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Form 990 (Rev January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable:
- Address change
- Name change
- Initial return
- Final 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 DA/S

D Employer identification number: 98-0606302

E Telephone number: (457) 011-6666

G Gross receipts $: 274,700,000.

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

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

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 DA

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	102.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	91
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0.
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-847,510.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	

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		Prior Year	Current Year
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)	184,500,000.	274,700,000.
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)	184,500,000.	274,700,000
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	88,427,978	188,753,484.
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)	10,974,518.	11,154,383.
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)	34,749,847.	107,994,554.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	134,152,343.	307,902,421
19	Revenue less expenses Subtract line 18 from line 12	50,347,657.	-33,202,421.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,903,700,000.	4,114,700,000.
21	Total liabilities (Part X, line 26)	540,000,000.	637,900,000.
22	Net assets or fund balances Subtract line 21 from line 20	3,363,700,000.	3,476,800,000.

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 — Date 11/13/2020

▶ HENRIK STAGE CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: STEPHANIE M LONCZAK	Preparer's signature: Stephanie Lonczak	Date: 11/11/2020	Check [ ] if self employed	PTIN: P01880207
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 (2019)

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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 $ 87,598,808 including grants of $ 61,700,000) (Revenue $ _____)

* PROMOTING SITE-BOUND POTENTIAL ACROSS THE COUNTRY *

REALDANIA AIMS TO HELP MAKE IT ATTRACTIVE TO LIVE IN, WORK IN, AND VISIT AREAS OUTSIDE THE LARGEST TOWNS AND CITIES. THEREFORE, REALDANIA WORKS TO ADAPT, ENHANCE, AND RENEW AREAS CHALLENGED BY SOCIETAL DEVELOPMENT BY HARNESSING LOCAL, PLACE-BASED POTENTIAL.

4b (Code _____) (Expenses $ 51,962,988 including grants of $ 36,600,000) (Revenue $ _____)

* PROMOTING SUSTAINABLE CITIES *

REALDANIA AIMS TO CONTRIBUTE TO DEVELOPING MORE SUSTAINABLE CITIES THAT SUPPORT PEOPLE'S LIVES AND WELL-BEING.

4c (Code _____) (Expenses $ 3,549,384 including grants of $ 2,500,000) (Revenue $ _____)

* PROMOTING A NEW FRAMEWORK FOR COMMUNITIES *

REALDANIA AIMS TO STRENGTHEN THE PHYSICAL ENVIRONMENTS AND MEETING PLACES THAT FOSTER SOCIAL RELATIONSHIPS AND INCLUSIVE AND EQUAL COMMUNITIES.

4d Other program services (Describe on Schedule O)

(Expenses $ 122,839,727 including grants of $ 87,953,484) (Revenue $ _____)

4e Total program service expenses ▶ 265,950,907.

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 donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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	
24a	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		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		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	
35a	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			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 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 on 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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? **Note:** See the instructions for additional information the organization must report on Schedule O	13a		
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 on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

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 on 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 . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O	1a	102		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	91		
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, 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			X
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 on 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 (1024 or 1024-A, 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 on Schedule O)*

19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records ▶
HENRIK STAGE JARMERS PLADS 2 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 . . . . . ☐

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

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

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

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

☐ 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) JESPER NYGARD	37.00									
CEO	1.00			X				635,072.	0.	109,944.
(2) PETER JOHANSEN	37.00									
CIO	1.00			X				367,142.	0.	63,547.
(3) NINA KOVSTED HELK	37.00									
DIRECTOR FOR PHILANTHROPY	1.00			X				336,253.	0.	57,273.
(4) HENRIK STAGE	37.00									
CFO	1.00			X				283,795.	0.	42,569.
(5) MICHAEL KJAERBYE-THYGESEN	37.00									
CHIEF STRATEGIST	0.					X		279,268.	0.	30,123.
(6) PETER JUHL NIELSEN	37.00									
PORTFOLIO MANAGER	0.					X		274,512.	0.	29,066.
(7) ANDREAS NICKELSEN	37.00									
HEAD OF REAL ESTATE	0.					X		254,333.	0.	26,929.
(8) DANIEL PROBST	37.00									
HEAD OF EQUITIES	0.					X		251,604.	0.	28,086.
(9) JESPER WALTHER SOERENSEN	37.00									
PORTFOLIO MANAGER	0.					X		248,029.	0.	27,903.
(10) PUI LING LAU	37.00									
COO	0.				X			236,453.	0.	35,468.
(11) MICHAEL BROCKENHUUS-SCHACK	9.00									
BOARD MEMBER	0.	X						136,364.	0.	0.
(12) CARSTEN WITH THYGESEN	9.00									
BOARD MEMBER	0.	X						79,545.	0.	0.
(13) GUNDE ODGAARD	9.00									
BOARD MEMBER	0.	X						45,455.	0.	0.
(14) HELLE SOEHOLT	9.00									
BOARD MEMBER	0.	X						45,455.	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) LARS KRARUP	9.00									
BOARD MEMBER	0.	X						45,455.	0.	0.
(16) MAJKEN SCHULTZ	9.00									
BOARD MEMBER	0.	X						45,455.	0.	0.
(17) METTE KYNNE FRANDSEN	9.00									
BOARD MEMBER	0.	X						45,455.	0.	0.
(18) PALLE ADAMSEN	9.00									
BOARD MEMBER	0.	X						45,455.	0.	0.
(19) PER FELDTHAUS	9.00									
BOARD MEMBER	0.	X						45,455.	0.	0.
(20) PERNILLE RUESZ BLOCH	9.00									
BOARD MEMBER	0.	X						45,455.	0.	0.
(21) PETER HOELTERMAND	9.00									
BOARD MEMBER (BEG. APR 2019)	0.	X						30,303.	0.	0.
(22) NIELS ROTH	9.00									
BOARD MEMBER (THRU APR 2019)	0.	X						15,152.	0.	0.
(23) ALLAN MALSKAER	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(24) ANDERS CHRISTEN OBEL	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(25) ANDERS HJULMAND	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
1b Sub-total ▶								3,805,100.	0.	450,908.
c Total from continuation sheets to Part VII, Section A ▶								422,685.	0.	0.
d Total (add lines 1b and 1c) ▶								4,227,785.	0.	450,908.

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 ▶ 47

		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
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 ▶ 25

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) ANETTE MORTENSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(27) ANITA ULRIK SOERENSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(28) ANNE HOEJER PETERSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(29) ANNE MARIE OKSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(30) ANNE-MARIE DAHL	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(31) ANNETTE OVERGAARD JENSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(32) ANNETTE VANGSTRUP	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(33) BENT JUUL SOERENSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(34) BENTE SOEGAARD	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(35) BENTE TANG	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(36) BIRGER NIELSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
1b Sub-total ▶								49,995.	0.	0.
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 ▶ 47

		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			
(37) BIRGIT S. HANSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(38) BIRGITTE GRUBBE	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(39) BIRTHE JACOBSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(40) BJARNE WALENTIN	1.00									
BOARD MEMBER (THRU SEP 2019)	0.	X						4,545.	0.	0.
(41) BORIS NOERGAARD KJELDSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(42) CARSTEN THYGESEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(43) CATHRINE RIEGELS GUDBERGSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(44) CHRISTIAN HOEGSBRO	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(45) CHRISTINA HOU HOLCK	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(46) CLAUS NEERGAARD	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(47) CONNY WAGNER	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
1b Sub-total ▶								49,995.	0.	0.
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 ▶ 47

		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) ELLY KJEMS HOVE	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(49) ELSEBETH DUE KJELDSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(50) ELSEBETH STAERMOSE KROGH	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(51) ERIK LUND	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(52) ERIK NIELSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(53) EVA MOELLER SOERENSEN	1.00									
BOARD MEMBER (THRU DEC 2019)	0.	X						4,545.	0.	0.
(54) GERTI AXELSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(55) HANNE LIND-BONDERUP	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(56) HANS HENNING ROTTBOLL	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(57) HANS-ULRIK REVSBECH JENSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(58) HELLE LUNDSGAARD	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
1b Sub-total ▶								49,995.	0.	0.
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 ▶ 47

		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) HENRIK ANDERSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(60) HENRIK DAHL JEPPESEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(61) HENRIK ESPERSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(62) HENRIK GARVER	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(63) HENRIK LINDVED BANG	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(64) HENRIK ULDALL BORCH	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(65) HENRIK WOLFHAGEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(66) INGRID VAN DEN HENGEL	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(67) JACOB BUNDSGAARD	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(68) JACOB STEEN MOELLER	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(69) JANE FISCHER	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
1b Sub-total ▶								49,995.	0.	0.
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 ▶ 47

		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			
(70) JENS HALD	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(71) JESPER ANDREASEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(72) JOHN BRAEDDER	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(73) JOHNNY BRINKMANN JENSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(74) KAREN BOCK	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(75) KARSTEN KRUEGER	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(76) KATIA K. OSTERGAARD	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(77) KATJA LINDBLAD	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(78) KRISTIAN KOLDTOFT JENSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(79) KRISTINE VAN HET ERVE GRUNNET	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(80) KURT DEGNBOL	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
1b Sub-total ▶								49,995.	0.	0.
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 ▶ 47

		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			
(81) KURT HELGE ADAMSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(82) LARS FRANK NIELSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(83) LARS HVIDTFELDT	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(84) LARS STORR-HANSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(85) LINE ROETTING DORNAN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(86) LINE WILLACY	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(87) LIS RAVN EBBESEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(88) LONE FAERCH	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(89) LYKKE OUTZEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(90) MARIE-LOUISE VAGNBY	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(91) MERETE ELDRUP	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
1b Sub-total ▶								49,995.	0.	0.
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 ▶ 47

		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			
(92) METTE GLAVIND	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(93) MICHAEL ZIEGLER	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(94) NICOLAI BISGAARD	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(95) OTTO BJOERN CHRISTIANSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(96) PALLE THOMSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(97) PAUL WIBERG-JOERGENSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(98) PEDER DAMGAARD	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(99) PER EGEBAEK HAVE	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(100) PER VINDING NIELSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(101) POVL CHRISTENSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(102) RASMUS LUND	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
1b Sub-total ▶								49,995.	0.	0.
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 ▶ 47

		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) ROBERT W. THORSEN	1.00									
BOARD MEMBER (THRU SEP 2019)	0.	X						4,545.	0.	0.
(104) STEEN OLSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(105) SUNA CENHOLT	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(106) SUSANNE BORENHOFF	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(107) SUZANNE T. ESTRUP	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(108) SOEREN BRIXEN	1.00									
BOARD MEMBER (THRU DEC 2019)	0.	X						4,545.	0.	0.
(109) SOEREN FREDERIKSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(110) TORBEN STROEM	1.00									
BOARD MEMBER (THRU JUN 2019)	0.	X						4,545.	0.	0.
(111) TROELS BULOW-OLSEN	1.00									
BOARD MEMBER (BEG. JAN 2019)	0.	X						4,545.	0.	0.
(112) ULLA DIDERICHSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
(113) ULRIK THEOPHIL JOERGENSEN	1.00									
BOARD MEMBER	0.	X						4,545.	0.	0.
1b Sub-total ▶								49,995.	0.	0.
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 ▶ 47

		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			
(114) HENRIK LID	1.00									
BOARD MEMBER (THRU JAN 2019)	0.	X						4,545.	0.	0.
(115) BO PEDERSEN	1.00									
BOARD MEMBER (BEG. JAN 2019)	0.	X						4,545.	0.	0.
(116) KLAUS KAAE	1.00									
BOARD MEMBER (BEG. JAN 2019)	0.	X						4,545.	0.	0.
(117) LOTTE THOEGERSEN	1.00									
BOARD MEMBER (BEG. JAN 2019)	0.	X						4,545.	0.	0.
(118) SIMON KRUSE	1.00									
BOARD MEMBER (BEG. JAN 2019)	0.	X						4,545.	0.	0.
1b Sub-total ▶								22,725.	0.	0.
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 ▶ 47

		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 . . . . . 1g $				
	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) . . . . . ▶	274,700,000		-847,510	275,547,510
	4	Income from investment of tax-exempt bond proceeds . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 6a				
	b	Less rental expenses 6b				
	c	Rental income or (loss) 6c				
	d	Net rental income or (loss) . . . . . ▶	0			
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a				
	b	Less cost or other basis and sales expenses . . 7b				
	c	Gain or (loss) 7c				
	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 . . . . . 8a 0				
	b	Less direct expenses 8b 0				
	c	Net income or (loss) from fundraising events . . . . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . . 9a 0				
	b	Less direct expenses 9b 0				
	c	Net income or (loss) from gaming activities . . . . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances 10a 0				
	b	Less cost of goods sold 10b 0				
	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 . . . . . ▶	274,700,000		-847,510	275,547,510

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 domestic organizations and domestic governments See Part IV, line 21	60,683.	60,683.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	188,692,801.	188,692,801.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,287,970.		3,287,970.	
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	6,898,220.	2,437,892.	4,460,328.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	744,403.	297,761.	446,642.	
9 Other employee benefits	223,790.	89,516.	134,274.	
10 Payroll taxes	0.			
11 Fees for services (nonemployees)				
a Management	0.			
b Legal	56,585.		56,585.	
c Accounting	500,000.		500,000.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	24,598,776.		24,598,776.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	594,235.	237,694.	356,541.	
12 Advertising and promotion	1,405,443.		1,405,443.	
13 Office expenses	827,583.	331,033.	496,550.	
14 Information technology	2,687,525.	1,075,010.	1,612,515.	
15 Royalties	0.			
16 Occupancy	1,626,468.	578,159.	1,048,309.	
17 Travel	331,688.	132,675.	199,013.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	409,600.	163,840.	245,760.	
20 Interest	1,449,688.		1,449,688.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,154,655.	861,862.	1,292,793.	
23 Insurance	174,365.	69,746.	104,619.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TAXES	68,060,606.	68,060,606.		
b OTHER PROGRAM SERVICE EXP	2,780,609.	2,780,609.		
c OTHER EXPENSES	202,551.	81,020.	121,531.	
d OTHER GENERAL EXPENSES	134,177.		134,177.	
e All other expenses				
25 **Total functional expenses** Add lines 1 through 24e	307,902,421.	265,950,907.	41,951,514.	
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	45,400,000.	1	43,200,000.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7	Notes and loans receivable, net	9,800,000.	7	9,700,000.
	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: 28,000,000.			
	b	Less accumulated depreciation — 10b: 9,300,000.	2,000,000.	10c	18,700,000.
	11	Investments - publicly traded securities	1,399,000,000.	11	1,478,000,000.
	12	Investments - other securities See Part IV, line 11	2,365,800,000.	12	2,395,100,000.
	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	81,700,000.	15	170,000,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	3,903,700,000.	16	4,114,700,000.
Liabilities	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	506,800,000.	18	583,900,000.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	33,200,000.	25	54,000,000.
	26	**Total liabilities.** Add lines 17 through 25	540,000,000.	26	637,900,000.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds	3,363,700,000.	29	3,476,800,000.
	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31	Retained earnings, endowment, accumulated income, or other funds	0.	31	0.
	32	Total net assets or fund balances	3,363,700,000.	32	3,476,800,000.
	33	Total liabilities and net assets/fund balances	3,903,700,000.	33	4,114,700,000.

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	274,700,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	307,902,421.
3	Revenue less expenses Subtract line 2 from line 1	3	-33,202,421.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,363,700,000.
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 on Schedule O)	9	146,302,421.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,476,800,000.

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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O			
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 on 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990

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

OMB No 1545-0047

2019

Open to Public Inspection

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" on Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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 (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☒ Preservation of a 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 7/25/06, 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 ▶ _____

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

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on 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 FASB ASC 958 relating to these items

a Revenue included on 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 make 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 program
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" on 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.
Complete if the organization answered "Yes" on 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 Term endowment ▶ _____ %

The percentages on 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" on line 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" on 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		21,200,000.	4,500,000.	16,700,000.
d Equipment		6,800,000.	4,800,000.	2,000,000.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* . . . . . ▶				18,700,000.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on 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	21,200,000.	COST
(B) INVESTMENTS IN GRP ENTERPRISES	543,600,000.	COST
(C) NON-PUBLICLY TRADED SECURITIES	1,830,300,000.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	2,395,100,000.	

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(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" on 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" on 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) OTHER CURRENT LIABILITIES	54,000,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	54,000,000.

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 FASB 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" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

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

1	Total expenses and losses per audited financial statements			1	
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	
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	

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

PART II, LINE 9

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

Part XIII Supplemental Information *(continued)*

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

OMB No 1545-0047

2019

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		164,524,624
(2) EUROPE	0	0	INVESTMENTS		3,708,575,376
(3) EUROPE	1	99	PROGRAM SERVICES	GRANTMAKING	188,692,801
(4) EUROPE	0	0	PROGRAM SERVICES	ADMINISTRATIVE	41,951,514
(5) EUROPE	0	0	PROGRAM SERVICES	PHILANTHROPY	77,197,423
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1	99			4,180,941,738
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	99			4,180,941,738

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANT	91,024				
(2)			EUROPE/ICELAND/GREENLAND	GRANT	113,287				
(3)			EUROPE/ICELAND/GREENLAND	GRANT	169,911				
(4)			EUROPE/ICELAND/GREENLAND	GRANT	620,346				
(5)			EUROPE/ICELAND/GREENLAND	GRANT	50,822				
(6)			EUROPE/ICELAND/GREENLAND	GRANT	45,512				
(7)			EUROPE/ICELAND/GREENLAND	GRANT	303,413				
(8)			EUROPE/ICELAND/GREENLAND	GRANT	121,365				
(9)			EUROPE/ICELAND/GREENLAND	GRANT	743,361				
(10)			EUROPE/ICELAND/GREENLAND	GRANT	758,532				
(11)			EUROPE/ICELAND/GREENLAND	GRANT	606,825				
(12)			EUROPE/ICELAND/GREENLAND	GRANT	38,458				
(13)			EUROPE/ICELAND/GREENLAND	GRANT	8,329				
(14)			EUROPE/ICELAND/GREENLAND	GRANT	40,961				
(15)			EUROPE/ICELAND/GREENLAND	GRANT	7,585				
(16)			EUROPE/ICELAND/GREENLAND	GRANT	732,690				

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 . . . . . ▶

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANT	758,532				
(2)			EUROPE/ICELAND/GREENLAND	GRANT	91,024				
(3)			EUROPE/ICELAND/GREENLAND	GRANT	136,536				
(4)			EUROPE/ICELAND/GREENLAND	GRANT	22,756				
(5)			EUROPE/ICELAND/GREENLAND	GRANT	3,034,126				
(6)			EUROPE/ICELAND/GREENLAND	GRANT	91,024				
(7)			EUROPE/ICELAND/GREENLAND	GRANT	98,609				
(8)			EUROPE/ICELAND/GREENLAND	GRANT	370,771				
(9)			EUROPE/ICELAND/GREENLAND	GRANT	371,680.				
(10)			EUROPE/ICELAND/GREENLAND	GRANT	28,369				
(11)			EUROPE/ICELAND/GREENLAND	GRANT	118,331				
(12)			EUROPE/ICELAND/GREENLAND	GRANT	250,315				
(13)			EUROPE/ICELAND/GREENLAND	GRANT	53,097.				
(14)			EUROPE/ICELAND/GREENLAND	GRANT	616,686				
(15)			EUROPE/ICELAND/GREENLAND	GRANT	22,756				
(16)			EUROPE/ICELAND/GREENLAND	GRANT	1,517,063				

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 . . . . . ▶

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANT	728,190				
(2)			EUROPE/ICELAND/GREENLAND	GRANT	7,585				
(3)			EUROPE/ICELAND/GREENLAND	GRANT	15,171				
(4)			EUROPE/ICELAND/GREENLAND	GRANT	356,510				
(5)			EUROPE/ICELAND/GREENLAND	GRANT	439,948				
(6)			EUROPE/ICELAND/GREENLAND	GRANT	5,613,133				
(7)			EUROPE/ICELAND/GREENLAND	GRANT	758,532				
(8)			EUROPE/ICELAND/GREENLAND	GRANT	106,194				
(9)			EUROPE/ICELAND/GREENLAND	GRANT	151,706				
(10)			EUROPE/ICELAND/GREENLAND	GRANT	49,760				
(11)			EUROPE/ICELAND/GREENLAND	GRANT	113,780				
(12)			EUROPE/ICELAND/GREENLAND	GRANT	197,218				
(13)			EUROPE/ICELAND/GREENLAND	GRANT	227,559				
(14)			EUROPE/ICELAND/GREENLAND	GRANT	1,061,944				
(15)			EUROPE/ICELAND/GREENLAND	GRANT	45,512				
(16)			EUROPE/ICELAND/GREENLAND	GRANT	151,706				

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 . . . . . ▶

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANT	59,165				
(2)			EUROPE/ICELAND/GREENLAND	GRANT	60,683				
(3)			EUROPE/ICELAND/GREENLAND	GRANT	227,559				
(4)			EUROPE/ICELAND/GREENLAND	GRANT	36,410				
(5)			EUROPE/ICELAND/GREENLAND	GRANT	151,706				
(6)			EUROPE/ICELAND/GREENLAND	GRANT	9,102				
(7)			EUROPE/ICELAND/GREENLAND	GRANT	303,413				
(8)			EUROPE/ICELAND/GREENLAND	GRANT	53,097				
(9)			EUROPE/ICELAND/GREENLAND	GRANT	22,756				
(10)			EUROPE/ICELAND/GREENLAND	GRANT	227,559				
(11)			EUROPE/ICELAND/GREENLAND	GRANT	30,341				
(12)			EUROPE/ICELAND/GREENLAND	GRANT	106,194				
(13)			EUROPE/ICELAND/GREENLAND	GRANT	37,927				
(14)			EUROPE/ICELAND/GREENLAND	GRANT	30,341				
(15)			EUROPE/ICELAND/GREENLAND	GRANT	53,097				
(16)			EUROPE/ICELAND/GREENLAND	GRANT	702,632				

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 . . . . . ▶

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANT	758,532				
(2)			EUROPE/ICELAND/GREENLAND	GRANT	682,678.				
(3)			EUROPE/ICELAND/GREENLAND	GRANT	713,020				
(4)			EUROPE/ICELAND/GREENLAND	GRANT	45,511,890				
(5)			EUROPE/ICELAND/GREENLAND	GRANT	197,218				
(6)			EUROPE/ICELAND/GREENLAND	GRANT	53,097				
(7)			EUROPE/ICELAND/GREENLAND	GRANT	7,585				
(8)			EUROPE/ICELAND/GREENLAND	GRANT	91,024				
(9)			EUROPE/ICELAND/GREENLAND	GRANT	747,586				
(10)			EUROPE/ICELAND/GREENLAND	GRANT	37,927				
(11)			EUROPE/ICELAND/GREENLAND	GRANT	75,853				
(12)			EUROPE/ICELAND/GREENLAND	GRANT	189,633				
(13)			EUROPE/ICELAND/GREENLAND	GRANT	583,007.				
(14)			EUROPE/ICELAND/GREENLAND	GRANT	752,585				
(15)			EUROPE/ICELAND/GREENLAND	GRANT	40,455				
(16)			EUROPE/ICELAND/GREENLAND	GRANT	34,134				

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 . . . . . ▶

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANT	91,024				
(2)			EUROPE/ICELAND/GREENLAND	GRANT	455,119				
(3)			EUROPE/ICELAND/GREENLAND	GRANT	114,538				
(4)			EUROPE/ICELAND/GREENLAND	GRANT	15,171				
(5)			EUROPE/ICELAND/GREENLAND	GRANT	47,787				
(6)			EUROPE/ICELAND/GREENLAND	GRANT	712,902				
(7)			EUROPE/ICELAND/GREENLAND	GRANT	7,585				
(8)			EUROPE/ICELAND/GREENLAND	GRANT	348,924				
(9)			EUROPE/ICELAND/GREENLAND	GRANT	1,365,357				
(10)			EUROPE/ICELAND/GREENLAND	GRANT	386,187				
(11)			EUROPE/ICELAND/GREENLAND	GRANT	15,171				
(12)			EUROPE/ICELAND/GREENLAND	GRANT	910,238				
(13)			EUROPE/ICELAND/GREENLAND	GRANT	113,780				
(14)			EUROPE/ICELAND/GREENLAND	GRANT	3,792,658				
(15)			EUROPE/ICELAND/GREENLAND	GRANT	69,330				
(16)			EUROPE/ICELAND/GREENLAND	GRANT	1,061,944				

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 . . . . . ▶

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANT	735,776				
(2)			EUROPE/ICELAND/GREENLAND	GRANT	3,034,126				
(3)			EUROPE/ICELAND/GREENLAND	GRANT	758,532				
(4)			EUROPE/ICELAND/GREENLAND	GRANT	8,647,259				
(5)			EUROPE/ICELAND/GREENLAND	GRANT	37,927				
(6)			EUROPE/ICELAND/GREENLAND	GRANT	709,227				
(7)			EUROPE/ICELAND/GREENLAND	GRANT	270,037				
(8)			EUROPE/ICELAND/GREENLAND	GRANT	98,609				
(9)			EUROPE/ICELAND/GREENLAND	GRANT	37,927				
(10)			EUROPE/ICELAND/GREENLAND	GRANT	151,706				
(11)			EUROPE/ICELAND/GREENLAND	GRANT	7,585,315				
(12)			EUROPE/ICELAND/GREENLAND	GRANT	30,341				
(13)			EUROPE/ICELAND/GREENLAND	GRANT	60,683				
(14)			EUROPE/ICELAND/GREENLAND	GRANT	151,706				
(15)			EUROPE/ICELAND/GREENLAND	GRANT	6,827				
(16)			EUROPE/ICELAND/GREENLAND	GRANT	667,508				

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 . . . . . ▶

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANT	28,824,197				
(2)			EUROPE/ICELAND/GREENLAND	GRANT	60,683				
(3)			EUROPE/ICELAND/GREENLAND	GRANT	4,551,189				
(4)			EUROPE/ICELAND/GREENLAND	GRANT	91,024				
(5)			EUROPE/ICELAND/GREENLAND	GRANT	402,022				
(6)			EUROPE/ICELAND/GREENLAND	GRANT	106,194				
(7)			EUROPE/ICELAND/GREENLAND	GRANT	727,432				
(8)			EUROPE/ICELAND/GREENLAND	GRANT	7,585				
(9)			EUROPE/ICELAND/GREENLAND	GRANT	201,769				
(10)			EUROPE/ICELAND/GREENLAND	GRANT	39,175				
(11)			EUROPE/ICELAND/GREENLAND	GRANT	686,774				
(12)			EUROPE/ICELAND/GREENLAND	GRANT	22,756				
(13)			EUROPE/ICELAND/GREENLAND	GRANT	386,851				
(14)			EUROPE/ICELAND/GREENLAND	GRANT	182,048				
(15)			EUROPE/ICELAND/GREENLAND	GRANT	45,512				
(16)			EUROPE/ICELAND/GREENLAND	GRANT	75,853				

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 . . . . . ▶

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANT	455,119				
(2)			EUROPE/ICELAND/GREENLAND	GRANT	18,963				
(3)			EUROPE/ICELAND/GREENLAND	GRANT	62,958				
(4)			EUROPE/ICELAND/GREENLAND	GRANT	151,706				
(5)			EUROPE/ICELAND/GREENLAND	GRANT	11,404				
(6)			EUROPE/ICELAND/GREENLAND	GRANT	37,927				
(7)			EUROPE/ICELAND/GREENLAND	GRANT	113,780				
(8)			EUROPE/ICELAND/GREENLAND	GRANT	162,326				
(9)			EUROPE/ICELAND/GREENLAND	GRANT	379,266				
(10)			EUROPE/ICELAND/GREENLAND	GRANT	53,097				
(11)			EUROPE/ICELAND/GREENLAND	GRANT	114,424				
(12)			EUROPE/ICELAND/GREENLAND	GRANT	8,344				
(13)			EUROPE/ICELAND/GREENLAND	GRANT	60,683				
(14)			EUROPE/ICELAND/GREENLAND	GRANT	7,585				
(15)			EUROPE/ICELAND/GREENLAND	GRANT	186,337				
(16)			EUROPE/ICELAND/GREENLAND	GRANT	621,996				

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 . . . . . ▶

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANT	121,365				
(2)			EUROPE/ICELAND/GREENLAND	GRANT	68,268				
(3)			EUROPE/ICELAND/GREENLAND	GRANT	493,045				
(4)			EUROPE/ICELAND/GREENLAND	GRANT	9,860,910				
(5)			EUROPE/ICELAND/GREENLAND	GRANT	4,551,189				
(6)			EUROPE/ICELAND/GREENLAND	GRANT	202,073				
(7)			EUROPE/ICELAND/GREENLAND	GRANT	92,541				
(8)			EUROPE/ICELAND/GREENLAND	GRANT	546,143				
(9)			EUROPE/ICELAND/GREENLAND	GRANT	379,266				
(10)			EUROPE/ICELAND/GREENLAND	GRANT	9,860,910				
(11)			EUROPE/ICELAND/GREENLAND	GRANT	455,119				
(12)			EUROPE/ICELAND/GREENLAND	GRANT	242,730				
(13)			EUROPE/ICELAND/GREENLAND	GRANT	563,589				
(14)			EUROPE/ICELAND/GREENLAND	GRANT	15,170,630				
(15)			EUROPE/ICELAND/GREENLAND	GRANT	75,853				
(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 . . . . . ▶ 159.

Schedule F (Form 990) 2019

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(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 separately 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, don't file with Form 990)*	☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**
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 PROJECTS, AS WELL AS RECOMMENDATIONS FOR GRANTS OF MORE THAN DKK 5 MILLION ($757,576 USD), 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**
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 ($151,515 USD). 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**
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**
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:

JESPER NYGARD, NINA KOVSTED HELK, PUI LING LAU, PETER JOHANSEN, 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 5 MILLION ($757,576 USD) TO THE PROJECT APPLIED FOR, AND DETERMINING THE SIZE OF THE GRANT AND ANY CONDITIONS ATTACHED TO THE GRANT.

- GRANTS OF MORE THAN DKK 5 MILLION ($757,576 USD) OR WHICH RELATE TO 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.

Part V **Supplemental Information**
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)

ACCOUNTING METHOD

PART II, LINE 1 AND PART III

THE ACCOUNTING METHOD USED TO ACCOUNT FOR THE GRANTS REPORTED ON PART II,

LINE 1 AND PART III IS THE ACCRUAL METHOD OF ACCOUNTING.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

REALDANIA

Employer identification number

98-0606302

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET, 10TH FLOOR	13-3615533	501(C)(3)	60,683				GRANT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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,

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

III. THE PROFESSIONAL AND ADMINISTRATIVE RECOMMENDATIONS BY THE EXECUTIVE BOARD ON GRANTS FOR ALL PROJECTS, AS WELL AS RECOMMENDATIONS FOR GRANTS OF MORE THAN DKK 5 MILLION ($757,576 USD), 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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

PAYMENTS OF UP TO AND INCLUDING DKK 1.0 MILLION ($151,515 USD). HIGHER

AMOUNTS MUST BE APPROVED BY A MEMBER OF THE EXECUTIVE BOARD.

THE OVERALL DIVISION OF RESPONSIBILITIES AND TASKS INCLUDES:

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

- 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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

- PROJECTS SHOULD BENEFIT THE GENERAL PUBLIC.

THE PHILANTHROPY MEETING COMPRISES THE FOLLOWING PERMANENT PARTICIPANTS:

JESPER NYGARD, NINA KOVSTED HELK, PUI LING LAU, PETER JOHANSEN, 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:

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

- REJECTING THE APPLICATION.

- GRANTING UP TO AND INCLUDING DKK 5 MILLION ($757,576 USD) TO THE PROJECT APPLIED FOR, AND DETERMINING THE SIZE OF THE GRANT AND ANY CONDITIONS ATTACHED TO THE GRANT.

- GRANTS OF MORE THAN DKK 5 MILLION ($757,576 USD) OR WHICH RELATE TO PROJECTS ARE SUBMITTED TO THE SUPERVISORY BOARD OF APPROVAL.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990
▶ Go to *www.irs.gov/Form990* for instructions and the latest information

OMB No 1545-0047

2019

Open to Public Inspection

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 on 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 (such as 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 on line 1a?	2		
3	Indicate which, if any, of the following the 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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" on line 5a or 5b, describe in Part III			
6	For persons listed on 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" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JESPER NYGARD	(i)	610,798.	0.	24,274.	109,944.		745,016.	
1 CEO	(ii)	0.	0.	0.				
NINA KOVSTED HELK	(i)	318,182.	0.	18,071.	57,273.		393,526.	
2 DIRECTOR FOR PHILANTHROPY	(ii)	0.	0.	0.				
PETER JOHANSEN	(i)	353,039.	0.	14,103.	63,547.		430,689.	
3 CIO	(ii)	0.	0.	0.				
HENRIK STAGE	(i)	283,795.	0.	0.	42,569.		326,364.	
4 CFO	(ii)	0.	0.	0.				
PUI LING LAU	(i)	236,453.	0.	0.	35,468.		271,921.	
5 COO	(ii)	0.	0.	0.				
MICHAEL KJAERBYE-THYGES	(i)	200,822.	78,446.	0.	30,123.		309,391.	
6 CHIEF STRATEGIST	(ii)	0.	0.	0.				
PETER JUHL NIELSEN	(i)	193,773.	80,739.	0.	29,066.		303,578.	
7 PORTFOLIO MANAGER	(ii)	0.	0.	0.				
ANDREAS NICKELSEN	(i)	179,529.	74,804.	0.	26,929.		281,262.	
8 HEAD OF REAL ESTATE	(ii)	0.	0.	0.				
DANIEL PROBST	(i)	187,240.	64,364.	0.	28,086.		279,690.	
9 HEAD OF EQUITIES	(ii)	0.	0.	0.				
JESPER WALTHER SOERENSE	(i)	186,022.	62,007.	0.	27,903.		275,932.	
10 PORTFOLIO MANAGER	(ii)	0.	0.	0.				
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

NON-FIXED PAYMENTS

PART I, LINE 7

EMPLOYEES ARE ELIGIBLE TO RECEIVE BONUS PAYMENTS BASED ON THEIR PERFORMANCE. SUCH AMOUNTS ARE INCLUDED IN THE INDIVIDUAL'S TAXABLE COMPENSATION AND ARE REPORTED IN SCHEDULE J, PART II, COL. (B)(II).

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.

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

OMB No 1545-0047

2019

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), NINA KOVSTED HELK (DIRECTOR FOR PHILANTHROPY), PUI LING LAU (COO), PETER JOHANSEN (CIO), AND HENRIK STAGE (CFO) ARE ALL ON THE BOARD OF REALDANIA'S SUBSIDIARIES.

Name of the organization	Employer identification number
REALDANIA	98-0606302

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, 2019, REALDANIA HAS 164,346 MEMBERS; 158,346 PERSONAL MEMBERS, AND 6,000 LEGAL PERSONS.

MEMBER ELECTION OF GOVERNING BODY

FORM 990, PART VI, LINE 7A

Name of the organization: REALDANIA

Employer identification number: 98-0606302

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 PROFESSIONAL AND INDUSTRIAL BODIES. THE ELECTION PERIOD IS FOUR YEARS, AND CANDIDATES WHO ARE 70 YEARS OR TURN 70 YEARS IN THE YEAR OF ELECTION CANNOT STAND FOR ELECTION.

IN 2019, THE MEMBERS OF REALDANIA ELECTED 25 MEMBERS FOR THE BOARD OF REPRESENTATIVES. THE ELECTION TOOK PLACE IN TWO PROFESSIONAL AND TWO GEOGRAPHICAL ELECTION GROUPS. 21 MEMBERS WERE RE-ELECTED AND 4 WERE NEWLY ELECTED: SEVEN WERE ELECTED IN THE ELECTION GROUP FOR INDUSTRY WITHOUT POLLING, SEVEN WERE ELECTED IN THE ELECTION GROUP FOR AGRICULTURE WITHOUT POLLING, FIVE WERE ELECTED IN THE ELECTION GROUP FOR AREA 4 AFTER POLLING, AND SIX MEMBERS WERE ELECTED IN THE ELECTION GROUP FOR AREA 9 WITHOUT POLLING.

IN ADDITION, SEVEN WERE ELECTED FROM THE SPECIAL INTEREST GROUP OF THE BOARD OF REPRESENTATIVES AT THE MEETING HELD BY THE BOARD OF REPRESENTATIVES IN THE AUTUMN; FIVE WERE RE-ELECTED, AND TWO WERE NEWLY ELECTED AFTER POLLING.

FORM 990 PROCESS OF REVIEW

Name of the organization	Employer identification number
REALDANIA	98-0606302

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 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 4.1 MILLION IN 2019.

THE SUPERVISORY BOARD DETERMINES THE FEE FOR THE EXECUTIVE BOARD WHICH IS MADE UP OF A FIXED SALARY, PENSION AND COMPANY CAR ALLOWANCE. 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.

Name of the organization: REALDANIA

Employer identification number: 98-0606302

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

FOREIGN EXCHANGE ADJUSTMENTS PER AUDITED FINANCIAL STATEMENTS	$217,700,000
VALUE ADJUSTMENT OF OWNER-OCCUPIED PROPERTY	$ 1,200,000
PRIOR YEAR REVERSAL OF GRANT EXPENSE	$ 8,100,000
GRANT ADJUSTMENTS FOR INFLATION	$ (7,000,000)
BALANCE SHEET FOREIGN EXCHANGE DIFFERENTIAL	$(73,697,579)
TOTAL	$146,302,421

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

Name of the organization
REALDANIA

Employer identification number
98-0606302

ATTACHMENT 1 (CONT'D)

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

BUILT ENVIRONMENT ACROSS DENMARK AND, IN CERTAIN SPECIAL CASES, ABROAD.

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

Name of the organization: REALDANIA

Employer identification number: 98-0606302

ATTACHMENT 1 (CONT'D)

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

ACTIVE INTERACTIONS AMONG ENTHUSIASTS, MUNICIPALITIES, INSTITUTIONS,

BUSINESS, AND INDUSTRY AND TRADE ORGANIZATIONS.

ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NEWSEC DATEA LYNGBY HOVEDGADE 4 KONGENS LYNGBY DENMARK 2800	PROPERTY MANAGEMENT	2,849,830.
TIMENGOMSEC A/S LAUTRUPVANG 1 BALLERUP DENMARK 2750	TECHNOLOGY	523,349.
ERNST & YOUNG P/S OSVALD HELMUTHS VEJ 4, 2000 FREDERIKSBERG DENMARK	AUDIT AND TAX	504,062.
ATEA LAUTRUPVANG 6 BALLERUP DENMARK 2750	IT INFRASTRUCTURE	388,522.
BANEGAARDEN OTTO BUSSES VEJ 45 4250 COPENHAGEN DENMARK	SUSTAINABILITY	379,266.

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.

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

OMB No 1545-0047

2019

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) KANALBYEN I FREDERICIA P/S SDR VOLDGADE 10, 1 SAL, 7000	CITY DEVELOPMENT	DA	AREALUDVIKLING	EXCLUDED FROM TAX	-951,246	46,944,120		X	0		X	75 0000
(2) HAMILTON LANE PARALLEL INVESTO 745 FIFTH AVE, 27TH FL NEW YOR	INVESTMENTM MGMT	NY	N/A	EXCLUDED FROM TAX	561,075	61,299,018		X	0		X	94 5607
(3) SEARCHLIGHT TPZ CO-INVEST PART 745 FIFTH AVE, 27TH FL NEW YOR	INVESTMENT FIRM	NY	N/A	EXCLUDED FROM TAX	0	10,870,555		X	0		X	100 0000
(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 COPENHAGEN, DA 1551	HOMEOWNER AS	DA	REALDANIA	CORPORATION	-14,992.	1,838,404	100 0000	X	
(2) AREALUDVIKLING APS JARMERS PLADS 2 COPENHAGEN, DA 1551	DEVELOP PROJ	DA	REALDANIA BY &	CORPORATION	-4,442,595	98,621,459	100 0000	X	
(3) REALDANIA BY & BYG A/S JARMERS PLADS 2 COPENHAGEN, DA 1551	BLDG & PROT	DA	REALDANIA	CORPORATION	22,330,298	541,065,485	100 0000	X	
(4) BOLIGEJENDOM APS NOERREGADE 29 ODENSE C, DA 5000	SALE & DEV OF REA	DA	REALDANIA BY &	CORPORATION	-299,691	8,312,138	100 0000	X	
(5) JORD OG BOLIGEJENDOM APS I LIKVIDATION NOERREGADE 29 ODENSE C, DA 5000	SALE OF REAL ESTA	DA	BOLIGEJENDOM AP	CORPORATION	0	0	100 0000	X	
(6) A/S HINDSGAVL HINDSGAVL ALLE 7 MIDDELFART, DA 5500	HOTEL & CONFERENC	DA	REALDANIA BY &	CORPORATION	2,965	2,464,361	100 0000	X	
(7) OBG APS NOERREGADE 29 ODENSE C, DA 5000	RESTAURANT AC	DA	A/S HINDSGAVL	CORPORATION	22,386	128,781	100 0000	X	

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) RINGKOEBING K APS NOERREDIGE 1 RINGKOEBING, DA 6950	CITY DEVELOPMENT	DA	AREALUDVIKLING	CORPORATION	-111,064	10,371,027	75 0000	X	
(2) REALDANIA INVEST APS JARMERS PLADS 2 , COPENHAGEN DA 1551	INVESTMENTS	DA	REALDANIA	CORPORATION	0	0	100 0000	X	
(3)									
(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		
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 BY & BYG A/S	K	1,515,000.	CASH
(2)	BOLIUS BOLIGEJERNES VIDENCENTER A/S	Q	1,667,000.	CASH
(3)	REALDANIA BY & BYG A/S	Q	652,000.	CASH
(4)	BOLIUS BOLIGEJERNES VIDENCENTER A/S	R	7,015,000.	CASH
(5)	REALDANIA BY & BYG A/S	R	4,121,000.	CASH
(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 sections 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**

Provide additional information for responses to questions on Schedule R See instructions