

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.

For calendar year **2024** or tax year beginning , and ending

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 ROAD	Room/suite	B Telephone number 207-688-4341
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) \$ 8,517,024.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	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 <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	2,665,105.		N/A	
	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	273,490.	273,490.		STATEMENT 1
	5a Gross rents	256,823.	256,823.		STATEMENT 2
	b Net rental income or (loss) 177,321.				STATEMENT 3
	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)					
11 Other income					
12 Total. Add lines 1 through 11	3,195,418.	530,313.			
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				
	b Accounting fees STMT 4	13,500.	6,750.		0.
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 5	50,789.	44,566.		0.
	19 Depreciation and depletion	34,936.	34,936.		
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 6	4,180.	0.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23	103,405.	86,252.		0.
	25 Contributions, gifts, grants paid	3,495,479.			3,495,479.
26 Total expenses and disbursements. Add lines 24 and 25	3,598,884.	86,252.		3,495,479.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-403,466.				
b Net investment income (if negative, enter -0-)		444,061.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		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		4,778,554.	6,167,024.	6,167,024.
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable				
		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				
	b	Investments - corporate stock				
	c	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment: basis	1,750,000.			
	Less: accumulated depreciation	STMT 7 803,023.	981,913.	946,977.	2,350,000.	
12	Investments - mortgage loans					
13	Investments - other					
14	Land, buildings, and equipment: basis					
	Less: accumulated depreciation					
15	Other assets (describe)					
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		5,760,467.	7,114,001.	8,517,024.	
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable		650,000.	2,407,000.	
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe)				
23	Total liabilities (add lines 17 through 22)		650,000.	2,407,000.		
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		5,110,467.	4,707,001.	
	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		5,110,467.	4,707,001.	
30	Total liabilities and net assets/fund balances		5,760,467.	7,114,001.		

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	5,110,467.
2	Enter amount from Part I, line 27a	2	-403,466.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	4,707,001.
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	4,707,001.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				
(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.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV 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 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	6,172.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	6,172.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	6,172.
6	Credits/Payments:		
a	2024 estimated tax payments and 2023 overpayment credited to 2024	6a	3,400.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	3,400.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	106.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	2,878.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2025 estimated tax Refunded	11	

Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered.
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G?
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of THE FOUNDATION Telephone no. (203) 836-6457 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
16 At any time during calendar year 2024, 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?

Part VI-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.

Table with columns: Question, Yes, No. Rows include 1a(1) through 1a(6), 1b, 1d, 2a, 2b, 3a, 3b, 4a, 4b with 'X' marks in the 'No' column.

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

Part VIII-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 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

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

Part IX 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	5,489,213.
c	Fair market value of all other assets (see instructions)	1c	2,350,000.
d	Total (add lines 1a, b, and c)	1d	7,839,213.
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	7,839,213.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	117,588.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	7,721,625.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	386,081.

Part X 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 IX, line 6	1	386,081.
2a	Tax on investment income for 2024 from Part V, line 5	2a	6,172.
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	6,172.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	379,909.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	379,909.
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 XII, line 1	7	379,909.

Part XI 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	3,495,479.
b	Program-related investments - total from Part VIII-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 XII, line 4	4	3,495,479.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				379,909.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019	2,099,926.			
b From 2020	3,303,014.			
c From 2021	2,255,585.			
d From 2022	3,717,757.			
e From 2023	2,374,036.			
f Total of lines 3a through e	13,750,318.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$	3,495,479.			
a Applied to 2023, 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 2024 distributable amount				379,909.
e Remaining amount distributed out of corpus	3,115,570.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	16,865,888.			
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 2023. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				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 2019 not applied on line 5 or line 7	2,099,926.			
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a	14,765,962.			
10 Analysis of line 9:				
a Excess from 2020	3,303,014.			
b Excess from 2021	2,255,585.			
c Excess from 2022	3,717,757.			
d Excess from 2023	2,374,036.			
e Excess from 2024	3,115,570.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling

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

Table with 5 columns: (a) 2024, (b) 2023, (c) 2022, (d) 2021, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV 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).)

NONE

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.

NONE

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.

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

SEE STATEMENT 10

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

c Any submission deadlines:

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

Part XIV 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 Paid during the year				
ALPHA COMMUNITY SERVICES 1240 CHAPEL STREET NEW HAVEN, CT 06511	NONE	PC	COMMUNITY PROGRAMS	20,000.
AMERICAN ONLINE GIVING /BENEVITY 200 MAIN STREET SAFE HARBOR, FL 34695	NONE	PC	COMMUNITY PROGRAMS	583,479.
AMERICAN RED CROSS - 209 FARMINGTON AVE FARMINGTON, CT 06032	NONE	PC	COMMUNITY PROGRAMS	250,000.
AMERICARES 88 HAMILTON AVE STAMFORD, CT 06902	NONE	PC	COMMUNITY PROGRAMS	25,000.
BARRINGTON STAGE COMPANY 30 UNION ST PITTSFIELD, MA 01201	NONE	PC	ARTS & CULTURE	15,000.
Total	SEE CONTINUATION SHEET(S)			3a 3,495,479.
b Approved for future payment				
NONE				
Total				
				3b 0.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, etc. Total amount for (d) is 450,811.

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. All entries are N/A.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. All entries are N/A.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee: JESSE J. WHEELER, CPA. Title: PRESIDENT.

Paid Preparer Use Only: Preparer's name: JESSE J. WHEELER, CPA; Preparer's signature: JESSE J. WHEELER; Date: 10/07/25; Check self-employed: No; PTIN: P00187533; Firm's name: DAVIDSON, FOX & COMPANY, LLP; Firm's EIN: 15-0544726; Firm's address: 33 LEWIS ROAD, BINGHAMTON, NY 13905; Phone no.: 607-722-5386.

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Year (Continuation)				
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)				
BEADSLEY ZOO 1875 NOBLE AVE BRIDGEPORT, CT 06610	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	40,000.
BINGHAMTON PHILHARMONIC 71 STATE STREET LOWER LEVEL BINGHAMTON, NY 13901	NONE	PC	ARTS & CULTURE	15,000.
BINGHAMTON UNIVERSITY - WATSON SCHOOL PO BOX 6005 BINGHAMTON, NY 13902	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	50,000.
BRIDGEPORT CARIBE YOUTH LEADERS 595 MADISON AVE BRIDGEPORT, CT 06604	NONE	PC	COMMUNITY PROGRAMS	50,000.
BROOME COUNTY COUNCIL OF CHURCHES - CHOW 3 OTSENINGO ST BINGHAMTON, NY 13903	NONE	PC	COMMUNITY PROGRAMS	50,000.
CAMP SUNSHINE 35 ACADIA RD CASCO, ME 04015	NONE	PC	COMMUNITY PROGRAMS	5,000.
CAREER RESOURCES 1000 LAFAYETTE BLVD STE 303 BRIDGEPORT, CT 06604	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	25,000.
CAROLINE HOUSE 574 STILLMAN STREET BRIDGEPORT, CT 06608	NONE	PC	COMMUNITY PROGRAMS	20,000.
CATALYST CT PARTK CITY PATHWAYS 2470 FAIRFIELD AVE BRIDGEPORT, CT 06605	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	50,000.
CENTER FOR LATINO PROGRESS 95 PARK ST HARTFORD, CT 06106	NONE	PC	COMMUNITY PROGRAMS	20,000.
Total from continuation sheets				2,602,000.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
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)				
CENTER FOR WILDLIFE PO BOX 620 CAPE NEDDICK, CT 03602	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	15,000.
CENTRAL NEW MEXICO COMMUNITY COLLEGE 525 BUENA VISTA SE ALBUQUERQUE, NM 87106	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	50,000.
CITY OF NEW HAVEN - ELM CITY ROBOTICS 200 ORANGE STREET NEW HAVEN, CT 06510	NONE	PC	COMMUNITY PROGRAMS	5,000.
COLUMBIA GORGE COMMUNITY COLLEGE FOUNDATION 400 EAST SCENIC DR THE DALLES, OR 97058	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	10,000.
CONNECT US BRIDGEPORT 1000 LAFAYETTE BLVD, 2ND FLOOR BRIDGEPORT, CT 06604	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	10,000.
CONNECTICUT INVENTION CONVENTION PO BOX 230311 HARTFORD, CT 06123	NONE	PC	COMMUNITY PROGRAMS	10,000.
CONNECTICUT PUBLIC BROADCASTING 1049 ASYLUM AVE HARTFORD, CT 06105	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	50,000.
CORNELL COOPERATIVE EXTENSION 2449 ST PAUL BLVD ROCHESTER, NY 14617	NONE	PC	COMMUNITY PROGRAMS	40,000.
DISTRICT ARTS & EDUCATION 470 JAMES STREET, SUITE 001 NEW HAVEN, CT 06513	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	50,000.
FARFIELD COUNTY'S COMMUNITY FOUNDATION 40 RICHARDS AVE NORWALK, CT 06854	NONE	PC	COMMUNITY PROGRAMS	25,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FEEDING AMERICA 161 N. CLARK ST, SUITE 700 CHICAGO, IL 60601	NONE	PC	COMMUNITY PROGRAMS	150,000.
FOUNDATION FOR MAINES COMMUNITY COLLEGE 54 LIGHTHOUSE CIRCLE SOUTH PORTLAND, ME 04106	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	50,000.
GLADYS ALLEN BRIGHAM COMMUNITY CENTER - GIRLS, INC OF THE BERKSHIRES 165 EAST STREET PITTSFIELD, MA 01201	NONE	PC	COMMUNITY PROGRAMS	15,000.
GULF OF MAINE RESEARCH INSTITUTE 350 COMMERCIAL STREET PORTLAND, ME 04101	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	50,000.
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT ST AMERICUS, GA 31709	NONE	PC	COMMUNITY PROGRAMS	135,000.
HANCOCK SHAKER VILLAGE P.O. BOX 927 PITTSFIELD, MA 01201	NONE	PC	ARTS & CULTURE	10,000.
HANDS ON HARTFORD 55 BARTHOLOMEW AVENUE HARTFORD, CT 06106	NONE	PC	COMMUNITY PROGRAMS	20,000.
HANGAR THEATER 801 TAUGHANNOCK BLVD OTHACA, NY 14850	NONE	PC	ARTS & CULTURE	10,000.
HAWKS A LOFT 6715 EAGLE ROCK AVE, NE, SUITE A ALBUQUERQUE, NM 87113	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	30,000.
HENRY FORD MUSEUM 20900 OAKWOOD BLVD. DEARBORN, MI 48124	NONE	PC	COMMUNITY PROGRAMS	50,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HORIZONS BRIDGEPORT 1057 BROAD STREET BRIDGEPORT, CT 06604	NONE	PC	COMMUNITY PROGRAMS	20,000.
JOBS FOR MAINE'S GRADUATES, INC. 45 COMMERCE DR., SUITE 9 AUGUSTA, ME 04430	NONE	PC	COMMUNITY PROGRAMS	25,000.
KALAMAZOO COMMUNITY COLLEGE FOUNDATION 6767 WEST O AVENUE KALAMAZOO, MI 49003	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	10,000.
KENNEBEC VALLEY COMMUNITY COLLEGE FOUNDATION 92 WESTERN AVE FAIRFIELD, ME 04937	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	10,000.
LAKE REGION COMMUNITY COLLEGE FOUNDATION 1801 COLLEGE DR N DEVILS LAKE, ND 58301	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	10,000.
LIBERTY WILDLIFE 2600 E ELWOOD ST PHOENIX, AZ 85040	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	15,000.
MAHAIWEE PERFORMING ARTS PO BOX 690 GREAT BARRINGTON, MA 01230	NONE	PC	ARTS & CULTURE	10,000.
MAINE DEVELOPMENT FOUNDATION 2 BEECH STREET, SUITE 203 HALLOWELL, ME 04347	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	50,000.
MAINE GENERAL MEDICAL CENTER 35 MEDICAL CENTER PARKWAY AUGUSTA, ME 04330	NONE	PC	COMMUNITY PROGRAMS	25,000.
MALTA HOUSE OF CARE 136 FARMINGTON AVE HARTFORD, CT 06105	NONE	PC	COMMUNITY PROGRAMS	20,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MARINE MAMMALS OF MAINE PO BOX 751 BATH, ME 04530	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	10,000.
MASSACHUSETTS MUSEUM OF CONTEMPORARY ART 1040 MASS MOCA WAY NORTH ADAMS, MA 01247	NONE	PC	ARTS & CULTURE	10,000.
MASSACHUSETTES AUDUBON 208 SOUTH GREAT RD LINCOLN, MA 01773	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	20,000.
MONROE COMMUNITY COLLEGE FOUNDATION 1057 EAST HENRIETTA ROAD ROCHESTER, NY 14623	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	50,000.
NATIONAL MARINE LIFE CENTER PO BOX 269 BUZZARDS BAY, MA 02532	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	47,000.
NEW BEGINNINGS 134 COLLEGE STREET LEWISTON, ME 04240	NONE	PC	COMMUNITY PROGRAMS	15,000.
NEW HAVEN PROMISE - BRIDGEPORT PROMISE 28 LINCOLN WAY NEW HAVEN, CT 06510	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	100,000.
NOURISH BRIDGEPORT PO BOX 1859 BRIDGEPORT, CT 06604	NONE	PC	COMMUNITY PROGRAMS	50,000.
OJAI RAPTOR CENTER P.O. BOX 182 OAK VIEW, CA 93022	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	15,000.
ORANGE COUNTY BIRDS OF PREY 25422 TRABUCO RD #105-541 LAKE FOREST, CA 92630	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	35,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
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)				
OREGON CHILDREN'S FOUNDATION - START MAKING A READER TODAY (SMART) 101 SW MARKET ST PORTLAND, OR 97201	NONE	PC	COMMUNITY PROGRAMS	57,000.
OREGON ZOO FOUNDATION 4001 SW CANYON ROAD PORTLAND, OR 97221	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	30,000.
PENNSYLVANIA BAT RESCUE 42 HIGH VIEW LANE MERTZTOWN, PA 19539	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	10,000.
PINE TREE SOCIETY 149 FRONT STREET BATH, ME 04530	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	25,000.
PORTLAND MUSEUM OF ART 7 CONGRESS SQ PORTLAND, ME 04101	NONE	PC	ARTS & CULTURE	10,000.
POSSUMWOOD ACRES WILDLIFE SANCTUARY 119 DOE DRIVE HUBERT, NC 28539	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	20,000.
PREBLE STREET 38 PREBLE STREET PORTLAND, ME 04101	NONE	PC	COMMUNITY PROGRAMS	50,000.
RED CREEK WILDLIFE 300 MOONHILL DR SCHUYKILL HAVEN, PA 17972	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	13,000.
ROCHESTER MUSEUM AND SCIENCE CENTER 657 EAST AVE ROCHESTER, NY 14607	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	20,000.
RONALD MCDONALD HOUSE CHARITIES OF NEW YORK - ROCHESTER 333 WESTMORELAND DRIVE ROCHESTER, NY 14620	NONE	PC	COMMUNITY PROGRAMS	50,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RONALD MCDONALD HOUSE CHARITIES OF PORTLAND & BANGOR 250 BRACKETT STREET PORTLAND, ME 04102	NONE	PC	COMMUNITY PROGRAMS	50,000.
RONALD MCDONALD HOUSES CHARITIES OF CONNECTICUT & WESTERN MASSACHUSETTS 860 HOWARD AVE NEW HAVEN, CT 06519	NONE	PC	COMMUNITY PROGRAMS	50,000.
ROWENA WILDLIFE CLINIC 6900 HIGHWAY 30 THE DALLES, OR 97058	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	10,000.
SAVING OUR AVIAN RESOURCES 25494 320TH STREET DEDHAN, IA 51440	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	10,000.
SHARON AUDUBON CENTER 325 CORNWALL BRIDGE RD SHARON, CT 06069	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	20,000.
STERLING HOUSE COMMUNITY CENTER 2283 MAIN ST STRATFORD, CT 06615	NONE	PC	COMMUNITY PROGRAMS	10,000.
SULLIVAN CATSKILLS REGIONAL FOOD - A SINGLE BITE 92 COMMERCE DRIVE LIBERTY, NY 12754	NONE	PC	COMMUNITY PROGRAMS	20,000.
THE CENTER FOR YOUTH 905 MONROE AVE ROCHESTER, NY 14620	NONE	PC	COMMUNITY PROGRAMS	40,000.
THE KLEIN 910 FAIRFIELD AVE BRIDGEPORT, CT 06605	NONE	PC	ARTS & CULTURE	10,000.
TRINITY JUBILEE CENTER 247 BATES STREET LEWISTON, ME 04240	NONE	PC	COMMUNITY PROGRAMS	50,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST., 9TH FLOOR SAN FRANCISCO, CA 94104	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	100,000.
UNITED WAY BROOME COUNTY P.O. BOX 550 BINGHAMTON, NY 13902	NONE	PC	COMMUNITY PROGRAMS	20,000.
UNIVERSITY OF MAINE TWO ALUMNI PLACE ORONO, ME 04469	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	10,000.
URBAN LEAGUE OF ROCHESTER 265 N CLINTON AVE ROCHESTER, NY 14605	NONE	PC	TRAINING, RESEARCH & HIGHER EDUCATION	50,000.
VETERANS ADAPTIVE SPORTS & TRAINING (VAST), PINELAND FARMS 32 FARM VIEW DRIVE NEW GLOUCESTER, ME 04260	NONE	PC	COMMUNITY PROGRAMS	10,000.
VOLUNTEERS IMPROVING NEIGHBORHOOD ENVIRONMENTS - VINES PO BOX 3104 BINGHAMTON, NY 13902	NONE	PC	COMMUNITY PROGRAMS	25,000.
WHISPERING WILLOW WILD CARE 3558 CARMAN RD SCHENECTADY, NY 12303	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	15,000.
WILD WINGS 27 POND RD HONEOYE FALLS, NY 14472	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	30,000.
WILDLIFE REHABILITATORS ASSOCIATION OF RHODE ISLAND 2865 TOWER HILL RD SAUNDERSTOWN, RI 02874	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	25,000.
WILL STEGER FOUNDATION - CLIMATE CHANGE GENERATION 2801 21ST AVE SOUTH, SUITE 110 MINNEAPOLIS, MN 55407	NONE	PC	BIODIVERSITY & CLIMATE CHANGE	30,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)					
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)					
YALE NEW HAVEN HEALTH - BRIDGEPORT HOSPITAL 267 GRANT ST BRIDGEPORT, CT 06610		NONE	PC	COMMUNITY PROGRAMS	35,000.
YALE UNIVERSITY PEABODY MUSEUM 170 WHITNEY AVE NEW HAVEN, CT 06520		NONE	PC	COMMUNITY PROGRAMS	40,000.
Total from continuation sheets					

**Schedule B
(Form 990)**

(Rev. December 2024)
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

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 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization AVANGRID FOUNDATION, INC.	Employer identification number 13-4200689
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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 2701 NW VAUGH STREET, SUITE 300 PORTLAND, OR 97210	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEW YORK STATE ELECTRIC AND GAS P.O. BOX 5224 BINGHAMTON, NY 13902	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CENTRAL MAINE POWER COMPANY 83 EDISON DRIVE AUGUSTA, ME 04332	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ROCHESTER GAS AND ELECTRIC CORPORATION 3 CITY CENTER, 180 SOUTH CLINTON AVE ROCHESTER, NY 14604	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BERKSHIRE GAS CO 115 CHESHIRE ROAD PITTSFIELD, MA 01201	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	UNITED ILLUMINATING COMPANY 100 MARSH HILL ROAD ORANGE, CT 06477	\$ 347,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AVANGRID FOUNDATION, INC.	Employer identification number 13-4200689
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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	AVANGRID REAL ESTATE SERVICES 83 EDISON DRIVE AUGUSTA, ME 04336	\$ 215,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CONNECTICUT NATURAL GAS COMPANY 76 MEADOW ST EAST HARTFORD, CT 06108	\$ 98,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SOUTHERN CONNECTICUT GAS COMPANY 60 MARSH HILL ROAD ORANGE, CT 06477	\$ 104,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AVANGRID FOUNDATION, INC.	Employer identification number 13-4200689
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization AVANGRID FOUNDATION, INC.	Employer identification number 13-4200689
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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 info. once.) \$ _____
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

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-PF**

2024

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name AVANGRID FOUNDATION, INC.	Employer identification number 13-4200689
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	6,172.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	6,172.
4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	6,423.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	6,172.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/24	06/15/24	09/15/24	12/15/24
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	1,543.	1,543.	1,543.	1,543.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	3,400.			
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		1,857.	314.	
13 Add lines 11 and 12	13		1,857.	314.	
14 Add amounts on lines 16 and 17 of the preceding column	14				1,229.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	3,400.	1,857.	314.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			1,229.	1,543.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	1,857.	314.		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)	
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20				
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0,08)}{366}$	22	\$	\$	\$	
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0,08)}{366}$	24	\$	\$	\$	
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0,08)}{366}$	26	\$	\$	\$	
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27	SEE ATTACHED WORKSHEET			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0,07)}{365}$	28	\$	\$	\$	
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$	
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$	
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$	
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35				
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$	
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38				\$ 106.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

**FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) AVANGRID FOUNDATION, INC.	Identifying Number 13-4200689
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(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/24	1,543.	1,543.			
05/15/24	-3,400.	-1,857.			
06/15/24	1,543.	-314.			
09/15/24	1,543.	1,229.	91	.000218579	24.
12/15/24	1,543.	2,772.	16	.000218579	10.
12/31/24	0.	2,772.	135	.000191781	72.

Penalty Due (Sum of Column F). **106.**

* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
JP MORGAN	273,490.	0.	273,490.	273,490.	
TO PART I, LINE 4	273,490.	0.	273,490.	273,490.	

FORM 990-PF RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
ANTHONY AVE, AUGUSTA, ME	2	256,823.
TOTAL TO FORM 990-PF, PART I, LINE 5A		256,823.

FORM 990-PF RENTAL EXPENSES STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		34,936.	
TAXES		44,566.	
- SUBTOTAL -	2	0.	79,502.
TOTAL RENTAL EXPENSES			79,502.
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B			177,321.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL AND ACCOUNTING FEES	13,500.	6,750.		0.
TO FORM 990-PF, PG 1, LN 16B	13,500.	6,750.		0.

FORM 990-PF

TAXES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	6,198.	0.		0.
NYS FEE	25.	0.		0.
TAXES	44,566.	44,566.		0.
TO FORM 990-PF, PG 1, LN 18	50,789.	44,566.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	4,107.	0.		0.
BANK FEES	73.	0.		0.
TO FORM 990-PF, PG 1, LN 23	4,180.	0.		0.

FORM 990-PF

DEPRECIATION OF ASSETS HELD FOR INVESTMENT

STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
BUILDINGS AND IMPROVEMENTS	1,395,884.	803,023.	592,861.	2,350,000.
LAND	354,116.	0.	354,116.	0.
TO 990-PF, PART II, LN 11	1,750,000.	803,023.	946,977.	2,350,000.

NAME OF CONTRIBUTOR

ADDRESS

NEW YORK STATE ELECTRIC AND GAS

P.O. BOX 5224
BINGHAMTON, NY 13901

ROCHESTER GAS AND ELECTRIC
CORPORATION

3 CITY CENTER, 180 SOUTH CLINTON AVE
ROCHESTER, NY 14604

CENTRAL MAINE POWER COMPANY

83 EDISON DRIVE
AUGUSTA, ME 04332

AVANGRID RENEWABLES, LLC

2701 NW VAUGH STREET, SUITE 300
PORTLAND, OR 29210

UIL HOLDINGS

100 MARSH HILL ROAD
ORANGE, CT 06477

BERKSHIRE GAS COMPANY

115 CHESHIRE ROAD
PITTSFIELD, MA 01201

AVANGRID REAL ESTATE SERVICES

83 EDISON DRIVE
AUGUSTA, ME 04332

CONNECTICUT NATURAL GAS COMPANY

76 MEADOW ST
EAST HARTFORD, CT 06108

SOUTHERN CONNECTICUT GAS COMPANY

60 MARSH HILL ROAD
ORANGE, CT 06477

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LANEY BROWN 180 MARSH HILL RD ORANGE, CT 06477	PRESIDENT 1.00	0.	0.	0.
APRIL THEBERGE 180 MARSH HILL RD ORANGE, CT 06477	TREASURER 1.00	0.	0.	0.
JOSEPH GALVIN-LOPEZ 180 MARSH HILL RD ORANGE, CT 06477	SECRETARY 1.00	0.	0.	0.
JUSTIN LAGASSE 180 MARSH HILL RD ORANGE, CT 06477	DIRECTOR 1.00	0.	0.	0.
MARK CONTRERAS 180 MARSH HILL RD ORANGE, CT 06477	DIRECTOR 1.00	0.	0.	0.
JOSEPH SEARLES 180 MARSH HILL RD ORANGE, CT 06477	DIRECTOR 1.00	0.	0.	0.
BETSY SALTONSTALL 180 MARSH HILL RD ORANGE, CT 06477	DIRECTOR 1.00	0.	0.	0.
PABLO D. COLON 180 MARSH HILL RD ORANGE, CT 06477	EXECUTIVIE DIRECTOR 1.00	0.	0.	0.
MARY JACOBS 180 MARSH HILL RD ORANGE, CT 06477	PROGRAM MANAGER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LANEY BROWN
180 MARSH HILL ROAD
ORANGE, CT 06477

TELEPHONE NUMBER

203-836-6457

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.