE & RIVER ROAD), ME			2 3 6 7	255,497. 218,594.
					1

FORM 990-PF	RENTAL EXI	PENSES		STATEMENT 4
DESCRIPTION	1	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION TAXES REIMBURSEMENT OF TAXES DEPRECIATION REPAIRS & MAINTENANCE TAXES UTILITIES	_		34,936. 38,218. -76,436. 29,551. 41,330. 27,463. 36,717.	
	SUBTOTAL -	3	4,937.	135,061
TAXES	SUBTOTAL -	6	2,572.	4,937
-	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	ING FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL 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
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
DESCRIPTION FEDERAL EXCISE TAX FAXES REIMBURSEMENT OF TAXES FAXES FAXES FAXES	EXPENSES	NET INVEST- MENT INCOME 0. 38,21876,436. 27,463. 4,937.	ADJUSTED NET INCOME	CHARITABL

1

OTHER E	XPENSES	S	TATEMENT 7
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
55.	0.		0.
	0.		0.
1,000.	0.		0.
3,500.	0.		0.
5,863.	0.		0.
250.	0.		0.
14,502.	0.		0.
	(A) EXPENSES PER BOOKS 55. 3,834. 1,000. 3,500. 5,863. 250.	EXPENSES PER BOOKS MENT INVEST- 55. 0. 3,834. 0. 1,000. 0. 3,500. 0. 5,863. 0. 250. 0.	(A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME 55. 0. 3,834. 0. 1,000. 0. 3,500. 0. 5,863. 0. 250. 0.

FORM 990-PF DEPRECIATION OF ASSI	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.

	TANTIAL CONTRIBUTORS STATEME /II-A, LINE 10	NT 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	

	T OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	+	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
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 PRESIDER	NT 0.	0.	0.
DARLENE E. BEACH 83 EDISON DRIVE AUGUSTA, ME 04336	FORMER TREASURE	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.

Form 8868 (Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return. ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 . OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print AVANGRID FOUNDATION, INC. 13-4200689 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 180 MARSH HILL RD instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORANGE, CT 06477 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4 **Application** Return **Application** Return Code Is For Code Is For Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL Form 1041-A 02 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 NICOLE GRANT The books are in the care of ► 180 MARSH HILL ROAD - ORANGE, CT 06477 Telephone No. ► (203) 499-2461 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3,744. nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Form 8868 (Rev. 1-2017)

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La Code at	200000000000000000000000000000000000000							
PURPOSE	AMOUNT	NAME	FOUNDATION STATUS OF RECIPIENT (PC) PUBLIC CHARITY	IF RECIPIENT IS STREET AN INDUCTUAL SHOW ANY RELATIONSHIP TO ANY TO ANY MANAGER IF SUBSTANTIAL CONTRIBUTOR		מודא	STATE	Zib
ART & CULTURE	230,000,00	ROCHESTER AREA COMMUNITY FOUNDATION	2	NONE	500 EAST AVE	ROCHESTER	T	14507,1849
ART & CULTURE	\$10,000,00	BARRINGTON STAGE COMPANY	PC	NONE		PITTSFIELD	Y	01201-452A
ART & CULTURE	\$60,000,00		PC	NONE		AUGUSTA	Τ	1012-017
ART & CULTURE	\$10,000,00	CONNECTICUT ASSOCIATION FOR THE PERFORMING ARTS	2	NOME		INEW HAVEN	CI	08510-2405
ART & CULTURE	\$12,500,00	GEVA THEATRE CENTER	2	NONE	75 WOODBURY BLVD	ROCHESTER	Γ	14607-1717
ART & CULTURE	\$5,000.00	PUBLIC THEATRE	2	NONE	31 MAPLE ST	LEWISTON		04240-6518
ART & CULTURE	\$2,500,00		22	NONE	348 US RTE 1	FALMOUTH	Ι	04105-1308
ART & CULTURE	\$10,000,00		2	NONE	TO MASS MOCA WAY	NORTH ADAMS	Γ	01247-2450
ANT & CULTURE	20,000,00	INEW HAVEN INTERNATIONAL FESTIVAL OF ARTS AND IDEAS	2	NONE	195 CHURCH ST 12TH FL	NEW HAVEN	CT	06510-2009
ANT & CULTURE	25,000,00	INEW HAVEN SYMPHONY ORCHESTRA	8	NONE	545 LONG WHARF DR FL 6	NEW HAVEN	Γ	06511-5960
APT & CALTING	270,000,000		2	NONE		PORTUAND	ME 10	04101-3802
ART & CAL TURE	20,000,00	HOUTENIER PREPARATIONS DROCHESTRA	8 8	NONE		ROCHESTER	Ī	14504-2577
	910,000,010	CONTROL COLUMN CONTROL COLUMN CONTROL	ş	NONE	230 DOANSBURG RD	BREWSTER	<u>-</u>	10509-4904
ANT CIRTIDE	25,000,00	ITRICITIES OPERA COMPANY	ည	NONE		BINGHAMTON	NY 1	13905-2017
ART & CLI THEE	2000000	MAINTENANT OF ROUTESTERN - EASTMAN SCHOOL OF MUSIC	8 8	NONE	EE ST STE 200	ROCHESTER	INY 1	14611-3847
ART A CLIE TI INFE	810 000 00	DEADONY ALICE OF CONVET HIS LOCKET SOCIETY	8 2	NONE		CONVOY	_	45832-0489
ART & CULTURE	\$25,078,00	PERSON'S MOSEUM OF INTIDATION AT VALE UNIVERSITY PERSONY MITSHIM OF MATHER METODS AT VALE INMAGENTY	2 8	NONE		NEW HAVEN	CT 0	06510-1220
TOTAL ART AND CULTURE	\$345,078,00		2	NOME	Z WHSTINEY AVE FL 6	MEW HAVEN		6510-1220
BIODIVERSITY & ENVIRONMENT	\$5,000.00	BLUE MOUNTAIN WALDUFE	2	NONE	71046 APPALOOSA LANE	PENDLETON	8	97501.930R
BIODWERSITY & EMARONMENT	\$7,500.00	FRIENDS OF LASDON PARK AND ARBORETUM	22	NONE	15	IKATONAH	Τ	10536-3034
BIODWERSTY & ENVIRONMENT	\$2,000,00	GEORGES RIVER LAND TRUST	<u>PC</u>	NONE		ROCKLAND		04841-3154
BIODINECSITY & ENVIRONMENT	\$10,000,00	HAWKES ALDFT	2	NONE	RO NE SUITE A	ALBUQUERQUE	П	87113-1944
BIODAFESTY & FMARCHAPHT	45 COO CO	DOOD AND TOALS	2 2	NONE		PHOENIX	AZ B	85040-8606
BIODWERSTY & ENVIRONMENT	26 500 00	RED CREEK WILDLINE	2 8	NOVE	305 COMMERCIAL ST	PORTLAND		04101-4641
BIODIVERSITY & ENVIRONMENT	\$7,500.00	RINGRKEEPER	2	NONE		DECEMBER HAVEN	T	17972-9622
BIODIVERSITY & ENVIRONMENT	\$2,000.00	ROYAL RIVER CONSERVATION TRUST	2	NOME		YARMOUTH	17T	04098-0090
BIODIVERSITY & ENVIRONMENT	\$13,000,00	SAVING OUR AVAN RESOURCES	2	NOME		DEDHAM	Γ	51440-8554
BLOOMERSTY & ENVIRONMENT	SA FOO OO	UNIVERSITY OF MAINE - CENTER FOR RESEARCH ON SUSTAINABLE FOREST	200	NONE	5703 ALLIANI HALL SUITE 101	ORONO		D4469-570
TOTAL BIODIVERSITY & ENVIRONMENT	\$84,000,00		3	MONE		SCHENECTADY	ž	12303-5313
							İ	
COMMUNITY PARTNERSHIPS	\$10,000.00	ACTION FOR A BETTER COMMUNITY	2	NONE	550 EAST MAIN STREET	ROCHESTER	Ę	14604-2522
COMMUNITY PARTNERSHIPS	00 000 013		2			PORTLAND		97232-2996
COMMUNITY DADTACECHES	00 000 ca	AMERICAN CANCER SOCIETY (NATIONAL CHAPTER)	2		10	ATLANTA		30303-1032
COMMUNITY PARTNERSHIPS	\$10,000,00	IAMEDICAN CANCER SOCIETY (NOCIES) EX. NEW TORY)	2 8	NONE		ROCHESTER		14620-2532
COMMUNITY PARTNERSHIPS	\$15,000,00	IAMERICAN HEART ASSOCIATION (SOUTHERN TIER)	2 8	NONE	51 US ROUTE 1, SUME M	SCARBOROUGH		4074-7134
COMMUNITY PARTNERSHIPS	\$72,517.75	AMERICAN ONLINE GIVING	2 2	NONE		SAFETY HARROR		13202-1611
COMMUNITY PARTNERSHIPS	\$98,756.00	(AMERICAN RED CROSS	S	NONE	RK PLACE	CHICAGO	Ī	SACRIT 1248
COMMUNITY PARTNERSHIPS	\$60,000,00		8	NONE		FARMINGTON	10	06012.1046
COMMUNITY PARTNERSHIPS	\$7,837.50	AWRUAL CHILDREN'S BOOK DONATION FOR MAINE	COV		STATE OF MAINE	VARIOUS		
COMMUNITY PARTNERSHIPS	\$12.500.00		2	NONE	П	ROCHESTER	Ť	4605-2058
COMMUNITY DATEMENTOR	00.000,014	BOT SCOULS OF AMERICA SENECA WATERWAYS	8	NONE	TON HENRIETTA TOWN UN RD	ROCHESTER	INY 1	1623-2782
COMMUNITY PARTNERSHIPS	\$35,000,00	BRIGEDORT RESCRIPTINGSION	2 8	NON		GENEVA	ľ	14456-0156
COMMUNITY PARTNERSHIPS	\$20,000,00	BROOME COUNTY COMMUNITY CHARITIES	2 &	NONE	DO BOY 6474	BRIDGEPORT	1	5605-1116
COMMUNITY PARTNERSHIPS	\$125.00		8			SWITHEREID	T	12/02-22/1
COMMUNITY PARTNERSHIPS	\$10,000,00	CAMP HARBOR VIEW FOUNDATION	8		200 CLARENDON ST FL 60	BOSTON	YM Y	02116-5339
COMMUNITY PARTNERSHIPS	\$5.000.00	CAMP SUNSHME	2			CASCO	Γ	D4015-3655
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UNIVERSITY OF CONNECTICUT FOUNDATION
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UNITED WAY OF GREATER PORTLAND, MAINE
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UNITED WAY OF KLAMATH BASIN
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LINITED WAY OF OXFORD COUNTY
LINITED WAY OF THE TRLVALLEY AREA
LUNTED WAY OF YORK COUNTY
UNITED WAY WORLD WIDE
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VILLANDVA UNIVERSITY
WORCESTER POLYTECHNIC INSTITUTE
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E .	ALBANY	HUNNA IBCH	MADRID	MADRID	PORTLAND	ORONO	ROCHESTER	WASHINGTON	MONTPELIER	
STREET	P.O. BOX 9	11 INFIRMARY STREET	LUGAR CANTOBLANCO	LLIGAR CANTOBLANCO	68 HIGH ST	5703 ALUIANI HALL, RIA 100	BOT ELMWOOD AVE, BOX 655	2101 L ST NW STE 500	PO BOX 1364	
IF RECPIENT IS STREET AN INDUCAL BHOW ANY REATIONSHIP FOUNDATION MANAGER IF CONTRIBUTOR CONTRIBUTOR	NONE	NONE	MONE	NONE			NOME		NOME	
FOUNDATION STATUS OF RECIPIENT (PC) PUBLIC CHARITY	dov	28	20	PC	200	900	COV	8	8	
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