Pum 990 Bev sanuary 2020) Department of the Treasury Internal Rovenue 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.

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

20**19**

Open to Public Inspection

:	A F	or the 201	19 calend	lar year, or t	ax year beginning			, 2019	and e	ending				, 20			
	_			e of organization	nn.							D Employer id	entification	number			
	R CH	eck if applicable	Brink	k's Company	Employee Wel	fare Benefit	Trust	<u> </u>									
		Address change	Doing	business as								13-4069	764			_	
		Name change	e Numi	ber and street	(or PO box if mail i	s not delivered to	street addre	ess)	Room	/suite		E Telephone n	umber				
		Initial return	PO. B	30x 18100.	1801 Bayberry	-Court, Suit	e 400				- 1	804-289	-9600				
		Final return/			or province, country,			de									
		terminated Amended	Richn	nond, VA 2	23226-8100				G Gross receip	ts \$	53	. 453	188				
	-	return Application			of principal officer				,	(7)	1	H(a) Is this a gr			es [y No	
	_	pending	1						个	19		subordinate H(b) Are all subo		ıЩ,	es l	-A No	
		Fax-exempt	status	501(c)(3) X 501(c) (9) ◀ (inse	rt no)	4947(a)(1	1 or 1	527		• •	ittach a list (s	\Box			
		Nebsite:		301(0)(3	/ x 301(c) (9 / (11130	11107	1 4047 (0)(1	<i>[</i>]	192.		H(c) Group exer	motion numbei				
		orm of org		Corporati	on x Trust	Association	Other		1	Year of f		···	State of leg		cile i		
1			Summary	<u> </u>	on X I nast	Association	Other		1 -	. rear or r	Omati	2000 1.0	Otate of leg	gar donn		/ A	
l	Г а 			<u> </u>	ration's mission	or most significa	ant actuate	00 000000	T FILE	OVER D							
	4	1 Brie	ny descri	be the organi	ization's mission	or most signing	arit activiti	es PROVID	E EMPL	OYEE B	ENEFT	<u></u>					
	2																
	rua Lua	•	-1 11 - 1 -		46						250/	of its not soon	4-				
1	Governance				the organization						,		1 1			_	
\vee \setminus	. છ જ	3 Num	nber of vo	oting member	s of the governin oting members of	g body (Paπ VI,	line 1a)	let.	Vietno	To ve'ny	e 80	mice · · ·	3				
7		4 Num	nber of in	dependent vo	oting members of s employed in ca	the governing	body (Par	t vi, line rb)	geive	i vas b	ank ·	0 28 · · ·	4			0	
\sim	Activities	5 Tota	al number	of individual	s employed in ca	lendar year 201	9 (Part V,	line 2a)		· 344	770.		5			0	
\mathcal{O}	cţ	O TOLE	ii iidiiibei	or volunteers	(catimate ii ricoc	33ui y/			· · · <u>/ ·</u>	~ A	112	· · · · ·	6				
\					evenue from Part			•	/NO	٧ <i>(</i> ٠٤/١٧/	<u>rw</u>	٠. ٠ ٠ ٠ ١	7a			0	
		b Net	unrelated	business ta	xable income from	n Form 990-T, li	<u>ne 3</u>	<u>-</u>	<u></u>	- 12	·	<u> </u>	7b				
									•)gde	. UT	Prior Year		Curre	nt Ye	ar	
	ė				Part VIII, line 1h) .			•	٠. ٠	اِ جيورور		<u> </u>				0	
	Revenue	•	•		Part VIII, line 2g)			•		• • •		112,	537		104	,114	
\propto	Ş.			•	/III, column (A), lir		-			г		11,379,	101	13	,562	,073	
$\stackrel{\hookrightarrow}{\rightarrow}$		11 Othe	er revenu	e (Part VIII,	column (A), lines 5	5, 6d, 8c, 9c, 10	c, and 11e	e)								0	
Z.		12 Tota	l revenue	e - add lines t	3 through 11 (mu	st equal Part VII	I, column	(A), line 12)				11,491,	638	13	,666	,187	
SCANNED		13 Grai	nts and si	ımılar amouni	ts paid (Part IX, co	olumn (A), lines	1-3)									0	
Ü		14 Benefits paid to or for members (Part IX, column (A), line 4)										963	27,966,15				
	တ္ဆ														0		
Z >	Expenses				es (Part IX, colum											0	
صر	×	b Tota	al fundrais	sing expenses	(Part IX, column	(D), line 25) ▶	RECE	IVED IN	CORE	RES		_					
2	ш	17 Othe	er expens	ses (Part IX, d	column (A), lines 1	1a-11d, 11f-24d	e) (e	RS - OSC	03-		_	2,148,	106	1	,997	,734	
30		18 Tota	al expense	es Add lines	13-17 (must equa	al Part IX, colum	nn (A), ling	25)		L		29,636,	069	29	, 963	,890	
20;		19 Rev	enue less	expenses S	13-17 (must equal Subtract line 18 fro	m line 12	<u> </u>	161.12.2	<u> 2021 .</u>			(18,144,4		(16,2	297,	703)	
22	t Assets or nd Balances									L	Beginn	ing of Current	Year	End of	Year		
	sets	20 Tota	al assets (Part X, line 16	8)		0	GDEN. UT	Ан -	L		162,496,	532	146	543	,474	
	AB				26)					L		7,	308		351	,953	
		22 Net	assets or	fund balanc	es Subtract line 2	1 from line 20.	<u></u>	<i>.</i>				162,489,	224	146	191	,521	
ĺ	Pa	rt II S	Signature	e Block			•										
	Und	er penalties	of perjury	, I declare tha	have examined t	his return, includ	ing accom	panying sched	dules an	d stateme	ents, ar	nd to the best	of my knowi	edge ar	id bel	ief, it is	
	true	correct, an	nd complete	e Declaration/c	of preparer (other tha	an officer) is base	o on all inte	ormation of wi	nich pre	parer nas	any kn						
			Karen	Land .	mune							11-	12-20	20			
	Sig		Signature	e of officer								Date					
	Her	e L	RONALI	D JAMES DON	MANICO, MEMBER	- OVERSIGHT	COMMIT	TEE.									
				rint name and													
•		Prir	nt/Type pre	eparer's name		Preparer's sign	nature		Da	ite		Check	If PTIN				
	Paid											self-emplo	yed				
	Prep	Fire	n's name	•								Firm's EIN ▶		_			
	Use	Only —	n's address	.	_	 -						Phone no					
	May				with the prepare	er shown above	ve? (see	Instructions	<u></u>					Yes	Т	No	
					ce, see the separa			ou doublic	·/ · · ·		• • •	<u>- · · · · · · · · · · · · · · · · · · ·</u>	[(2019)	
	ror	-aperwor	r reauct	IION ACT NOTIC	.e. see me separa	ace monuctions								FORTH 6	~ ~ ~	(2013)	

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For	m 990 (201	9)			Page 2
Ř	art III	Statement of Program Service			
_	Dana flor of		response or note to any line in this Part	<u> </u>	
1		escribe the organization's mission		ND WHELD INDEDENDENCE MUO	
		OF HEALTH & INSURANCE BENEFTS ERED BY COLLECTIVE BARGAINING	S FOR FORMER EMPLOYEES, RETIRES A	ND THEIR INDEPENDENTS WHO	
	ARE COV	ERED BI COLLECTIVE BARGAINING	AGNEEMENTS		
_					
2	prior For	m 990 or 990-EZ?	icant program services during the year		Yes x No
3	Did the		or make significant changes in h		Yes X No
		describe these changes on Sched			
4	expenses		rvice accomplishments for each of its 4) organizations are required to report each program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		FOR WELFARE BENEFITS			
					
		· · · · · · · · · · · · · · · · · · ·			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					·
		accesses.			<u></u> ,
			·		
40	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(0000 _	, (2,40,1,000 0			
		•			
				·	
					
4-2	Other	agram parimon (Desembe on Caba	dulo O)		
40	(Expense	ogram services (Describe on Sche es \$including gra		\$	
4e		ogram service expenses >	0		
JSA		<u> </u>		·	Form 990 (2019)



Part	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,"			
•	complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
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		x
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,			^
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,,
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		Х_
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		١
_	"Yes," complete Schedule D, Part I	-		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			ŀ
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l I		
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	<u> </u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	-
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	X	-
b	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	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			ļ
	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			
	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			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X.
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 9	90 (2019)		F	Page 4
	IV Checklist of Required Schedules (continued)			
ı			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		X
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		x
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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?	256		
26	If "Yes," complete Schedule L, Part I	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		l
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		X
		35a		Х
b	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		1
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
36	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			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	<u> </u>
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			للن
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA 0E1030	reportable gaming (gambling) winnings to prize winners?	1c Form	990	(2019)
054020	2.000			,··/

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
1			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 2a			
b	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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b_		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	74		Х
b	If "Yes," enter the name of the foreign country ▶			r
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	— 5а	·	.,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-00		
oa	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		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			,
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			_
a	and services provided to the payor?	7a		
b	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		1
d	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		ĺ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		ال . ا
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
	Section 501(c)(7) organizations. Enter			ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12			:
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			1
	Section 501(c)(12) organizations. Enter			ĺ
	Gross income from members or shareholders			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources			!
	against amounts due or received from them)	 12a	**	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the year	124		
	The foot and amount of tax oxempt interest to desired a desired and give year.			١.
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			1
	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			
D	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		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		_ <u></u>
15	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			
			~~~	

. `	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	· · · ·	х
Sect	ion A. Governing Body and Management		Vac	No
			Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> <u>1</u>	ł		
	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 on Schedule O	i		•
b	Enter the number of voting members included on line 1a, above, who are independent			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee?	2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		_ <u>x</u>
6	Did the organization have members or stockholders?	-		_ X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		.,
	one or more members of the governing body?	' a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		v
_	stockholders, or persons other than the governing body?	15		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		i	
	the year by the following	 8a	x	'
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00	_х_	
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 on Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		)	
<del>OCOLI</del>	ON B. 1 Onoice (The Cookiest B requeste information about pointies for required by the intermative restaur		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
b		_	:	1
12a		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	х	
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		х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
16a			-	_ 1
	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			Į
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		<b>-</b>	أ <b>ــ ـ</b> ـ ــ ا
	organization's exempt status with respect to such arrangements?	16b		
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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	finte	est p	olicy,
	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 record	s 🕨		
	LISA M. LANDRY: 1801 BAYRERRY COURT. RICHMOND VA. 23226: 804-289-9600			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form	990	(201	۹١

Page 7

FUIII 330 (2	.019,	·										rage .
Part VII	C	ompensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
•	·lr	ndependent Co	ontr	actors								

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. See instructions for the order in which to list the persons above

See instructions for the order in which to list the pe	ersons abov	/e								
Check this box if neither the organization nor	any related	orgai	niza	ition	coi	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and title	(B) Average hours per week	box,	(C) Position not check more than one unless person is both an er and a director/trustee)					(D) Reportable compensation from the	(E)  Reportable  compensation  from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BANK OF AMERICA TRUSTEE			х							33,597
(2)										
(3)										
(4)								-		
(5)										
(6)										
(7)										
(8)	-									
(9)										
(10)									-	
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ploy	yee	s, a	nd H	igh	est Compensate	d Employ	ees (cc	ontinued	1)	
(A) Name and title	(B) Average hours per week	box,	unles er and	heck sspe dad	more rson irect	e than o is both or/trust	an ee)	(D)  Reportable compensation from the	(E) Reportal compensa from rela	ation		(F) ited am f other pensati	•
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organızat (W-2/1099-			om the ization organiz	and
(15)										_			
(16)													
(17)													
(18)		-											<del></del> -
(19)													
(20)													
(21)										-			
(22)													
(23)					<u> </u>								
(24)													
(25)													
1b Subtotal		<u> </u>			<u> </u>			0	· ·-	0			
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	Section A.						<b>&gt;</b>	0		0			3,597 3,597
Total number of individuals (including but reportable compensation from the organizal)	not limited t						wh		nan \$100,0		-		7, 23 (
												Yes	No
3 Did the organization list any former employee on line 1a? If "Yes," complete Sch.											3		x
4 For any individual listed on line 1a, is the organization and related organizations					-								
ındıvıdual	- 								<i></i>		4		x
5 Did any person listed on line 1a receive for services rendered to the organization? If											5		x
Section B. Independent Contractors													
Complete this table for your five high compensation from the organization Report													
(A) Name and business ad	dress							(B) Description of ser	vices	(	(C) Compens	ation	
AETNA							С	ONTRACT ADMINIST	RATOR				,112
SEI INVESTMENT MANAGEMENT EXPRESS SCRIPTS							1	NVESTMENT MANAGER LAIMS PROCESSING	-				1,851 3,380
	· —						F						
2 Total number of independent contractor						ited	to		ve) who				
received more than \$100,000 of compensa	tion from the	e orga	ınıza	tior	1 🗪			3			Form	990	(2019

Part Vîlî	Statement of Revenue
-----------	----------------------

`•		Check if Schedule C	) contains	s a respor	nse or note to ar	ny line in this Part V	/111		
,	1	`				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 8	1a	Federated campaigns		1a			-		,
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues							1
ပ် မို	c	Fundraising events							ı
T, ff	d	Related organizations			-				:
2 등	e	Government grants (cont							<u>'</u>
Sir	f	All other contributions, gi							
e iji		and similar amounts not incli	-	1 1					'
들취	g	Noncash contributions in	cluded in						i
털	5	lines 1a-1f		1g	\$				1
ರ್ಷ	h	Total. Add lines 1a-1f				0			;
			·		Business Code		-		
9	2a	EMPLOYER CONTRIBUTION	ON		551112	104,114	104,114		
ه څ	b					• -			
Program Service Revenue	c								
e a	4								
ρœ	ء								
<u>.</u>	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				104,114			
	3	Investment income (in							
		other similar amounts)				2,826,461			2,826,461
	4	Income from investment							
	5	Royalties							
			(	ı) Real	(II) Personal				
	6a	Gross rents 6	ia		, and a second s				
	b	Less rental expenses 6	b						
	С	Rental income or (loss) 6		0	0				
	d	Net rental income or (loss				0			
	7a	Gross amount from		Secunties	(II) Other				
		sales of assets				•			
		other than inventory 7	<b>a</b> 50,	522,613					
ايو	b	Less cost or other basis							
evenue		and sales expenses 7	' <b>b</b> 39,	787,001					
ě	С	Gain or (loss) 7	c 10,	735,612	0				
<u>ج</u> ا	d	Net gain or (loss)				10,735,612			10,735,612
Other	8a	Gross income from							
ŏ		events (not including \$ _		·g	j				1
		of contributions report		line					
		1c) See Part IV, line 18							
	b	Less direct expenses							1
	c	Net income or (loss) from				0			
	9a	Gross income from		ning					
	""	activities See Part IV, line							
	ь	Less direct expenses		9b					i
	c	Net income or (loss) from			<b>.</b>	0			
	10a	Gross sales of inve							
		returns and allowances .	•						
	b	Less cost of goods sold .							
	C	Net income or (loss) from	sales of I	nventory.	. <u></u> <b>&gt;</b>	0			
s		· ·	=		Business Code				,
Miscellaneous Revenue	11a								
ng an	b								
S e l									
Se Se	c d	All other revenue							
Σ		Total. Add lines 11a-11d				0			
	12	Total revenue. See instru				13,666,187	104,114	0	13,562,073
JSA 9E 105	1 2 000		•						Form <b>990</b> (2019)

	m-990 (2019) art IX Statement of Functional Expenses				Page 10
	ction $501(c)(3)$ and $501(c)(4)$ organizations mus		s All other organizati	ons must complete co	lumn (A)
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations			90.00.00	
	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				
4	Benefits paid to or for members	27,966,156			
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (nonemployees)				
ŧ	a Management				
	Legal				
	Accounting				<u>-</u>
	1 Lobbying				
	Professional fundraising services See Part IV, line 17.	719 447			
	f Investment management fees	718,447			
į	Other (If line 11g amount exceeds 10% of line 25, column	1,279,287		1	
12	(A) amount, list line 11g expenses on Schedule O)	1,2,3,207			
	Office expenses				
	Information technology				
15	Royalties				
16	_				
17					
18					
19	Conferences, conventions, and meetings				
20	Interest				
21					
22	Depreciation, depletion, and amortization				
23	Insurance				
24					
	above (List miscellaneous expenses on line 24e If	, ,			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		-		
a	·				
t	)				

29,963,890

e All other expenses _

Total functional expenses. Add lines 1 through 24e
 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 following SOP 98-2 (ASC 958-720) . . . .

Part X	Ralance	Shee

	`	Check if Schedule O contains a response or note to any line in this Pa	art X		
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	783,660
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	270	4	1,083
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			<del></del>
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		L	~+
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a		-	
	b	Less accumulated depreciation		10c	0
	11	Investments - publicly traded securities	114,833,177	11	111,207,998
	12	Investments - other securities See Part IV, line 11	47,663,085	12	34,550,733
	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 33)	162,496,532	16	146,543,474
	17	Accounts payable and accrued expenses	3	17	. 2
	18	Grants payable		18	
	19	Deferred revenue,		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			1
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jat		controlled entity or family member of any of these persons		22	
_	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	7,305		351,951
	26	Total liabilities. Add lines 17 through 25	7,308	26	351,953
Ses		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	. •	27	•
Bal	28	Net assets with donor restrictions	<del></del>	28	<del></del>
P	20	Organizations that do not follow FASB ASC 958, check here ► x		20	
or Fund Balances		and complete lines 29 through 33.		<i>-</i>	
	29	Capital stock or trust principal, or current funds	162,489,224	29	146,191,521
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	162,489,224	32	146,191,521
	33	Total liabilities and net assets/fund balances	162,496,532	33	146,543,474
					Form <b>990</b> (2019)

Part	Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI		. <u></u>			
1 '	Total revenue (must equal Part VIII, column (A), line 12)	1		13	,666	187
2	Total expenses (must equal Part IX, column (A), line 25)	2		29	,963	890
3	Revenue less expenses Subtract line 2 from line 1	3		(16,	297,7	703)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		162	,489,	224
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 on Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		146	,191,	521
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u> ,</u>		Ш
			F		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	xplaın	. in			,
	Schedule O		1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were con-	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		].	~l	-	ł
b	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 audit	ted o	n a	ļ		
	separate basis, consolidated basis, or both		1	ĺ		
	x Separate basis Consolidated basis Both consolidated and separate basis		-	•		•
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_	- 1			
	the audit, review, or compilation of its financial statements and selection of an independent accounta		1	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, ex	(plain	on			
	Schedule O		1			-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the	_		
	Single Audit Act and OMB Circular A-133?		· }	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	-		ا ۱		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	Jaits .		3b	990	(2019)
				L OLUI	33U	(∠∪19)

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

## **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
2019
Open to Public Inspection

Employer identification number

13-4069764 Brink's Company Employee Welfare Benefit Trust Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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 . . . . . . . . . . . . 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . 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 Part II Conservation Easements. 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 a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat 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 Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the

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.

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

Number of states where property subject to conservation easement is located ▶ _

- 1a If the organization elected, as permitted under FASB 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.
- b If the organization elected, as permitted under FASB 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
- 2 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 FASB ASC 958 relating to these items.

organization's accounting for conservation easements.

Sche	dule D (Form 990) 2019										age 2
Pa	rt III Organizations Maintain										
3	Using the organization's acquisition	on, accession, an	d other reco	rds, chec	k any o	of the	follow	ing that make sig	nificant u	se o	fits
	collection items (check all that app	ly)									
а	Public exhibition		d [	Loan	or exch	ange p	progra	m			
b	Scholarly research		еГ	Other							
c	Preservation for future gene	rations	_	_							
4	Provide a description of the orga		ons and expl	ain how	thev fu	ırther t	the or	ganization's exemi	ot purpose	e in	Part
•	XIII							<b>,</b>	• •		
5	During the year, did the organization	on solicit or receiv	e donations	ofart hist	orical t	reasur	es or	other similar			
•	assets to be sold to raise funds rati								Yes		No
Pa	rt IV Escrow and Custodial A										
	Complete if the organiza		'Yes" on Fo	rm 990. F	Part IV	. line 9	9. or r	eported an amou	int on Fo	m	
	990, Part X, line 21.			555, .	۵,,,,,	,	-, · ·			•••	
12	Is the organization an agent, truste	e custodian or o	ther interme	diary for c	contribu	itions o	or othe	r assets not			
, u	included on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement	n Part XIII and co	mnlete the fo	illowing tal	 hle	• • • •	• • • •			ш	
	in res, explain the arrangement	ii i ait Xiii aila oc	inplote the le	mouning ta	o.c			Amoun	t		
_	Beginning balance					10		74110011			
C	Additions during the year										
d						_			<del></del>		
4	Distributions during the year Ending balance										
2-	Did the organization include an arr						todial	account liability?	Yes	7	0 No
	If "Yes," explain the arrangement i									H	110
		II Part Alli. Check	there is the e	хріапаціог	i nas be	sen pro	videu	OII FAIL AIII		•	
Pa	rt V Endowment Funds.  Complete if the organization	ation answered '	'Ves" on Fo	rm 990 I	Part IV	line 1	10				
	Complete ii the organiza	(a) Current year	(b) Pri		•	vo years		(d) Three years back	(e) Four y	ears h	nack
		(a) Current year	(6) (1)	oi yeai	(0)			(d) Times years back	(0), 00.		
	Beginning of year balance				<del> </del>						
þ	Contributions			<del></del>	<del> </del>				+		
С	Net investment earnings, gains,										
	and losses								<del> </del> -		
d	Grants or scholarships				<b></b>				<del> </del>		
е	Other expenditures for facilities										
	and programs								-		
f	Administrative expenses								<b></b>		
g	End of year balance		_ol	0	<u> </u>		0		<u> 1</u>		0
2	Provide the estimated percentage		ar end baland	æ (line 1g,	columi	n (a)) h	reld as				
а	Board designated or quasi-endown		%								
b	Permanent endowment	%									
С	Term endowment ▶	_%									
	The percentages on lines 2a, 2b, a	•									
3 a	Are there endowment funds not in	the possession o	f the organiz	ation that	are he	ld and	admır	istered for the			
	organization by								Y	es	No
	(i) Unrelated organizations								3a(i)	_	
	(ii) Related organizations								3a(ii)	_	
b	If "Yes" on line 3a(ii), are the relate	ed organizations li	sted as requir	ed on Sch	iedule F	₹?			3b		
4	Describe in Part XIII the intended in		ization's endo	wment fu	nds						
Pa	rt VI Land, Buildings, and Equ	uipment.	"Voo" on Eo	rm 000	Dort IV	/ line	110 (	200 Form 000 P	art V line	10	
	Complete if the organize Description of property		t or other basis	(b) Cost					d) Book valu		
			vestment)		ther)			eciation	_,		
1a	Land										0
b	Buildings	[									0
С	Leasehold improvements		-								0
đ	Equipment					$\Box \Box$					0
е	Other										0
	I. Add lines 1a through 1e (Column		orm 990, Part	X, colum	n (B), lu	ne 10c	)	▶			0

Part VII			Post IV line 14h Con Form 000 Post V line 10
			Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	ıal derivatives		
	held equity interests		
(3) Other_		 	
(A) SEI	Core Property Funds	11,796,549	Cost
	Structured Credit Fund	6,669,204	Cost
(C) _{SEI}	GPA III Private Equity Fund	10,084,980	Cost
(D) _{SEI}	Energy Debt LP	6,000,000	Cost
(E)			
<u>(F)</u>			
(G)		······································	
(H)			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12) . 🕨	34,550,733	the state of the same to the same
Part VIII		"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)		<del></del>	
(3)			
(4)			
(5)			
(6)			
(7)			<del></del>
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13) .	0	Y
Part IX		<del> </del>	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Des	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			
(7)			
(8)			
(9)	(h) (   15 200 B () (   -1 (0) (	- 451	
Part X	umn (b) must equal Form 990, Part X, col (B) III  Other Liabilities.  Complete if the organization answered line 25.		, Part IV, line 11e or 11f. See Form 990, Part X,
1.	······································	tion of liability	(b) Book value
	ral income taxes		
	o Plan Sponsor		351,9
(3)	······································		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25) ,		▶ 351,9
			he organization's financial statements that reports the
	's liability for uncertain tax positions under FASB A	SC 740 Check here if	the text of the footnote has been provided in Part XIII
JSA 9E1270 1 000			Schedule D (Form 990)

Part )	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn. 	
1	Total revenue, gains, and other support per audited financial statements	1	25,861,218
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains (losses) on investments	-	
	Donated services and use of facilities	4	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII )	4	
e	Add lines 2a through 2d	2e	12,195,031
3	Subtract line 2e from line 1	3	13,666,187
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4 1	
b	Other (Describe in Part XIII )	4.1	
С	Add lines 4a and 4b	4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	13,666,187
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<del> </del>	
	Total expenses and losses per audited financial statements	1	29,963,890
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities	-	
	Prior year adjustments	-	
C	Other losses	-	
d	Other (Describe in Part XIII )	┥. ┃	
	Add lines 2a through 2d	2e	0
	Subtract line 2e from line 1	3	29,963,890
	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 40	•
	Add lines 4a and 4b	4c 5	0 000 000
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	1.3.1	29,963,890
Provide 2, Part	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information 2. (Per 2019 Financial Statements)	Part V, Îir mation.	e 4, Part X, line
Note 8	. Tax Status		
The tr	ust established under the Plan to hold the Plan's assets is intended to qualify pursuant to	<u> </u>	
Sect10	n 501(c)(9) of the Internal Revenue Code, and, accordingly, the trust's net investment inco	ome	
<u>1s e/e</u>	mpt from income taxes. The trust has obtained a favorable tax exemption letter dated Septem	mber	
22,199	9 from the Internal Revenue Service, and the Plan sponsor believes that the trust, as amend	ded,	
contin	ues to qualify and to operate in accordance with applicable provisions of the Internal Revo	enue	****
Code.	GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a t	ax	
liabil	ity (or asset) if the Plan has taken an uncertain position that more likely than not would	not	
be sus	tained upon examination by the Internal Revenue Service. The plan administrator has analyze	ed	
the ta	x positions taken by the Plan, and has concluded that as of December 31,2019, there are no .		
uncert	ain tax positions taken or expected to be taken that would require recognition of a tax		
liabil	ity (or asset) or disclosure in the financial statements.		

Schedule D (Fo	m 990) 2019	Page 5
Part XIII	m 990) 2019 Supplemental Information (continued)	
m Dl	subject to routine audits by taxing jurisdictions; however, there are currently no	
The Plan is	Subject to fourthe audits by taxing jurisdictions, nowever, there are currently no	
audits for	any tax periods in progress.	
		<del>,,</del>
		·

#### . SCHEDULE O (Form 990 or 990-EZ)

### 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.

20**19** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

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 DI	RECTIONS
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) (2019) Name of the organization		Page 2
Name of the organization	Employer Identification number	
Brink's Company Employee Welfare Benefit Trust	13-4069764	
	<del></del>	

# SCHEDULE R (Form 990)

Internal Revenue Service Name of the organization Department of the Treasury

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

► Attach to Form 990.

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Employer Identification number

OMB No 1545-0047

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

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ž 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. 13-4069764 (f) Direct controlling (e) End-of-year assets entity (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) (c)
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 Brink's Company Employee Welfare Benefit Trust Part II Part I 6 € (9) (3) 9 (1) 3 3 E

Schedule R (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990. 2

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(5)

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9E1307 1 000

Schedule R (Form 990) 2019

Section 512(b)(13) controlled entity? Yes No Schedule R (Form 990) 2019 (k) Percentage ownership (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, 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. (g) Share of end-of-year assets (I)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total income (h) Disproportionats affocations? 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 (f) Share of total income (d)
Direct controlling entity N/A N/A (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicale (state or foreign country) HOLDING COMPANY VA HOLDING COMPANY VA (b) Primary activity (d)
Direct controlling (c)
Legal
domicile
(state or
foreign 23226 23226 1801 BAYBERRY COURT SUITE 400, RICHMOND, VA ΚX (a)
Name, address, and EIN of related organization (b) Primary activity 1801 BAYBERRY COURT SUITE 400, RICHMOND, THAMES DEVELOPEMNT LTD FEIN: 54-1289904 FEIN: 54-1317776 (a)
Name, address, and EIN of related organization (1) THE BRINK'S COMPANY Part III Part IV (2) € 2 (3) € (2) 9 0  $\mathfrak{S}$ (4) 9 9 Ω

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Yes

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D

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-N? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity............... Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Part V b Ç æ م

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. E = 9 4 19 ÷ Performance of services or membership or fundraising solicitations for related organization(s) Other transfer of cash or property from related organization(s). = 0 ۵ 5 **-**~

Method of determining amount involved Benefit Paid Cash 104,114 883,758 Amount involved (b) Transaction type (a-s) O ۰ Name of related organization (1) The Brink's Company (2) The Brink's Company

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Schedule R (Form 990) 2019 3 9

JSA 9E1309 1 000 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 Ancome (related, unrelated, excluded from tax under (d)	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate ellocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)		-								
(9)										
									_	
(7)										
(8)										
(6)										
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(11)										
(12)										
(13)		:				:				
(14)										
(15)										
(16)										
								် မ	hedule R (Fo	Schedule R (Form 990) 2019

Schedule R (For		Page <b>5</b>
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
The Brink'	s Company is the plan sponsor for the Brink's Company Employee Welfare Benefit Trust,	
they provid	e services for paying benefit claims and administrative expenses through-out the year	
and are rei	mbursed by the Brink's Company Employee Welfare Benefit Trust as these claims and	
expenses ar	ise.	
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