Form. 99.0

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. Social Social

2018
Open to Public

Inspection

A F	or th	e 2018	calenda	r ye	ear, or tax	year t	eginning					, 201	B, an	d en	ding					, 20		
_			C Name	of o	rganization												D Emp	loyer ide	ntıficatıoı	n numb	er	
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		empt sta	atus		501(c)(3)	<u> </u>	501(c) (9) <	(insei	rt no)		4947(a)(1) or		527	ノ	∤ I		tach a list (ructions)	1
<u>J</u>	Websi	te. 🕨				1 1							-!						ption numb			
		of organ	ization		Corporation	х	Trust	Associ	ation	Other	<u> </u>		1_	LY	ear of	forma	tion 200	00 M	State of I	egal do	micile	VA
Pa	art I	Su	mmary						-				1									
	1	Briefly	describ	e th	ne organiza	ition's	mission o	or most	significa	ant activit	ties	PROVID	E EM	IPLOY	EE E	ENEF	ITS					
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ē	2	Check	this box	•	· If th	e orga	nization d	lisconti	inued its	s operati	ions	or dispo	sed o	f mor	e tha	n 25%	of its n	et asset	S			
Governance	3	Numb	er of vot	ınq	members	of the	governing	body (Part VI,	line 1a)									3			1
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e	8				grants (Pa						• •		• • •		• •							0
Revenue	9	Progra	am servi	ce re	evenue (Pa	rt VIII,	line 2g) .		سا ٠٠٠				• • •		. • • }			122,1				2,537
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d). RECEIVED													11,37	9,101						
	11	Other	revenue	(Pa	art VIII, col	umn (A), lines 5.	, 6d, 8c	9c 10	¢, and T	1e).		Ξ.	וטר								0
	12	Total	revenue	- ac	d lines 8 t	hroug	h 11 (mus	t equal	Par 🞾	, ငရမှကျ	$V^{(A)}$. Ine,12)	a · ·	181	• •		14	,672,4	75		11,49	1,638
	13	Grant	s and sir	nıla	r amounts	paid (F	Part IX, col	umn (A	(), lu 163	1-3)	-	2 401	۶.,	9								0
	14				r for memb						==		=	쁘			32	,102,7	01		27,48	7,963
S	15	Saları	es, other	co	mpensatio	n, emį	ployee ben	efits (P	art X.c	المحاصان	(y)	1 es 5-10	Ţ	[0
Expenses	16 a	Profes	ssional fi	und	raising fees	(Part	IX, column	n (A), lii	ne 11e)					∴.								0
×pe	b	Total f	fundraisi	ng i	expenses (Part IX	(, column ((D), line	25) 🕨													
ш	17	Other	expense	s (F	Part IX, col	umn (A), lines 11	1a-11d,	11f-24e	e)					[2	2,279,6	00		2,14	8,106
	18	Total	expenses	s A	dd lines 13	3-17 (must equa	l Part I)	K, colum	nn (A), lir	ne 25	5)			[34	,382,3	801	2	29,63	6,069
	19	Rever	ue less	ехр	enses Sul	otract i	ine 18 fror	n line 1	2						[(19,	709,82	6)	(18	3,144	,431)
e s																Begir	_	Current '			of Yea	
Net Assets or Fund Balances	20	Total a	assets (F	art :	X, line 16)										أ	-	181	,797,2	46	16	52,49	6,532
Ass	21				art X, line 2													,163,5				7,308
E E	22				d balances										- 1			, 633, 6		16	52.48	9,224
	rt II		mature												•••			,,				
Une	der pe	nalties à	periury.	I de	eclare that I	have e	examined th	ns retur	n. includ	ing accor	mpar	nvina sche	dules	and s	statem	ents.	and to th	e best o	f my kno	wledge	and b	elief, it is
true	e, corre	ct, and	complete	De	claration of p	repare	r (other tha	n officer	r) is base	d on all in	form	ation of w	hich	prepa	rer has	any k	nowledg	е				
			≤ 1		777																	
Sig	n		Signature	e of	officer	-												Date				
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For	Pape	rwork	Reducti	on /	Act Notice	. see 1	he separa	te instr	ructions											Fon	m 990	0 (2018

 $\mathcal{DOR}_{Page 3}$

Pav	LIV. Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	NO
•	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		x_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			l
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			į
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			ł
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	er architect	X DBRSS
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		7 14 2 14 2 14 14	
	VII, VIII, IX, or X as applicable	, ,	2. 12/s	Charles A
ā	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.		۱
	complete Schedule D, Part VI	11a		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		l
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110	X	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
,	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u> </u>
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	_ <u></u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-"	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	ĺ
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	1
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
20-	If "Yes," complete Schedule G, Part III	19 20a		X
	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	democracy government on rate is a committee of the real complete conclude i, rate rand if			^_

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
A	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		X
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ x
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	550		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Part				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V			ــــــــــــــــــــــــــــــــــــــ
	r t		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	ا م ا		
	reportable gaming (gambling) winnings to prize winners?	1c Form	990	(2018)
10.4		L OILLI		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			-
	Statements, filed for the calendar year ending with or within the year covered by this return.			i
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	Ì		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		x
b	If "Yes," enter the name of the foreign country ▶		ļ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			:
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			ı
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	- -		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	35		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization 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?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2018

Part VI

Part				
,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			tions.
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 1]		
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O] .		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
'a	one or more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	8a	x	
a	The governing body?	8b	x	_
ь	Each committee with authority to act on behalf of the governing body?	OD	_^_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue)	
Jecu	on b. Tolloies (This occitor B requests information about policies not required by the internal Nevendo	0000	Yes	No
	Data and the state of the state	10a		х
	Did the organization have local chapters, branches, or affiliates?	100		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		
	• • • • • • • • • • • • • • • • • • • •	1 la		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	420		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	_ X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and recor	ds ▶		
	ITSA M. TANDOV. 1801 BAVEEDDY COURT. RICHMOND VA. 23226. 804-289-9600			

	- /
rage	

Form 99	orm 990 (2018)											Page 1
Part '	VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
Independent Contractors												
	·	Check if Schedule	9 O	contains a r	esponse or n	ote to any lini	e in this	s Part VII				. 🖳

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor		i orga	nıza	tion	cor	npen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box office Individu	unle	Pos heck ss pe	rson	n both st Highest compensated en s or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BANK OF AMERICA										
TRUSTEE			х							37,470
(2)		-								
(3)										
(4)										
(5)										
(6)							ļ. <u> </u>			
(7)										
(8)								-		
(9)										
(10)										
(11)				İ						
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per	box.	unle	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation related		am	(F) timated ount of other	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		com fro orga and	pensation the anization related nization	n I
(15)										-				
(16)			 											
(17)														
(40)						_								
(18)														
(19)												<u> </u>		
(20)						-						_		
(21)	······································	:	_											
(22)														
(23)				_										
(24)														
(25)														
(23)														
	Sub-total							>	0		0			0
	· Total from continuation sheets to Part VII, I Total (add lines 1b and 1c)	-						>	0		0			470 470
	Total number of individuals (including but no reportable compensation from the organization	ot limited to								nan \$100,00		_		
	Did the organization list any former offi	nor direct	or o	- 4-			kov		player or higher	t compone	otod.		Yes	No
3	employee on line 1a? If "Yes," complete Sched	dule J for su	ich in	divid	dual	ee, 				····		3		×
4	For any individual listed on line 1a, is the organization and related organizations gi													
_	individual											4		×
	for services rendered to the organization? If "											5		×
Sect 1	tion B. Independent Contractors Complete this table for your five highest cor	npensated	ındep	end	ent	COI	ntract	ors	that received mor	e than \$100	0,000 (of		
	compensation from the organization Report year													
	(A) Name and business add	dress							(B) \ Description of se	rvices	C	(C) ompens	ation	
AETNA					C	ONTRACT ADMINIST	RATOR _		1,032,383					
	INVESTMENT MANAGEMENT							\neg	NVESTMENT MANAGE	R				393
EXP	RESS SCRIPTS							C:	LAIMS PROCESSING				310,	964

2 Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Pa	rt VII	Statement of Revenue Check if Schedule O contains a res	nonce or note to on	ulino in this Bort VI	11		
	\	Crieck ii Scriedule O contains a res	ponse of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns	b c d				
Con	g	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		0			
e Revenue	2a b	EMPLOYER CONTRIBUTION	Business Code 551112	112,537	112,537		
Program Service Revenue	c d e						
Prog	f g	All other program service revenue Total. Add lines 2a-2f		112,537			
	3	Investment income (including divided and other similar amounts) Income from investment of tax-exempt b	dends, interest,	2,666,250			2,666,250
	5 6a b	Royalties	(II) Personal				
	C d	Rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory 37,353,9	s (II) Other				
	b c	Less cost or other basis and sales expenses 28,641,0 Gain or (loss) 8,712,8	51 0				
Other Revenue	8a	Net gain or (loss)		8,712,851			8,712,851
ş	l	Less direct expenses		0			
	9a	Net income or (loss) from fundraising everages income from gaming activities See Part IV, line 19			-	17.0	
	b	Less direct expenses		0			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less cost of goods sold	<u>y ▶</u>	0			
	11a	Miscellaneous Revenue	Business Code				
	b c						_
	d	All other revenue					
	12	Total. Add lines 11a-11d Total revenue. See instructions	1	11,491,638	112,537	0	11,379,101

Part IX	Statement	of Functional	Expenses
---------	-----------	---------------	-----------------

Sec	Chark if Schodule Contains a rear				
	Check if Schedule O contains a resp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			_	
	Benefits paid to or for members	27,487,963		•	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
				_	
ō	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	_			
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				=
	Professional fundraising services See Part IV, line 17.				
f	Investment management fees	713,624			
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount list line 11g expenses on Schedule O)	1,434,482			
12	Advertising and promotion				
	Office expenses				
14	Information technology				
	Royalties				
16	Occupancy				
	Travel				
18					
	for any federal, state, or local public officials			<u> </u>	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		_		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	·				
_					
	All other expenses				
	Total functional expenses Add lines 1 through 24e	29,636,069	0	0	_0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Part X Balance Sheet

	,	Check if Schedule O contains a response or note to any line in this Pa	ert X		
		Gricore ii Goricadio o containo a response oi mote te ariy iire ii tino i c	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	·
	4	Accounts receivable, net		4	270
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
ιn.	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation		10c	0
	11	Investments - publicly traded securities	135,271,889	11	114,833,177
	12	Investments - other securities See Part IV, line 11	46,525,357	12	47,663,085
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	····
	16	Total assets. Add lines 1 through 15 (must equal line 34)	181,797,246		162,496,532
	17	Accounts payable and accrued expenses	3	17	3
	18	Grants payable		18	
	19	Deferred revenue		19	
	20 21	Tax-exempt bond liabilities		20	
"	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	**	trustees, key employees, highest compensated employees, and		ì	
<u> </u>		disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	1,163,588	25	7,305
	26	Total liabilities. Add lines 17 through 25	1,163,591	26	7,308
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 30 through 34.		,	
ţ	30	Capital stock or trust principal, or current funds	180,633,655	30	162,489,224
i Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds [32	
. ş	33	Total net assets or fund balances	180,633,655	33	162,489,224
·	34	Total liabilities and net assets/fund balances	181,797,246	34	162,496,532

Page **12**

r Oilli 93					га	ge - =
Part	XI 'Reconciliation of Net Assets					
٠,	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .			Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13	,491	, 638
2	Total expenses (must equal Part IX, column (A), line 25)	2		29	,636	,069
3	Revenue less expenses Subtract line 2 from line 1	3		(18,	144,	431)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		180	, 633,	, 655
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		162	,489	, 224
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	<u> </u>				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	aht			
·	of the audit, review, or compilation of its financial statements and selection of an independent acc		_	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O	,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	חוח			
Ja	the Single Audit Act and OMB Circular A-133?			3a		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		0	3b		[
	,				990	(2018)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Brink's Company Employee Welfare Benefit Trust 13-4069764 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b b Number of conservation easements on a certified historic structure included in (a) 2c C Ч Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > Number of states where property subject to conservation easement is located ▶ ___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Ρâ	rt III Organizations Maintain	ing Coll	ections of	Art, Histo	orical Tre	easure	s, or	Other	Similar A	issets (continued	1)	
3	Using the organization's acquisition	on, acces	ssion, and	other reco	rds, chec	k any c	of the	follov	ving that a	re a sigi	nificant us	e of	ıts
	collection items (check all that app	ly)											
а	Public exhibition			d _	Loan	or exch	ange	progra	ms				
b	Scholarly research			e _	Other								
С	Preservation for future gene	rations											
4	Provide a description of the orga	nızatıon's	collections	s and expl	aın how	they fur	rther	the or	ganızatıon'	s exemp	t purpose	ın P	art
	XIII												
5	During the year, did the organization	on solicit	or receive of	donations o	of art, hist	orical tr	easu	ires, or	other simil	ar			
	assets to be sold to raise funds rath	ner than t	to be maint	ained as pa	art of the	organiza	ation	's colle	ction?	. . [Yes		No
Pa	rt IV Escrow and Custodial A	rrangen	nents.										
	Complete if the organiza	ation ans	swered "Ye	es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amou	nt on For	m	
	990, Part X, line 21.												
1 a	Is the organization an agent, truste												
	included on Form 990, Part X?									. L	Yes		No
b	If "Yes," explain the arrangement i	n Part XI	II and comp	plete the fo	llowing tal	ble							
										Amount	<u> </u>		
С	Beginning balance											*	
d	Additions during the year											<u> </u>	
е	Distributions during the year												
f	Ending balance						1f	L					<u> </u>
2a	Did the organization include an am									_	Yes		No
	If "Yes," explain the arrangement i	n Part XI	II Check h	ere if the e	xplanation	has be	en pi	ovided	on Part XIII	<u> </u>			
Pa	rt V Endowment Funds.			!! C	000 r)	l	10					
	Complete if the organiza	-							4				.
		(a) Cu	rrent year	(b) Prid	or year	(c) Twe	o year	s back	(d) Three ye	ears back	(e) Four ye	ears ba	CK
1 a	Beginning of year balance												
b	Contributions			 		-							
С	Net investment earnings, gains,												
	and losses					<u> </u>							
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs					1							—
f	Administrative expenses												
g	End of year balance		0		0	<u> </u>		0		0			0
2 a	Provide the estimated percentage Board designated or quasi-endown				e (line 1g,	column	(a))	held as					
	Permanent endowment	% %		- ′°									
	Temporarily restricted endowment		%										
·	The percentages on lines 2a, 2b, a	_		100%									
3a	Are there endowment funds not in				ation that	are held	d and	d admir	ustered for	the			
•	organization by	ino pooo	0001011 01 11	io organiza		u. o 1101	.				Ye	es l	No
	(i) unrelated organizations										3a(i)		_
	(ii) related organizations										3a(ii)		_
b	If "Yes" on line 3a(ii), are the relate										3b		_
4	Describe in Part XIII the intended u	-		-							L		_
Pa	rt VI Land, Buildings, and Equ Complete if the organization												_
	Complete if the organiza	ation ans											
	Description of property		(a) Cost or (inves		(b) Cost (or other ba ther)	ISIS		cumulated eciation	(d	l) Book value		
1a	Land				<u> </u>					-			0
b	Buildings												0
С	Leasehold improvements												0
d	Equipment												0
е	Other												0
	I. Add lines 1a through 1e (Column		t equal Form	n 990, Part	X, columi	n (B), lın	e 10	c)	▶				_0
										Cabad	ulo D /Form	2001	

Part VII Investments - Other Securities.	'Ves" on Form 990), Part IV, line 11b See Form 990, Part X, line 1	2
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) SEI Core Property Funds	15,702,723	Cost	
(B) SEI Structured Credit Fund	9,355,449	Cost	
(C) SEI GPA III Private Equity Fund	10,604,913	Cost	
(D) SEI Energy Debt LP	12,000,000	Cost	
(E)	 		
(F)			
(G)			
(H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		<u></u>	
Part VIII Investments - Program Related.	47,663,085		
	Yes" on Form 990	, Part IV, line 11c See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation	
(a) Boomphon of misodification	(B) Book value	Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)	<u></u>		
(6)			
(8)			
(9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets.	0		
	Yes" on Form 990	, Part IV, line 11d See Form 990, Part X, line 1	5
(a) Desc		(b) Book value	
(1)			
(2)			
(3)	-		
(4)	,		
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities.		, Part IV, line 11e or 11f See Form 990, Part X	,
(a) Description of liability	(b) Book valu	ρ	
(1) Federal income taxes	(b) Book valu	<u>~</u>	
(2) Due to Plan Sponsor	7	, 305	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	7	, 305	

Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.	
1	Total revenue, gains, and other support per audited financial statements	1	(6,729,921)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	(18,221,559)
3	Subtract line 2e from line 1	3	11,491,638
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII)		•
_	Add lines 4a and 4b	4c	0
5 Part			11,491,638
T GIL	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	29,636,069
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities	İ	
	Prior year adjustments		
С	Other losses		
	Other (Describe in Part XIII)		
	Add lines 2a through 2d	2e 3	0
	Subtract line 2e from line 1	- 	29,636,069
	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII)	1	
	Add lines 4a and 4b	4c	0
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5	29,636,069
	XIII Supplemental Information.	•	
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa		e 4, Part X, line
2, Paπ	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation	
Part X	, Line 2 (Per 2018 Financial Statements)		
Note 8	. Tax Status		
The tr	ust established under the Plan to hold the Plan's assets is intended to qualify pursuant to		
Sootio	n 501(c)(9) of the Internal Revenue Code, and, accordingly, the trust's net investment incom	_	
Sectio	in 301(C)(3) Of the internal Revenue Code, and, accordingly, the trust's net investment incom	<u>e</u>	
ıs exe	mpt from income taxes. The trust has obtained a favorable tax exemption letter dated Septemb	er	
		•	
22,199	9 from the Internal Revenue Service, and the Plan sponsor believes that the trust, as amende	d,	
contin	ues to qualify and to operate in accordance with applicable provisions of the Internal Reven	ue	
Code.	GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a ta	х	
lıabıl	ity (or asset) if the Plan has taken an uncertain position that more likely than not would n	ot	
be sus	tained upon examination by the Internal Revenue Service. The plan administrator has analyzed		
the ta	x positions taken by the Plan, and has concluded that as of December 31,2018, there are no		
nc=:-1	are the positions taken or expected to be taken that would re-		
uncert	ain tax positions taken or expected to be taken that would require recognition of a tax		

Schedule D (Fe	yrm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
٠,		
The Plan 1	s subject to routine audits by taxing jurisdictions, however, there are currently no	
audits for	any tax periods in progress.	·
		
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		·····-
		
		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number Brink's Company Employee Welfare Benefit Trust 13-4069764 **PART VI, SECTION A, LINE 1(a): GOVERNING BODY THE TRUSTEE, WHICH IS THE GOVERNING BODY OF THE TRUST, IS A DIRECTED TRUSTEE WHO TAKES DIRECTIONS REGARDING THE TRUST FROM PLAN ADMINISTRATOR'S OVERSIGHT COMMITTEE **PART VI, SECTION B, LINE 11(b):PROCESS TO REVIEW FORM 990 LISA M. LANDRY, VICE PRESIDENT - TAX OF SPONSOR HAS REVIEWED FORM 990 **PART VI, SECTION B, LINE 12(c): CONFLICT OF INTEREST POLICY EMPLOYEES OF PLAN SPONSOR COMPLETE ANNUAL WRITTEN QUESTIONNAIRE **PART VI, SECTION C, LINE 19: AVAILABLITY OF DOCUMENT TO PUBLIC AVAILABLE UPON REQUEST

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Brink's Company Employee Welfare Benefit Trust	13-4069764
	
	
	
-	
•	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Brink's Company Employee Welfare Benefit Trust

Partl

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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to www.ii

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public 2018 Employer identification number

13-4069764

OMB No 1545-0047

°5 ▲

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 (f) Direct controlling entity å Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling (e) End-of-year assets entity (if section 501(c)(3)) Public chanty status (d) Total income (c) Legal domicile (state or foreign country) (d) Exempt Code section Legal domicile (state or foreign country) (b) Primary activity Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Part II ම Ξ 2 9 (4) (2) 8 (3) 4 (2) 9 5 Ξ

Page 2

Schedule R (Form 990) 2018

Section 512(b)(13) controlled entity? Yes No (k) (Percentage ownership (h) Percentage ownership Part IV (j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 0 0 (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, amount in box 20 of Schedule K-1 (i) Code V - UBI (Form 1065) (f) Share of total income (h) Disproportionals ellocations? Yes No (g) Share of end-of-year assets (e)
Type of entity
(C corp. S corp. or trust) line 34, because it had one or more related organizations treated as a corporation or trust during the tax year υ ပ (f) Share of total (d)
(Direct controlling entity Income N/AN/A (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) HOLDING COMPANY VA HOLDING COMPANY (b) Primary activity Direct controlling lentity (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity (2) THAMES DEVELOPEMNT LTD FEIN. 54-1289904 23226 1801 BAYBERRY COURT, RICHMOND, VA 23226 FEIN: 54-1317776 1801 BAYBERRY COURT, RICHMOND, VA Name, address, and EIN of (1) THE BRINK'S COMPANY related organization Part III Part IV Ê ල (4) 9 5 2 3 9 ପ 4 (5)9

8E1308 1 000

Schedule R (Form 990) 2018

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Xes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organizations lis	ted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1a		×
b Gift, grant, or capital contribution to related organization(s)			1p		×
c Gift, grant, or capital contribution from related organization(s)			10		×
d Loans or loan guarantees to or for related organization(s)			10		×
e Loans or loan guarantees by related organization(s)					×
			ĺ	İ	-1
f Dividends from related organization(s)			 		×
g Sale of assets to related organization(s)					×
h Purchase of assets from related organization(s)			<u>두</u> :		×
i Exchange of assets with related organization(s)			= :		×
j Lease of facilities, equipment, or other assets to related organization(s)			1.		×
			<u> </u>	1	7
k Lease of facilities, equipment, or other assets from related organization(s)			:		×
I Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s).			<u>=</u>	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			<u>두</u> : :	×	
o Sharing of paid employees with related organization(s)			10		×
			1	1	٦
p Reimbursement paid to related organization(s) for expenses				×	
q Reimbursement paid by related organization(s) for expenses					×
				†	_
			<u>+</u> :		×
other transfer of cash or property from related organization(s).			18	×	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	omplete this line, including cove	red relationships and transa	ction threshol	ds.	
(a) Name of related organization	(b) Transacton type (a-s)	(c) Amount involved	(d) Method of determining amount involved	termining volved	
(1)			:		
(2)					
(3)					
(4)					
(5)					
(9)					
ASC		Sch	Schedule R (Form 990) 2018	1 990) 2	018

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate altocations?	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
9				Yes No			Yes No		Yes No	
(2)										
(3)		:								
(4)						:				
(5)										
(9)										
(7)										
(8)										
(6)							_			
(10)						:				
(11)										
(12)										
(13)					_					
(14)										
(15)										
(16)										
								Scl	Schedule R (Form 990) 2018	n 990) 2018