	\mathcal{C}_{0}				2939	33	350190	
Form 990-T	EXTE Exempt Orga	ENDED TO NOVE	EMBE	R 15, 2018		- (OMB No 1545-0687	
Form 990-1		and proxy tax und	er se	ction 6033(e))	ax Hotaiii			
, "	For calendar year 2017 or other tax y			, and ending	·	_	2017	
Department of the Treasury Internal Revenue Service	► Go to ww ► Do not enter SSN numb	w.irs.gov/Form990T for in ers on this form as it may				C 5	Open to Public Inspection for 01(c)(3) Organizations Only	
A Check box if address changed	Name of organization (Check box if name c	hanged	and see instructions)			yer identification number byees' trust, see tions)	
B Exempt under section		INDATION, IN					2-0476283	
501()(2 5) 408(e) 220(e)	Tuna	[Number, 30 det, and room or some no in a received and room on a received and room of some negligibles.]						
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code							
529(a) C Book value of all assets	F Group exemption nur		_			3230	000	
103,166,7		pe X 501(c) corp	poration	501(c) trust	401(a)	trust	Other trust	
	n's primary unrelated business ac							
	the corporation a subsidiary in ar		nt-subs	diary controlled group?	▶ L	Yes	X No	
J The books are in care of	and identifying number of the pare SARAH MORGAN			Telenh	one number > 4	23-2	267-4311	
	d Trade or Business In			(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sale	es							
b Less returns and allow		c Balance	1c					
2 Cost of goods sold (S	• •		2					
3 Gross profit. Subtract 4a Capital gain net incon			3 4a					
, -	4797, Part II, line 17) (attach For	m 4797)	4b					
c Capital loss deduction		··· ·· · · · ,	4c					
5 Income (loss) from pa	artnerships and S corporations (a	ttach statement)	5	43,025.			43,025.	
6 Rent income (Schedu	· ·		6					
	ed income (Schedule E)	(Cab E)	7					
	yalties, and rents from controlled f a section 501(c)(7), (9), or (17)		8 9					
	vity income (Schedule I)	organization (ouncodic d)	10					
11 Advertising income (S	, ,		11					
12 Other income (See in:	structions; attach schedule)		12			_		
13 Total. Combine lines			13	43,025.		1	43,025.	
	ns Not Taken Elsewhe contributions, deductions mus				ıncome)			
14 Compensation of off	icers, directors, and trustees (Sch	nedule K)				14		
15 Salaries and wages			FOI	IVED		15		
16 Repairs and mainten	nance					16		
17 Bad debts	dula)	ا ا		2018 SS-SS-SS-SS-SS-SS-SS-SS-SS-SS-SS-SS-SS-		17		
18 Interest (attach sche19 Taxes and licenses	ouie)	3008	10 A	30, 5010 PE		19		
	ons (See instructions for limitatio	n rules) ໄດ້ວ່າ		TOUT T		20		
21 Depreciation (attach	•	\ \	ϽGĺ	2018 OSEN, UT				
•	aimed on Schedule A and elsewhe	ere on return	-	22a		22b		
23 Depletion					}	23		
24 Contributions to defe25 Employee benefit pro	erred compensation plans				ŀ	24		
26 Excess exempt expe	-					26	· 	
27 Excess readership co	, ,					27		
28 Other deductions (at	,				[28		
	dd lines 14 through 28					29 30	43,025.	
· · · · · · · · · · · · · · · · · · ·	eduction (limited to the amount o axable income before specific dec		om line		PMPMI IQ	31 32	43,025.	
	Generally \$1,000, but see line 33 i				ŀ	33	1,000.	
	taxable income Subtract line 33			than line 32, enter the sm	aller of zero or			
line 32						34	0.	
723701 01-22-18 LHA FO	or Paperwork Reduction Act Notic	ce see instructions.					Form 990-T (2017)	

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-	(2017) BENWOOD FOUNDATION, INC. 62-04	76283	Page 2
Part I	II ' Tax Computation		
35	Organizations Taxable as Corporations See instructions for tax computation.	-	-
•	Controlled group members (sections 1561 and 1563) check here See instructions and:		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	ļ. I	
	(1) \$ (2) \$ (3) \$		
ь	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)		
С	Income tax on the amount on line 34	- 35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		· · · · · · · · · · · · · · · · · · ·
	Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income See instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.
Part I		1 1	-
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		
.	Other credits (see instructions) 41b	7	
c	General business credit Attach Form 3800 41c	- '	
4	Credit for prior year minimum tax (attach Form 8801 or 8827)	7	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
44	Total tax. Add lines 42 and 43	44	0.
	Payments A 2016 overpayment credited to 2017	1. 1	
	2017 estimated tax payments 45b	∃	
	Tax deposited with Form 8868 45c	⊣	
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d	7	
	Backup withholding (see instructions) 45e	7	
	Credit for small employer health insurance premiums (Attach Form 8941) 45f	-	
	Other credits and payments Form 2439	-	
y	Form 4136 Other Total > 45g	1 1	
46	Total payments. Add lines 45a through 45g	46	
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	50	<u>.</u>
Part \		JU]	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority	-	Yes No
٠.	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		100 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		
	here		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
J.	If YES, see instructions for other forms the organization may have to file.		
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.	ledge and belief, it is	true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here		May the IRS discuss the preparer shown b	
			Yes No
	Print/Type preparer's name Preparer's stignature Date Check	if PTIN	100 1.00
D-1-1	self- employer		
Paid	GUEL MON, GUANDED G	P0147	9354
Prepa	THE TOWN DAVIG IT GIVE		81582
Use C	629 MARKET STREET, SUITE 100	<u> </u>	
	Firm's address ► CHATTANOGA, TN 37402 Phone no.	(423) 75	6-7100
	, and the state of		990-T (2017)
			· · · /

Schedule A - Cost of Goods Sold. Enter	method of inver	itory valuation N/A	<u> </u>		_
1 Inventory at beginning of year 1 6 Inventory at end of y			ar	6	
2 Purchases 2		7 Cost of goods sold. S	ubtract line 6		
3 Cost of labor 3		from line 5 Enter here	and in Part I,	\ <u>-</u>	_
4a Additional section 263A costs		line 2		7	
(attach schedule) 4a		8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule) 4b		property produced or a	acquired for resale) apply to		
5 Total. Add lines 1 through 4b 5		the organization?			
Schedule C - Rent Income (From Real I (see instructions)	Property and	Personal Property L	eased With Real P	roperty	/)
1. Description of property					
(1)					
(2)			· · · · · · · · · · · · · · · · · · ·		
(3)			· · · · · · · · · · · · · · · · · · ·		
(4)			·		
<u></u>	ad or accrued			•	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	and personal property (if the percental personal property exceeds 50% or if at its based on profit or income)	ge 3(a) Deductions d	rectly conn 2(a) and 2(b	ected with the income in (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total 0.	Total		0.		
(c) Total income. Add totals of columns 2(a) and 2(b) Enthere and on page 1, Part I, line 6, column (A)	•	-	(b) Total deduction Enter here and on pag Part I, line 6, column (8	e 1,	0.
Schedule E - Unrelated Debt-Financed	Income (see	instructions)			
		2 Gross income from	 Deductions directly to debt- 	y connected financed pro	d with or allocable operty
1 Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)					
(2)					
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average of or a debt-financed	adjusted basis llocable to iced property ischedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		İ	
(2)		%			
(3)		%			
(4)		%			
•			Enter here and on page 1 Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals		•		0.	0.
Total dividends-received deductions ancluded in column	88				0.

Schedule F - Interest,	Annuitie	s, Royal	ties, an		From Con Controlled O			itions	(see ins	truction	s)	
Name of controlled organization		2 Em Identif nun	ication	3 Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)												
(2)									- "			
(3)						_						
(4)												
Nonexempt Controlled Organi	zations											
7. Taxable Income		nrelated incon ee instruction		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that ng organi i income	is included ization's		ductions directly connected n income in column 10	
_(1)	 											
(2)												
(3)						İ						
(4)												
					-		Add colum Enter here and line 8, c		1, Part I,		id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						▶			0.		0.	
Schedule G - Investme (see inst		ne of a S	Section	501(c)(7	'), (9), or ([·]	17) Org						
1. Desc	ription of incor	me			2. Amount of	income	 Deduction directly conne (attach sched) 	cted	4. Set-a (attach s		5 Total deductions and set-asides (cot 3 plus col 4)	
(2)								\longrightarrow			-	
(3)												
(4)												
					Enter here and o Part I, line 9, col					,	Enter here and on page 1, Part I, line 9, column (B)	
Totals				<u> </u>	<u> </u>	0.				+	1 0.	
Schedule I - Exploited (see instru	-	Activity	Income	, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2 G unrelated income trade or b	business e from	3 Exp directly c with pro of unr- business	duction elated	4. Net incom from unrelated business (co minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6 Exp attribute colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)	Enter here page 1, line 10, c	Part I, col (A)	Enter her page 1 line 10,	Part I, col (B)	r				···· <u> </u>		Enter here and on page 1, Part II, line 26	
Totals	na Incom	0.		0.	<u> </u>	~ · » -		<u> </u>		-		
Schedule J - Advertising Part I Income From I					solidated	Basis						
1 Name of periodical		2. Gross advertising income		3 Direct	4. Advert or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5 Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											- · · ·	
(2)												
(3)					 _'.						1	
(4)					1 _						يا ميناه معاد	
Totals (carry to Part II, line (5))	>		0.	0			1,				0 . Form 990-T (2017)	

Form 990-T (2017) BENWOOD F						047628	3 Page !
Part III Income From Perio			rate Basis (For ea	ch period	dical listed in Pa	art II, fill in	
columns 2 through 7 on a	a line-by-line basis))					
1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7		culation 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	0.	0.	, , ,		,		0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•	•		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.		<u> </u>			0.
Schedule K - Compensation	n of Officers, D	Directors, and	d Trustees (see in	struction	ns)		
1. Name			2 Title		3. Percent of time devoted to business		ensation attributable related business
(1)				Ì	%		
(2)					%		
(3)					%		
(4)			<u> </u>	Î	%		
Total Enter here and on page 1, Part II, I	ine 14	-			>		0.

Form **990-T** (2017)

0.

FORM 990-T INCOME (LOSS)	FROM PARTNERS	STATEMENT 13		
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)	
GT REAL ASSETS, LP	35,162.	0.	35,162.	
GT REAL ASSETS II, LP	12,140.	0.	12,140.	
HEADLAND CAPITAL SECONDARY FUND II,	·			
LP	-1,126.	0.	-1,126.	
MERCED PARTNERS II, LP	-1,979.	0.	-1,979.	
PALLADIAN PARTNERS VII, LP	-3,509.	0.	-3,509.	
PALLADIAN PARTNERS VIII-A, LP	-33,279.	0.	-33,279.	
PAUL CAPITAL PARTNERS VIII-A LP	654.	0.	654.	
MIT PRIVATE EQUITY	-9,854.	0.	-9,854.	
AGHAP FEEDER, LLC	-647.	0.	-647.	
CHATTANOOGA RENAISSANCE FUND II, LP	-10,463.	0.	-10,463.	
GT EMERGING MARKETS (QP), LP	19,567.	0.	19,567.	
GT US QP FUND, LP	37,006.	0.	37,006.	
SIGULER GUFF SMALL BUYOUT				
OPPORTUNITIES FUND	-6.	0.	-6.	
JUMP FUND, LP	-641.	0.	-641.	
TOTAL TO FORM 990-T, PAGE 1, LINE 5	43,025.	0.	43,025.	