See a Social Security Number? Say Something!
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Form 990 — Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable: [ ] Address change [ ] Name change [X] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: REALDANIA

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): JARMERS PLADS 2 1551

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: COPENHAGEN DENMARK

D Employer identification number: 98-0606302

E Telephone number: (457) 011-6666

G Gross receipts $ 139,500,000.

F Name and address of principal officer: JESPER NYGARD
JARMERS PLADS 2 1551 COPENHAGEN DA

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [ ] 501(c)(3) [X] 501(c) (4) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ WWW.REALDANIA.DK

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2000

M State of legal domicile: NR

Part I Summary

1 Briefly describe the organization's mission or most significant activities: REALDANIA STRIVES TO IMPROVE QUALITY OF LIFE FOR ALL THROUGH THE BUILT ENVIRONMENT WITH THE OVERALL GOAL OF BENEFITING THE COMMON GOOD.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	109.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	95.
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	95.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	634,271.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	463,606.

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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	139,500,000.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	139,500,000.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	151,021,091.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	12,700,341.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0	129,878,568.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	0	293,600,000.
	19 Revenue less expenses Subtract line 18 from line 12	0	-154,100,000.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,366,500,000.	4,251,500,000.
	21 Total liabilities (Part X, line 26)	1,391,700,000.	830,400,000.
	22 Net assets or fund balances Subtract line 21 from line 20	2,974,800,000.	3,421,100,000.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer: Jesper Nygård — Type or print name and title: Adm. direktør / CEO.

Hans Peter Svendler — Direktør

Henrik Stage — CFO — Date: 11/10/14

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
	SHYAMALEE JOSEPH		11/10/14		P01085371
	Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
	Firm's address ▶ 60 SOUTH STREET BOSTON, MA 02111			Phone no 617-988-1000	

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

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Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 37,300,000 including grants of $ _____) (Revenue $ _____)

CITIES FOR PEOPLE

REALDANIA UTILIZES THE CURRENT TRANSITION OF CITIES, RESULTING FROM GLOBALIZATION AND CLIMATE CHANGE, TO COMBINE SOCIAL, ECONOMIC, AND ENVIRONMENTAL SOLUTIONS AND TO CREATE DIVERSE, EXCITING, AND ROBUST CITIES FOR PEOPLE.

4b (Code _____) (Expenses $ 31,700,000 including grants of $ _____) (Revenue $ _____)

LIVING BUILT HERITAGE

REALDANIA HELPS SECURE AND DEVELOP THE DANISH BUILDING HERITAGE IN ORDER TO PRESERVE IT AS AN EVER-PRESENT NARRATIVE OF OUR COMMON HISTORY AND TO ESTABLISH THE FRAMEWORK FOR NEW ACTIVITIES.

4c (Code _____) (Expenses $ 31,400,000 including grants of $ _____) (Revenue $ _____)

INNOVATION IN CONSTRUCTION

REALDANIA PROMOTES INNOVATION IN THE CONSTRUCTION SECTOR IN ORDER TO ENHANCE THE QUALITY OF LIFE FOR ALL IN BUILT-UP AREAS AND TO SECURE A BETTER AND MORE SUSTAINABLE ENVIRONMENT.

4d Other program services (Describe in Schedule O)

(Expenses $ 149,910,942. including grants of $) (Revenue $)

4e Total program service expenses ▶ 250,310,942.

Part IV 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		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
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, 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	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 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," 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	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
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
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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		X
12a	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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	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 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	X	
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		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on 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? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States 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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) 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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	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		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		X
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		X
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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable 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		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		X

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V X

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 0		
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)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 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 ▶ DENMARK			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		
h	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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	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			
b	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	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI X

Section 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	1a 109			
	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	1b 95			
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	X	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		
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	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, 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				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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
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		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
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	X	
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	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☒ Another's website ☐ 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 interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶HENRIK STAGE, JARMERS PLADS 2 1551 COPENHAGEN DA +4570116666

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII X

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 any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AGNETA BJOERKMAN BOARD MEMBER	1.00 0	X						0	0	0
(2) AGNETE RAASCHOU-NIELSEN BOARD MEMBER	1.00 0	X						0	0	0
(3) ALLAN MALSKAER BOARD MEMBER	1.00 0	X						0	0	0
(4) ANDERS CHRISTEN OBEL BOARD MEMBER	1.00 0	X						0	0	0
(5) ANDERS HJULMAND BOARD MEMBER	1.00 0	X						0	0	0
(6) ANITA ULRIK SOERENSEN BOARD MEMBER	1.00 0	X						0	0	0
(7) ANKER BOYE BOARD MEMBER	9.00 0	X						18,116.	0	0
(8) ANNE HOEJER PETERSEN BOARD MEMBER	1.00 0	X						0	0	0
(9) ANNE MARIE OKSEN BOARD MEMBER	1.00 0	X						0	0	0
(10) ANNE-MARIE DAHL BOARD MEMBER	1.00 0	X						0	0	0
(11) ANNETTE OVERGAARD JENSEN BOARD MEMBER	1.00 0	X						0	0	0
(12) ANNETTE VANGSTRUP BOARD MEMBER	1.00 0	X						0	0	0
(13) BENT ANDERSEN BOARD MEMBER	1.00 0	X						0	0	0
(14) BENT JUUL SOERENSEN BOARD MEMBER	1.00 0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BENTE TANG	1.00									
BOARD MEMBER	0	X						0	0	0
(16) BIRGER NIELSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(17) BIRGIT MERETE LEMVIGH	1.00									
BOARD MEMBER	0	X						0	0	0
(18) BIRGITTE GRUBBE	1.00									
BOARD MEMBER	0	X						0	0	0
(19) BIRTE FLAENG MOELLER	1.00									
BOARD MEMBER	0	X						0	0	0
(20) BIRTHE JACOBSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(21) BJARNE CHRISTIAN JOHANNSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(22) BJARNE WALENTIN	1.00									
BOARD MEMBER	0	X						0	0	0
(23) BORIS NOERGAARD KJELDSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(24) CARSTEN WITH THYGESEN	9.00									
BOARD MEMBER	0	X						95,109.	0	0
(25) CHRISTEN GALSGAARD	1.00									
BOARD MEMBER	0	X						0	0	0
1b Sub-total ▶								18,116.	0	0
c Total from continuation sheets to Part VII, Section A ▶								5,924,237.	0	589,451.
d Total (add lines 1b and 1c) ▶								5,942,353.	0	589,451.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 42

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 6

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CHRISTIAN HOEGSBRO	1.00									
BOARD MEMBER	0	X						0	0	0
(27) CHRISTINA HOU HOLCK	1.00									
BOARD MEMBER	0	X						0	0	0
(28) CONNY WAGNER	1.00									
BOARD MEMBER	0	X						0	0	0
(29) ELSEBETH DUE KJELDSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(30) ELSEBETH STAERMOSE KROGH	1.00									
BOARD MEMBER	0	X						0	0	0
(31) ERIK LUND	1.00									
BOARD MEMBER	0	X						0	0	0
(32) ERIK NIELSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(33) EVA MOELLER SOERENSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(34) FINN WOHLERT	1.00									
BOARD MEMBER	0	X						0	0	0
(35) GERTI AXELSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(36) GUNDE ODGAARD	9.00									
BOARD MEMBER	0	X						54,348.	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 42

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) HANNE LIND-BONDERUP	1.00									
BOARD MEMBER	0	X						0	0	0
(38) HANS HENNING ROTTBOLL	1.00									
BOARD MEMBER	0	X						0	0	0
(39) HANS-ULRIK REVSBECH JENSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(40) HELLE LUNDSGAARD	1.00									
BOARD MEMBER	0	X						0	0	0
(41) HELLE SOEHOLT	9.00									
BOARD MEMBER	0	X						36,232.	0	0
(42) HENNING KRABBE	1.00									
BOARD MEMBER	0	X						0	0	0
(43) HENNING RASMUSSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(44) HENRIK ANDERSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(45) HENRIK DAHL JEPPESEN	1.00									
BOARD MEMBER	0	X						0	0	0
(46) HENRIK ESPERSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(47) HENRIK GARVER	1.00									
BOARD MEMBER	0	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 42

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) HENRIK LINDVED BANG	1.00									
BOARD MEMBER	0	X						0	0	0
(49) HENRIK T. A. MEDING	1.00									
BOARD MEMBER	0	X						0	0	0
(50) HENRIK ULDALL BORCH	1.00									
BOARD MEMBER	0	X						0	0	0
(51) HENRIK WOLFHAGEN	1.00									
BOARD MEMBER	0	X						0	0	0
(52) INGER KROGSGAARD JESSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(53) INGRID BUCKA	1.00									
BOARD MEMBER	0	X						0	0	0
(54) JACOB STEEN MOELLER	1.00									
BOARD MEMBER	0	X						0	0	0
(55) JANE FISCHER	1.00									
BOARD MEMBER	0	X						0	0	0
(56) JENS KLARSKOV	1.00									
BOARD MEMBER	0	X						0	0	0
(57) JESPER ANDREASEN	1.00									
BOARD MEMBER	0	X						0	0	0
(58) JESPER LOIBORG	1.00									
BOARD MEMBER	0	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 42

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) JESPER NYGARD	37.00									
CEO/BOARD MEMBER	1.00	X		X				354,916.	0	50,272.
(60) JIMMY POVLSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(61) JOERGEN ZARTOW	9.00									
BOARD MEMBER	0	X						54,348.	0	0
(62) JOHN BRAEDDER	1.00									
BOARD MEMBER	0	X						0	0	0
(63) JOHN SOERENSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(64) JOHNNY JENSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(65) JOERGEN KLOPPENBORG SKRUMSAGER	1.00									
BOARD MEMBER	0	X						0	0	0
(66) KAREN BOCK	1.00									
BOARD MEMBER	0	X						0	0	0
(67) KARSTEN KRUEGER	1.00									
BOARD MEMBER	0	X						0	0	0
(68) KATJA LINDBLAD	1.00									
BOARD MEMBER	0	X						0	0	0
(69) KLAUS KAAE	1.00									
BOARD MEMBER	0	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 42

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) KRISTIAN KOLDTOFT JENSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(71) KURT DEGNBOL	1.00									
BOARD MEMBER	0	X						0	0	0
(72) KURT HELGE ADAMSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(73) LARS HEILESEN	1.00									
BOARD MEMBER	0	X						0	0	0
(74) LARS HVIDTFELDT	1.00									
BOARD MEMBER	0	X						0	0	0
(75) LARS KRARUP	9.00									
BOARD MEMBER	0	X						36,232.	0	0
(76) LENE KJELGAARD JENSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(77) LIS RAVN EBBESEN	1.00									
BOARD MEMBER	0	X						0	0	0
(78) LONE FAERCH	9.00									
BOARD MEMBER	0	X						54,348.	0	0
(79) LONE SEJERSEN	9.00									
BOARD MEMBER	0	X						18,116.	0	0
(80) MAJKEN SCHULTZ	9.00									
BOARD MEMBER	0	X						54,348.	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 42

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) MARIE-LOUISE VAGNBY	1.00									
BOARD MEMBER	0	X						0	0	0
(82) MICHAEL BROCKENHUUS-SCHACK	9.00									
BOARD MEMBER	0	X						117,754.	0	0
(83) MICHAEL NELLEMANN PEDERSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(84) MICHAEL ZIEGLER	1.00									
BOARD MEMBER	0	X						0	0	0
(85) NATALIE MOSSIN	1.00									
BOARD MEMBER	0	X						0	0	0
(86) NICOLAI BISGAARD	1.00									
BOARD MEMBER	0	X						0	0	0
(87) NIELS AAGE ARVE	1.00									
BOARD MEMBER	0	X						0	0	0
(88) NIELS ROTH	9.00									
BOARD MEMBER	0	X						54,348.	0	0
(89) NIELS VILHELM KOFOED	1.00									
BOARD MEMBER	0	X						0	0	0
(90) OTTO BJOERN CHRISTIANSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(91) PALLE ADAMSEN	9.00									
BOARD MEMBER	0	X						13,587.	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 42

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) PALLE THOMSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(93) PEDER DAMGAARD	1.00									
BOARD MEMBER	0	X						0	0	0
(94) PER FELDTHAUS	9.00									
BOARD MEMBER	0	X						54,348.	0	0
(95) PER ROOS	1.00									
BOARD MEMBER	0	X						0	0	0
(96) PER VINDING NIELSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(97) PERNILLE RUESZ BLOCH	1.00									
BOARD MEMBER	0	X						0	0	0
(98) PETER PALLE PEDERSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(99) PIA WIBERG	1.00									
BOARD MEMBER	0	X						0	0	0
(100) POVL CHRISTENSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(101) RASMUS LUND	1.00									
BOARD MEMBER	0	X						0	0	0
(102) ROBERT W. THORSEN	1.00									
BOARD MEMBER	0	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 42

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) SOEREN FREDERIKSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(104) SUNA CENHOLT	1.00									
BOARD MEMBER	0	X						0	0	0
(105) SUSANNE BORENHOFF	1.00									
BOARD MEMBER	0	X						0	0	0
(106) THOR N. CALLESEN	1.00									
BOARD MEMBER	0	X						0	0	0
(107) TINE CEDERHOLM BEMBERG	1.00									
BOARD MEMBER	0	X						0	0	0
(108) ULLA DIDERICHSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(109) ULRIK THEOPHIL JOERGENSEN	1.00									
BOARD MEMBER	0	X						0	0	0
(110) FLEMMING BORRESKOV	37.00									
CEO	0			X				1,413,239.	0	124,170.
(111) HANS PETER SVENDLER	37.00									
EXECUTIVE DIRECTOR	1.00			X				519,166.	0	124,547.
(112) HENRIK STAGE	37.00									
CFO	1.00			X				314,565.	0	39,033.
(113) BIRGITTE BOESEN	37.00									
HEAD OF COMMUNICATION	0				X			202,463.	0	25,207.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 42

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) FINN BARTHOLY	37.00									
VICE DIRECTOR	1.00				X			289,700.	0	43,812.
(115) GERT POULSEN	37.00									
CIO	0				X			956,918.	0	40,870.
(116) HEIMUR KRISTENSEN	37.00									
PORTFOLIO MANAGER	0					X		180,173.	0	24,852.
(117) JESPER WALTHER SOERENSEN	37.00									
PORTFOLIO MANAGER	0					X		253,764.	0	30,452.
(118) OLE CHRISTENSEN	37.00									
PORTFOLIO MANAGER	0					X		334,226.	0	33,422.
(119) PETER JUHL NIELSEN	37.00									
PORTFOLIO MANAGER	0					X		230,331.	0	25,912.
(120) SOEREN FELDEN NIELSEN	37.00									
PORTFOLIO MANAGER	0					X		231,658.	0	26,902.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 42

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(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 Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		0			
Program Service Revenue		**Business Code**				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		139,500,000		634,271	138,865,729
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶		0			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		0			
	12 **Total revenue.** See instructions ▶		139,500,000		634,271	138,865,729

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	151,021,091.	151,021,091.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,531,804.		6,531,804.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,098,543.	2,588,095.	2,510,448.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	892,671.	357,068.	535,603.	
9 Other employee benefits	177,323.	70,929.	106,394.	
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	192,645.		192,645.	
c Accounting	563,184.		563,184.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	26,261,202.		26,261,202.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	604,975.	241,990.	362,985.	
12 Advertising and promotion	1,051,528.		1,051,528.	
13 Office expenses	1,027,745.	411,098.	616,647.	
14 Information technology	2,366,530.	946,612.	1,419,918.	
15 Royalties	0			
16 Occupancy	1,385,115.	554,046.	831,069.	
17 Travel	617,357.	246,943.	370,414.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	290,555.	116,222.	174,333.	
20 Interest	20,690.		20,690.	
21 Payments to affiliates	1,791,530.	716,612.	1,074,918.	
22 Depreciation, depletion, and amortization	868,598.	347,439.	521,159.	
23 Insurance	113,410.	45,364.	68,046.	
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)				
a TAXES	92,572,464.	92,572,464.		
b OTHER EXPENSES	151,040.	74,969.	76,071.	
c				
d				
e All other expenses				
25 **Total functional expenses** Add lines 1 through 24e	293,600,000.	250,310,942.	43,289,058.	
26 **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)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	23,000,000.	4	46,900,000.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	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	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 10,700,000.			
	b	Less accumulated depreciation — 10b: 6,400,000.	4,200,000.	10c	4,300,000.
	11	Investments - publicly traded securities	2,233,100,000.	11	2,408,200,000.
	12	Investments - other securities See Part IV, line 11	2,079,200,000.	12	1,740,600,000.
	13	Investments - program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	27,000,000.	15	51,500,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,366,500,000.	16	4,251,500,000.
Liabilities	17	Accounts payable and accrued expenses	498,000,000.	17	0
	18	Grants payable	872,400,000.	18	810,900,000.
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	21,300,000.	25	19,500,000.
	26	**Total liabilities.** Add lines 17 through 25	1,391,700,000.	26	830,400,000.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34			
	30	Capital stock or trust principal, or current funds	2,974,800,000.	30	3,421,100,000.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33	Total net assets or fund balances	2,974,800,000.	33	3,421,100,000.
	34	Total liabilities and net assets/fund balances	4,366,500,000.	34	4,251,500,000.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	139,500,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	293,600,000.
3	Revenue less expenses Subtract line 2 from line 1	3	-154,100,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,974,800,000.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	600,400,000.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,421,100,000.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth 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 undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: REALDANIA

Employer identification number: 98-0606302

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 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? ☐ Yes ☐ No

6 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 conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☒ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ NONE

4 Number of states where property subject to conservation easement is located ▶ NONE

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☒ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ NONE

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ NONE

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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" to Form 990, Part IV, line 8

1a 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

b 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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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 SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,800,000.	1,600,000.	200,000.
d Equipment		8,900,000.	4,800,000.	4,100,000.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				4,300,000.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" to Form 990, 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS IN ASSOCIATES	331,700,000.	EQUITY METHOD
(B) INVESTMENTS IN GRP ENTERPRISES	448,300,000.	COST/WRITE DOWN
(C) NON-PUBLICLY TRADED SECURITIES	960,600,000.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,740,600,000.	

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" to 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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

	(a) Description	(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.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED TAX	1,300,000.
(3) TAXES PAYABLE	2,500,000.
(4) OTHER CURRENT LIABILITIES	15,700,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	19,500,000.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	576,900,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	466,200,000.		
e	Add lines 2a through 2d			2e	466,200,000.
3	Subtract line 2e from line 1			3	110,700,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,800,000.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	28,800,000.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	139,500,000.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	264,800,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	264,800,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,800,000.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	28,800,000.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	293,600,000.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

PART II, LINE 9

REALDANIA REPORTS PURCHASES OF CONSERVATION EASEMENTS AS EXPENSES ON ITS INCOME STATEMENT, AND ALSO REPORTS CONSERVATION EASEMENTS HELD AS ASSETS ON ITS BALANCE SHEET.

PART XI, LINE 2D

FOREIGN EXCHANGE ADJUSTMENT AND OTHER UNREALIZED GAINS/LOSSES	$466,200,000

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
REALDANIA

Employer identification number
98-0606302

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	1	116	PROGRAM SERVICES	GRANTMAKING	151,021,091
(2) EUROPE			PROGRAM SERVICES	PHILANTHROPY	99,289,851
(3) EUROPE			PROGRAM SERVICES	ADMINISTRATIVE	43,289,058
(4) EUROPE			INVESTMENTS		4,142,271,657
(5) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		6,528,343
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	116			4,442,400,000
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	116			4,442,400,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANTS	150,827,091				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶ 131.

Schedule F (Form 990) 2013

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANTS FOR BOOKS	EUROPE/ICELAND/GREENLAND	6	118,000				
(2) GRANT FOR DRAWINGS	EUROPE/ICELAND/GREENLAND	1	13,000				
(3) GRANT FOR SPECIAL PROJECT	EUROPE/ICELAND/GREENLAND	1	27,000				
(4) GRANT FOR SPECIAL PROJECT	EUROPE/ICELAND/GREENLAND	1	36,000				
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	☒ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☒ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)*	☒ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☒ No

Part V **Supplemental Information**
Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

PROCEDURES FOR MONITORING USE OF GRANTS

PART I, LINE 2

THE EXECUTIVE BOARD APPROVES PHILANTHROPIC GRANTS ON THE BASIS OF THE AUTHORIZATIONS GIVEN BY THE SUPERVISORY BOARD. THESE ARE AS FOLLOWS:

I. ALL PROJECTS ARE PREPARED BY THE EXECUTIVE BOARD ON THE BASIS OF REALDANIA'S PHILANTHROPIC STRATEGY,

II. THE EXECUTIVE BOARD DECIDES WHETHER TO GIVE A GRANT OR A REJECTION WITHIN A TOTAL BUDGET LAID DOWN BY THE SUPERVISORY BOARD EVERY YEAR,

III. THE PROFESSIONAL AND ADMINISTRATIVE RECOMMENDATIONS BY THE EXECUTIVE BOARD ON GRANTS FOR ALL FLAGSHIP PROJECTS, AS WELL AS RECOMMENDATIONS FOR GRANTS OF MORE THAN DKK 7 MILLION, ARE PRESENTED TO THE SUPERVISORY BOARD FOR A DECISION,

IV. THE EXECUTIVE BOARD REGULARLY INFORMS THE SUPERVISORY BOARD ABOUT INDIVIDUAL GRANTS AND REJECTIONS IN THE QUARTERLY REPORT.

THE EXECUTIVE BOARD HAS GIVEN PHILANTHROPY ADMINISTRATIVE AUTHORITY TO NOTIFY REJECTIONS ON ANY APPLICATION, IF THE PROJECT IS OUTSIDE THE SCOPE OF REALDANIA'S PRIMARY OBJECTIVES.

ALL PAYMENTS MADE IN CONNECTION WITH APPROVED GRANTS MUST BE APPROVED AS OPERATING COSTS. FOR EXAMPLE, THE DEPUTY HEAD OF PHILANTHROPY MAY APPROVE

Part V Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

PAYMENTS OF UP TO AND INCLUDING DKK 1.0 MILLION. HIGHER AMOUNTS MUST BE APPROVED BY A MEMBER OF THE EXECUTIVE BOARD.

THE OVERALL DIVISION OF RESPONSIBILITIES AND TASKS INCLUDES:

SECRETARIES IN PHILANTHROPY REGISTER RECEIPT OF APPLICATIONS IN THE CASE SYSTEM, SET UP CASE FOLDERS AND PREPARE DESCRIPTIONS OF THE CASE AS WELL AS DRAFT RECOMMENDATIONS FOR PHILANTHROPY MEETINGS, REPORTING A PROJECT MANAGER.

TOGETHER WITH A SECRETARY, THE DEPUTY HEAD OF PHILANTHROPY ASSESSES WHETHER APPLICATIONS FALL WITHIN OR OUTSIDE REALDANIA'S PRIMARY OBJECTIVES, AND BEFORE A PHILANTHROPY MEETING, REVIEWS APPLICATIONS FOR A GRANT OR DISCUSSION.

THE TEAM MANAGER IS RESPONSIBLE FOR FOLLOWING UP ON THE PROCESSING OF APPLICATIONS AND FOR MAKING SUGGESTIONS FOR NEW INITIATIVES WITHIN THE RELEVANT FOCUS AREA.

THE PROJECT MANAGER PREPARES RECOMMENDATIONS FOR PHILANTHROPY MEETINGS AND FOLLOWS UP ON THE PROJECTS FOR WHICH SUPPORT IS GRANTED.

THE ASSESSMENT OF THE PROJECT APPLIED FOR IS BASED ON THE PHILANTHROPIC STRATEGY AS WELL AS THE FOLLOWING MORE GENERAL GUIDELINES:

Part V **Supplemental Information**
Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

- PROJECTS SHOULD MAKE A POSITIVE SUSTAINABLE DIFFERENCE TO THE BUILT ENVIRONMENT.

- PROJECTS SHOULD HAVE DEMONSTRATION VALUE.

- PROJECTS SHOULD CREATE NEW KNOWLEDGE.

- PROJECTS SHOULD EMBODY OR ADVANCE ARCHITECTURAL QUALITY.

- PROJECTS SHOULD COMMUNICATE THE KNOWLEDGE ACQUIRED TO RELEVANT STAKEHOLDERS.

- PROJECTS SHOULD BE FINANCIALLY VIABLE IN TERMS OF BOTH ESTABLISHMENT AND OPERATION.

- PROJECTS SHOULD INCLUDE AN ASSESSMENT OF SUSTAINABILITY IN TERMS OF THE ENVIRONMENT, SOCIETY AND HEALTH.

- REALDANIA'S SUPPORT SHOULD MAKE A DIFFERENCE IN RELATION TO WHETHER THE PROJECT IS COMPLETED.

- PROJECTS SHOULD BENEFIT THE GENERAL PUBLIC.

Part V Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

THE PHILANTHROPY MEETING COMPRISES THE FOLLOWING PERMANENT PARTICIPANTS: FLEMMING BORRESKOV, HANS PETER SVENDLER, FINN BARTHOLY, THE DEPUTY HEAD OF PHILANTHROPY AND A PERMANENT SECRETARY AS MINUTE TAKER. DURING THE PHILANTHROPY MEETING, THE EXECUTIVE BOARD CONSIDERS THE RECOMMENDATIONS SUBMITTED:

THE EXECUTIVE BOARD DECIDES ON ONE OF THE FOLLOWING OPTIONS:

- REJECTING THE APPLICATION

- GRANTING UP TO AND INCLUDING DKK 7 MILLION TO THE PROJECT APPLIED FOR, AND DETERMINING THE SIZE OF THE GRANT AND ANY CONDITIONS ATTACHED TO THE GRANT.

- GRANTS OF MORE THAN DKK 7 MILLION OR WHICH RELATE TO FLAGSHIP PROJECTS ARE SUBMITTED TO THE SUPERVISORY BOARD OF APPROVAL.

MINUTES OF THE PHILANTHROPY MEETING ARE PREPARED AND THESE FORM THE BASIS FOR A LETTER OF GRANT APPROVAL OR A REJECTION TO THE APPLICANT.

ACCOUNTING AND SERVICES REGISTERS ALL GRANTS AND SUBSEQUENT PAYMENTS IN THE FINANCIAL SYSTEM (NAVISION) AND ENSURES A SATISFACTORY BASIS FOR MAKING PAYMENTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990 ▶ See separate instructions
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
REALDANIA

Employer identification number
98-0606302

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Schedule J (Form 990) 2013 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BIRGITTE BOESEN	(i)	168,043.	34,420.	0	25,207.	0	227,670.	0
1 HEAD OF COMMUNICATION	(ii)	0	0	0	0	0	0	0
FINN BARTHOLY	(i)	219,058.	49,819.	20,823.	43,812.	0	333,512.	0
2 VICE DIRECTOR	(ii)	0	0	0	0	0	0	0
FLEMMING BORRESKOV	(i)	496,679.	0	916,560.	124,170.	0	1,537,409.	0
3 CEO	(ii)	0	0	0	0	0	0	0
GERT POULSEN	(i)	272,464.	57,971.	626,483.	40,870.	0	997,788.	0
4 CIO	(ii)	0	0	0	0	0	0	0
HANS PETER SVENDLER	(i)	498,188.	0	20,978.	124,547.	0	643,713.	0
5 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
HEIMUR KRISTENSEN	(i)	165,680.	14,493.	0	24,852.	0	205,025.	0
6 PORTFOLIO MANAGER	(ii)	0	0	0	0	0	0	0
HENRIK STAGE	(i)	260,217.	54,348.	0	39,033.	0	353,598.	0
7 CFO	(ii)	0	0	0	0	0	0	0
JESPER NYGARD	(i)	279,288.	0	75,628.	50,272.	0	405,188.	0
8 CEO/BOARD MEMBER	(ii)	0	0	0	0	0	0	0
JESPER WALTHER SOERENSE	(i)	203,011.	50,753.	0	30,452.	0	284,216.	0
9 PORTFOLIO MANAGER	(ii)	0	0	0	0	0	0	0
OLE CHRISTENSEN	(i)	222,817.	111,409.	0	33,422.	0	367,648.	0
10 PORTFOLIO MANAGER	(ii)	0	0	0	0	0	0	0
PETER JUHL NIELSEN	(i)	172,748.	57,583.	0	25,912.	0	256,243.	0
11 PORTFOLIO MANAGER	(ii)	0	0	0	0	0	0	0
SOEREN FELDEN NIELSEN	(i)	179,348.	52,310.	0	26,902.	0	258,560.	0
12 PORTFOLIO MANAGER	(ii)	0	0	0	0	0	0	0
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2013

JSA
3E1291 1 000

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SEVERANCE PAYMENTS

PART I, LINE 4A

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING REALDANIA'S

TAX YEAR:

FLEMMING BORRESKOV - $894,897

GERT POULSEN - $626,483

NON-FIXED PAYMENTS

PART I, LINE 7

EMPLOYEES ARE ELIGIBLE TO RECEIVE BONUS PAYMENTS BASED ON THEIR

PERFORMANCE.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization

REALDANIA

Employer identification number

98-0606302

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Schedule L (Form 990 or 990-EZ) 2013 Page **2**

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)	BOLIUS BOLIGEJERNES VIDENCENTER A/S	SEE PART V	670,000	SEE PART V		X
(2)	REALDANIA BY A/S	SEE PART V	34,298,000	SEE PART V		X
(3)	REALDANIA BYG A/S	SEE PART V	242,301,000	SEE PART V		X
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

PART IV, LINE (1), COLUMNS (B) AND (D)

JESPER NYGARD, CEO/BOARD MEMBER, FINN BARTHOLY, VICE DIRECTOR, HANS PETER SVENDLER, EXECUTIVE DIRECTOR, AND HENRIK STAGE, CFO, ARE ALL ON THE BOARD OF BOLIUS BOLIGEJERNES VIDENCENTER A/S, A 100% OWNED SUBSIDIARY OF REALDANIA. DURING THE CALENDAR YEAR, REALDANIA HAD THE FOLLOWING TRANSACTIONS WITH BOLIUS BOLIGEJERNES VIDENCENTER A/S:

RECEIPT OF ADMINISTRATIVE FEE: $308,000

RECEIPT OF ALLOCATIONS: $362,000

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

PART IV, LINE (2), COLUMNS (B) AND (D)

JESPER NYGARD, CEO/BOARD MEMBER, FINN BARTHOLY, VICE DIRECTOR, HANS PETER SVENDLER, EXECUTIVE DIRECTOR, AND HENRIK STAGE, CFO, ARE ALL ON THE BOARD OF REALDANIA BY A/S, A 100% OWNED SUBSIDIARY OF REALDANIA. DURING THE CALENDAR YEAR, REALDANIA HAD THE FOLLOWING TRANSACTIONS WITH REALDANIA BY A/S:

Schedule L (Form 990 or 990-EZ) 2013 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

RECEIPT OF ADMINISTRATIVE FEE: $960,000

CONTRIBUTIONS MADE: $19,928,000

RECEIPT OF ALLOCATIONS: $13,370,000

RECEIVABLE FROM RELATED ORGANIZATION: $40,000

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

PART IV, LINE (3), COLUMNS (B) AND (D)

JESPER NYGARD, CEO/BOARD MEMBER, FINN BARTHOLY, VICE DIRECTOR, HANS PETER SVENDLER, EXECUTIVE DIRECTOR, AND HENRIK STAGE, CFO, ARE ALL ON THE BOARD OF REALDANIA BYG A/S, A 100% OWNED SUBSIDIARY OF REALDANIA. DURING THE CALENDAR YEAR, REALDANIA HAD THE FOLLOWING TRANSACTIONS WITH REALDANIA BYG A/S:

PAYMENT OF RENT: $1,558,000

RECEIPT OF ADMINISTRATIVE FEE: $236,000

ALLOCATIONS MADE: $217,000

PAYABLE TO RELATED ORGANIZATION: $240,290,000

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
REALDANIA

Employer identification number
98-0606302

TELEPHONE NUMBER

FORM 990, PAGE 1, ITEM E

PLEASE NOTE THAT THE TELEPHONE NUMBER REPORTED IS A DANISH TELEPHONE NUMBER. REALDANIA'S DANISH TELEPHONE NUMBER WITH APPROPRIATE COUNTRY CODE INFORMATION IS +45 70 11 66 66.

EMPLOYEES IN THE UNITED STATES

FORM 990, PART I, LINE 5 AND FORM 990, PART V, LINE 2A

REALDANIA HAS NO EMPLOYEES IN THE UNITED STATES AND DOES NOT FILE A FORM W-3.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

REALDANIA'S OTHER PROGRAM SERVICES INCLUDE STRENGTHENING FUTURE SOCIETY THROUGH NEW AND ADAPTED PHYSICAL SURROUNDINGS THAT FULLY CONSIDER THE PHYSICAL AND MENTAL HEALTH OF ALL SOCIAL GROUPS THAT PROMOTE SOCIAL INCLUSION AND RESOLVING THE CHALLENGES FACING OUTLYING AREAS AND RURAL DISTRICTS IN DENMARK BY IDENTIFYING AND DEVELOPING THE POSITIVE POTENTIAL OF LOCALLY-BOUND QUALITIES.

OFFICERS WITH BUSINESS RELATIONSHIPS

FORM 990, PART VI, LINE 2

JESPER NYGARD (CEO/BOARD MEMBER), HANS PETER SVENDLER (EXECUTIVE DIRECTOR), HENRIK STAGE (CFO), AND FINN BARTHOLY (VICE DIRECTOR) ARE ALL

Name of the organization	Employer identification number
REALDANIA	98-0606302

ON THE BOARD OF REALDANIA'S SUBSIDIARIES.

ORGANIZATIONAL MEMBERS AND STOCKHOLDERS

FORM 990, PART VI, LINE 6

ANY NATURAL OR LEGAL PERSONS WHO OWN REAL ESTATE IN DENMARK, EXCLUDING THE FAEROE ISLANDS AND GREENLAND, AND MUNICIPALITIES WHICH ARE MEMBERS OF THE SPECIALIST ELECTION GROUP FOR URBAN DEVELOPMENT, MAY BECOME A MEMBER OF REALDANIA. MEMBERS MAY BE INDEPENDENT LEGAL PERSONS IN A GROUP AND BRANCHES OF SOCIAL HOUSING ORGANIZATIONS WHICH OWN REAL ESTATE. LEGAL PERSONS SHALL BE REPRESENTED IN THE ELECTED BODIES OF REALDANIA BY A MEMBER OF THE MANAGEMENT OR A REPRESENTATIVE AUTHORIZED BY THE MANAGEMENT FOR THIS PURPOSE, WHILE MUNICIPALITIES SHALL BE REPRESENTED BY THE MAYOR OR A REPRESENTATIVE APPOINTED BY THE MAYOR.

REALDANIA MAY DEMAND DOCUMENTATION THAT MEMBERS MEET THE CONDITIONS FOR BEING MEMBERS AT ANY TIME. MEMBERSHIP SHALL CEASE WITHOUT NOTICE IN THE EVENT THAT CONDITIONS FOR MEMBERSHIP ARE NO LONGER MET. RESIGNATION SHALL BE IN WRITING. CESSATION OF MEMBERSHIP SHALL NOT IMPLY A CLAIM ON ANY PART OF THE ASSET OF REALDANIA.

MEMBERS DO NOT PAY A SUBSCRIPTION, AND ARE NOT LIABLE FOR THE LIABILITIES AND OBLIGATIONS OF REALDANIA.

AS OF DECEMBER 31, 2013, REALDANIA HAS 155,710 MEMBERS, 148,960 PERSONAL MEMBERS, AND 6,750 CORPORATE MEMBERS.

Name of the organization	Employer identification number
REALDANIA	98-0606302

MEMBER ELECTION OF GOVERNING BODY

FORM 990, PART VI, LINE 7A

THE MEMBERS OF REALDANIA CAN ELECT THE 109 MEMBERS OF THE BOARD OF REPRESENTATIVES, WHICH IS THE GOVERNING BODY OF REALDANIA. THE ELECTIONS TAKE PLACE IN TEN REGIONAL ELECTION GROUPS THAT ELECT 60 MEMBERS TO THE BOARD OF REPRESENTATIVES, AND SIX SPECIALIST ELECTION GROUPS THAT ELECT 42 MEMBERS TO THE BOARD OF REPRESENTATIVES. IN ADDITION, THE BOARD OF REPRESENTATIVES ELECTS SEVEN REPRESENTATIVES BASED ON RECOMMENDATIONS FROM SPECIFIC ORGANIZATIONS. THE ELECTION PERIOD IS FOUR YEARS, AND CANDIDATES WHO ARE 66 YEARS OR TURN 66 YEARS IN THE YEAR OF ELECTION CANNOT STAND FOR ELECTION.

IN 2013, THE MEMBERS OF REALDANIA ELECTED 27 MEMBERS FOR THE BOARD OF REPRESENTATIVES. THE ELECTION TOOK PLACE IN TWO SPECIALIST AND TWO REGIONAL ELECTION GROUPS. 17 MEMBERS WERE RE-ELECTED AND TEN WERE NEWLY ELECTED: SEVEN WERE ELECTED IN THE ELECTIONS GROUP FOR OWNER-OCCUPIED HOMES AFTER UNCONTESTED ELECTION, SEVEN WERE ELECTED IN THE ELECTION GROUP FOR PRIVATE RESIDENCES AFTER UNCONTESTED ELECTION, SIX WERE ELECTED IN ELECTION GROUP 2 (WEST AND SOUTH ZEALAND AND THE ISLANDS) AFTER UNCONTESTED ELECTION, AND SEVEN WERE ELECTION IN ELECTION GROUP 6 (AARHUS AND SURROUNDINGS) UPON ELECTION.

FORM 990 PROCESS OF REVIEW

FORM 990, PART VI, LINE 11B

THE FORM 990 IS PREPARED IN CLOSE COOPERATION WITH REALDANIA'S DANISH TAX ADVISERS AND US TAX ADVISERS. BOARD MEMBERS ARE GRANTED HIGH LEVEL

Name of the organization	Employer identification number
REALDANIA	98-0606302

INFORMATION ABOUT THE FORM 990 IN THE AUDITOR'S LONG-FORM REPORT.

DETERMINATION OF MANAGEMENT COMPENSATION

FORM 990, PART VI, LINE 15A

THE MEMBERS OF THE SUPERVISORY BOARD RECEIVE A FIXED YEARLY FEE OF DKK 300,000. THE VICE CHAIRMAN RECEIVES A YEARLY FEE OF DKK 525,000 AND THE CHAIRMAN A FEE OF DKK 900,000. NONE OF THE MEMBERS OF THE SUPERVISORY BOARD RECEIVE A VARIABLE FEE. THE LATEST ADJUSTMENT OF FEES TOOK EFFECT ON JANUARY 1 2011. YEARLY EXPENSES FOR FEES TO THE SUPERVISORY BOARD TOTALED DKK 4.0 MILLION IN 2013.

THE SUPERVISORY BOARD DETERMINES THE FEE FOR THE EXECUTIVE BOARD WHICH IS MADE UP OF A FIXED SALARY AND PENSION. INFORMATION ON INDIVIDUAL FEES AND REMUNERATION IS STATED IN NOTE 6 TO THE CONSOLIDATED FINANCIAL STATEMENTS AND AT WWW.REALDANIA.DK.

AVAILABILITY OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS

FORM 990, PART VI, LINE 19

REALDANIA'S GOVERNING DOCUMENTS AND STATUTES CAN BE OBTAINED FROM THE "ERHVERVSSTYRELSEN" (A DANISH PUBLIC BODY FOR COMPANIES, ETC.).

REALDANIA'S FINANCIAL STATEMENTS ARE AVAILABLE ON REALDANIA'S HOMEPAGE: HTTP://WWW.REALDANIA.DK/OM-OS/ØKONOMISKE-NØGLETAL.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

FOREIGN EXCHANGE ADJUSTMENTS AND

Name of the organization	Employer identification number
REALDANIA	98-0606302

OTHER UNREALIZED GAINS/LOSSES	$466,200,000
BALANCE SHEET FOREIGN	
EXCHANGE DIFFERENTIAL	$134,200,000
TOTAL	$600,400,000

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

REALDANIA STRIVES TO IMPROVE QUALITY OF LIFE FOR ALL THROUGH THE BUILT ENVIRONMENT. REALDANIA'S PHILANTHROPIC ACTIVITIES FOCUS ON THE QUALITY OF LIFE "IN" THE BUILDINGS, "BETWEEN" THE BUILDINGS AND IN URBAN AND RURAL SETTINGS WITH THE OVERALL GOAL OF BENEFITTING THE COMMON GOOD. REALDANIA SEEKS TO GENERATE LONG-TERM QUALITIES THROUGH VALUE-CREATING PROCESSES. REALDANIA'S PROJECTS MUST CREATE VALUE, MAKE A DIFFERENCE AND BENEFIT A WIDE RANGE OF USERS. THE OBJECTIVE IS TO ENSURE THAT PROJECTS ARE SOCIALLY AND ECONOMICALLY SUSTAINABLE, AS WELL AS SUSTAINABLE IN TERMS OF THEIR ENVIRONMENTAL IMPACT AND USE OF RESOURCES.

REALDANIA'S TWO MAIN GOALS ARE THE FOLLOWING:

-TO SUPPORT INITIATIVES AIMED AT BENEFITTING THE COMMON GOOD IN THE BUILT ENVIRONMENT ACROSS DENMARK AND, IN CERTAIN SPECIAL CASES, ABROAD.

-TO MAKE INVESTMENTS WITH THE OBJECTIVE OF MAXIMIZING REALDANIA'S

Name of the organization: REALDANIA

Employer identification number: 98-0606302

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

RETURN. REALDANIA'S PHILANTHROPIC STRATEGY IS FOCUSED ON THREE MAIN AREAS: THE CITY, BUILDINGS AND THE BUILT HERITAGE. GUIDED BY THESE GOALS, REALDANIA ADDRESSES SUCH ISSUES AS INNOVATIVE NEW CONSTRUCTION, APPLICABLE INNOVATIONS, GOOD RESTORATION METHODS, QUALITY ARCHITECTURE AND CRAFTSMANSHIP, IMPROVED PROCESS MANAGEMENT, VISIONARY URBAN DEVELOPMENT, RESEARCH, COMMUNICATION AND MANY OTHER TOPICS.

REALDANIA AIMS TO GENERATE DEVELOPMENT AND CHANGE:

-THROUGH PARTNERSHIPS AND NETWORKS

-BASED ON DIALOGUE AND KNOWLEDGE

-THROUGH A PROACTIVE EFFORT

-BASED ON OPENNESS AND TRANSPARENCY

AS A RESULT, REALDANIA BRINGS BOTH PROFESSIONAL AND ECONOMIC RESOURCES TO THE PROJECTS THAT IT TAKES ON, AND ASSUMES A SHARED RESPONSIBILITY FOR ENSURING THAT REALDANIA'S SUPPORT LEADS TO GOOD AND LASTING RESULTS. REALDANIA ALSO PLACES PRIORITY ON PROMOTING ACTIVE INTERACTIONS AMONG ENTHUSIASTS, MUNICIPALITIES, INSTITUTIONS, BUSINESS, AND INDUSTRY AND TRADE ORGANIZATIONS.

Name of the organization: REALDANIA

Employer identification number: 98-0606302

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ERNST & YOUNG P/S OSVALD HELMUTHS VEJ 4 2000 FREDERIKSBERG DENMARK	AUDIT AND TAX	615,900.
BYSTED A/S ENIGHEDEN, RENTEMESTERVEJ 2B 2000 KOEBENHAVN NV DENMARK	BRANDING AND COMM.	389,900.
PRICEWATERHOUSECOOPERS P/S STRANDVEJEN 44 2900 HELLERUP DENMARK	AUDIT AND TAX	308,000.
BECH BRUUN LANGELINIE ALLE 35 2100 KOEBENHAVN O DENMARK	LEGAL ASSISTANCE	253,600.
PLENUMX APS KOMPAGNISTRAEDET 14D 1208 KOEBENHAVN K DENMARK	WEBPAGE	235,500.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

REALDANIA

Employer identification number

98-0606302

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) BOLIUS BOLIGEJERNES VIDENCENTER A/S JARMERS PLADS 2 1551 COPENHAGEN, DA	HOMEOWNER AS	DA	REALDANIA	CORPORATION	793,000	7,731,000	100 0000	X	
(2) REALDANIA BY A/S JARMERS PLADS 2 1551 COPENHAGEN, DA	DEVELOP PROJ	DA	REALDANIA	CORPORATION	-5,188,000	132,054,000	100 0000	X	
(3) REALDANIA BYG A/S JARMERS PLADS 2 1551 COPENHAGEN, DA	BLDG & PROT	DA	REALDANIA	CORPORATION	5,722,000	607,558,000.	100 0000	X	
(4)									
(5)									
(6)									
(7)									

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
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?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	REALDANIA BYG A/S	K	1,558,000.	CASH
(2)	REALDANIA BY A/S	B	19,928,000.	CASH
(3)	BOLIUS BOLIGEJERNES VIDENCENTER A/S	Q	308,000.	CASH
(4)	REALDANIA BY A/S	Q	960,000.	CASH
(5)	REALDANIA BYG A/S	Q	236,000.	CASH
(6)	REALDANIA BYG A/S	S	217,000.	CASH

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
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?			
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)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BOLIUS BOLIGEJERNES VIDENCENTER A/S	R	362,000.	CASH
(2)	REALDANIA BY A/S	R	13,370,000.	CASH
(3)				
(4)				
(5)				
(6)				

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

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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**
(Rev January 2014)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return
▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868.*

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions: Employer identification number (EIN) or
	REALDANIA	98-0606302
	Number, street, and room or suite no If a P O box, see instructions JARMERS PLADS 2 DK 1551	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions COPENHAGEN DENMARK	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ _____

Telephone No. ▶ _____ FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [X]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ [ ] . If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 14, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 20 13 or
▶ [ ] tax year beginning _____, 20___, and ending _____, 20___

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	3b	$ 0
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☑

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print	Name of exempt organization or other filer, see instructions REALDANIA	Employer identification number (EIN) or 98-0606302
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. JARMERS PLADS 2 DK 1551	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions COPENHAGEN DENMARK	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ REALDANIA FINANCE

Telephone No. ▶ +4570116666 Fax No. ▶ +4532885299

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☑

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 17, 20 14.

5 For calendar year 2013, or other tax year beginning _____, 20 _____, and ending _____, 20 ____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶