COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and The Rules of the Committee on Natural Resources

Creating Abundant Water and Power Supplies and Job Growth by Resorting Common Sense to Federal Regulations Tuesday, April 5, 2011

1. Name:

Jon Scholl

2. Name of Organization:

American Farmland Trust

3. Business Address:

1200 18th Street, N.W.

Suite 800

Washington, D.C. 20036

4. Business Email Address:

[Information redacted for privacy]

5. Business Phone Number:

202-378-1212

Name/Organization
Title/Date of Hearing

Jon Scholl, American Farmland Trust

Creating Abundant Water and Power Supplies and Job Growth by

Resorting Common Sense to Federal Regulations

Tuesday, April 5, 2011

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
 - B.S. in Agricultural Science from the University of Illinois
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
 - Member of McLean County Farm Bureau
 - Member of Illinois Corn Growers Association
- c. Any employment, occupation, ownership in a firm or business or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of hearing.
 - President of American Farmland Trust
 - Partner of farming operation in McLean County, Illinois
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior (and/or other agencies invited)</u> that you have received in the current year and previous four years, including the source and amount of each grant or contract.
 - N/A
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.
 - N/A
- f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.
 - President of American Farmland Trust for the past three years.
 - Served as the Agricultural Counselor to the U.S. EPA Administrator.
 - Spent 25 years with the Illinois Farm Bureau in various policy and administrative capacity.

Name/Organization Title/Date of Hearing

Jon Scholl, American Farmland Trust

Creating Abundant Water and Power Supplies and Job Growth by

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g. Any offices, elected positions or representational capacity held in the organization(s) on whose behalf you are testifying.

President of American Farmland Trust

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of Interior (and/or other agencies invited)</u> that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and mount of each grant or contract for each of the organization(s).

Federal Agency California Department of Food and Agriculture	<u>Amount</u>
·	98,199.00
Electronic Power Research Institute, Inc.	150,020.00
Electronic Power Research Institute, Inc.	25,049.00
Environmental Protection Agency, Region 5	753,163.00
National Fish and Wildlife Foundation	700,000.00
National Fish and Wildlife Foundation US Department of the Interior (Indirect Cost Negotiation Agreement for FY 2008, 2009, 2010 & 2011)	100,000.00
USDA - Economic Research Services	150,000.00
USDA - Economic Research Services	154,900.00
USDA - Natural Resources Conservation Service	•
USDA - Natural Resources Conservation Service	250,000.00
USDA - Natural Resources Conservation Service	1,097,000.00
USDA - Natural Resources Conservation Service (Washington State)	125,000.00
USDA - Natural Resources Conservation Service (Illinois)	50,000.00
, ,	524,970.00
USDA - Natural Resources Conservation Service (New York)	20,000.00
USDA OPPM - POD	21,500.00

Name/Organization Title/Date of Hearing Jon Scholl, American Farmland Trust

Creating Abundant Water and Power Supplies and Job Growth by

Resorting Common Sense to Federal Regulations

Tuesday, April 5, 2011

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

- N/A

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

- N/A

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990EZ) for each organization(s) you represent at the hearing (not including any contributor names and address or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See Copies Attached

Return of Organization Exempt From Income Tax
Under section 601(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung
benefit trust or private foundation)

OME No. 1546-0047 Open to Public Institution

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Ă F	ir the 20	007 calendar year, or tax year beginning OC	T = 1, 2007 and	enging	SEP 30		VO	and the same of th
B çı	reck if plicable:	Ptoase C Name of organization				l		cation number
	Address Johange		ST			52	-1190	211
	Name Ichange	type. Number and street for P.O. box if mail is not			Room/suite	E Telap	hone numbe	er
	lnitial seturn	specific 1200 18TH STREET, NW		~ ,,,,,	800	2.0	2 - 331	**************************************
	Termin-	linstruc- tions. City or town, state or country, and ZIP + 4					ting method:	Cash X Accruel
X	Amendo Tetum	WASHINGTON, DC 20036					ther pecify)	the state of the s
	Applicat pending	lon Section 501(e)(3) organizations and 4947(a)(1) must affach a completed Schedule A (Form 990	nonexempt charitable trusts					27 organizations.
		, ,	OF SSU-CL).) is this a group			Yes X No
g v	ebsite:	▶WWW.FARMLAND.ORG) If "Yes," entern			N/A
		tion type (checkoniyone) > X 501(c) (3) 4 (insert r		27 H(b) Are all affiliates (If "No," attach	included a list.)	? N/A	Yas No
K C	hack he	re 🕨 🛄 if the organization is not a 509(a)(3) supporti	ng organization and its gross	R(q). Is this a separa	mufer et	filed hy an o	Yes X No
316	ceipts a	tre normally not more than \$25,000. A return is not require	ed, but if the organization		ganization cove	,		N/A
	100565	to file a return, be sure to file a complete return.			Group Exempti			not required to attach
		of the second of	9,693,207	M	Sch. B (Form 9			
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► Revenue, Expenses, and Changes in N			The same of the sa	30, 300	22,01 300 1	
198				aidile	20			
	1	Contributions, gifts, grants, and similar amounts receive		ia				
		Contributions to donor advised funds		b l	6,376,8	310.		
:	b	Direct public support (not included on line 1a)	**************************************	le l	69,			
ļ	G.	Indirect public support (not included on line 1a)		1d	874,8			
	ti .	Total (add lines ta through 1d) (cash \$ 7, 32		·~~			18	7,321,378
:	e	Program service revenue including government fees and	Looptracte (from Part VIII line 6				2	33,160.
	2	Membership dues and assessments					3	
	3	Interest on sayings and temporary cash investments					4	
	4 5	Object on savings and temperary case several one	**************************************	**********			5	9.09,297.
	5 6 a	Dividends and interest from securities SEE 5	STATEMENT 1	Ba	590,	541.		Market and the Control of the Contro
	b b	Less: rental expenses SEE S	STATEMENT 2	6b	441,	655.		
	6	Net rental income or (loss). Subtract line 6b from line 6a					6c	148,886.
ire	7	Other investment income (describe		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)	7	
Revenue	-	Gross amount from sales of assets other	(A) Securities		(B) Other			
æ	0.5	Alice of Landau and Alice	736.812	88				
	b	Cain or (loss) (attach schedule) Gain inventory	The state of the s	8h			Š.M	
	C	Gain or (loss) (attach schedule)	736,812	36			3 5 6 6 2 5 6 6	
	d	Not gain or (loss). Combine line 8c, columns (A) and (B)	STMT 3		******		811	736,812.
	9	Special events and activities (attach schedule). If any an	nount is from gaining, check he	are 📭 [
	a		1	9a				
	b	Less: direct expenses other than fundraising expenses.		9h	4 			
	C	Net income or (loss) from special events. Subtract line 9					9c	
	10 a		+ + + + + + + + + + + + + + + + + + +	0a				
	b	Less; cost of goods sold		0h				
	C	Gross profit or (loss) from sales of inventory (attach sol					10c	100 010
	11	Other revenue (from Part VII, line 103)					11	102,019.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10					12	9,251,552.
Ø	13	Program services (from line 44, column (B))					13	7,744,246.
Šē	14	Management and general (from line 44, column (C))		FI	HUX		14	1,549,137.
Expenses	15	Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule)	THE TREE TO	T	PECTY	M	15 18	11/4/11/1
ŭ	16						17	9,600,277.
-/-	17	Total expenses. Add lines 16 and 44, column (A)					18	-348,725.
U.	10	Net assets or fund balances at beginning of year (from it						23,505,376.
Net Assets	19	Other changes in not assets or fund balances (attach ex	nlanation) SE	F S7	ATEMENT	4		-4,079,291.
ধ	21	Net assets or fund balances at end of year. Combine lin	es 18, 19, and 20	. 	នេះ នាកាសក្សា សមាជាម៉ូនី			19,077,360.
723	101 7-07	LHA For Privacy Act and Paperwork Reduction Act A			1	<u> </u>	A	Form 990 (2007)
112-2	1-01	Total to the transfer of the contract of the c						

Rantall Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	445	(A) Total	(B) Program services	(C) Management and general	(D) Fundralsing
201	arants paid from donor advised funds	-				
	attach schedule)		. 1			
	۸ ۸					
,	Mair & Tolledor	22a				
	Other grants and allocations (attach schedule)			A # 10 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -		
	cash \$ 0 • nencash \$ 0 •					
	this amount includes foreign grents, check here	22b				
	Specific assistance to individuals (attach					
	schedule)	23	1	•		
	Benefits paid to or for members (attach					
	schedule)	24		<u>-</u>		
	Compensation of current officers, directors, key					
	employees, etc. listed in Part V-A	25a	839,233.	679,779.	25,177.	134,277
	Compensation of former officers, directors, key					
	employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
	Compensation and other distributions, not included					ſ
-	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in					
	section 4958(c)(3)(B)	250				
	Salaries and wages of employees not					
	included on lines 25a, b, and c	26	2,509,433.	2,032,641.	75,283.	401,509
	Pension plan contributions not included on .			• • • • • • • • • • • • • • • • • • • •		
	lines 25a, b, and c	27	123,355.	99,918.	3,701.	19,736
	Employee benefits not included on lines					4.5 0.00
	25a - 27	28	911,676.	738,458.		145,868
	Payroil taxes	29	284,927.	230,791.	8,548.	45,588
	Professional fundraising fees	30	134,703.			134,703
	Accounting fees	31	53,734.	36,455.		8,884
	Legal fees	32	127,821.	107,786.		5,636
33	Supplies	33	36,620.	21,563.		13,464
34	Telephone	34	89,998.	76,744.		9,633
	Postage and shipping	35	435,639.	218,285.		206,381
36	Occupancy	36	570,707.	488,455.		34,239
37	Equipment rental and maintenance	37	49,905.	40,423.		
38	Printing and publications	38	614,336.	442,297.	The state of the s	168,463
39	Travel	39	425,542.	344,689.		68,087 2,033
40	Conferences, conventions, and meetings	40	51,001.			4,033
41	Interest	41	36,246.	36,246.	7 ZEO	8,104
	Depreciation, depietion, etc. (attach schedula)	42	63,612.	47,849.	7,659.	0,104
48	Other expenses not covered above (itemize):					
a		43a				1
b		43b				
C		43c				
d		43tl				
0		436		/		
1		43f	0 041 700	2 052 660	53,574.	134,547
g	SEE STATEMENT 5	430	2,241,789.	2,053,668.	1 33,3/4.	エンエ/フェ/
44	Total functional expenses. Add lines 22a through					
	43g_ (Organizations completing columns (B)-(D),		D ፍለሳ ንም	7 711 215	306,894.	1,549,137
	carry these totals to lines 13-15)	44	9,600,277.	7,744,246.	1 300,034	1 2,545,45,

(III) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ 574

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expanses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of interesting publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) sanizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	FEDERAL AND PUBLIC POLICY, STATE AND LOCAL PROGRAMSAFT ADVOCAY AND FORMULATION OF PLOICY AND PROGRAM REFORMS AND ASSISTANCE TO PUBLIC AGENCIES IN DEVELOPMENT AND IMPLEMENTATION OF FARMLAND PRESERVATION PLANS.	
b	(Grants and allocations \$) If this amount includes foreign grants, check here COMMUNICATIONS AND MEDIA OUTREACH, RESERACH AND TECHNICAL EDUCATION—INCLUDES MEDIA CONTACT, AN INFORMATION RESEARCH CENTER AND DATA BASE, AND DISTRIBUTION AND PUBLICATION OF MAGAZINES & INFORMATIVE MATERIALS.	5,110,319.
¢	(Grants and allocations \$) If this amount includes foreign grants, check here PUBLIC EDUCATION PROVIDES SERVICES AND INFORMATION ON FARMLAND ISSUES TO AFT MEMBERS.	918,669.
d	(Grants and allocations \$) If this amount includes foreign grants, check here	I 829,248.
	(Grants and allocations \$) If this amount includes foreign grants, check here ► Other program services (attach schedule) SEE STATEMENT 7 (Grants and allocations \$) If this amount includes foreign grants, check here ► Total of Program Service Expenses (should equal line 44, column ⟨B⟩, Program services) ►	886,010. 7,744,246.

e: Whe	ere required, attached schedules and amounts uld be for end-of-year amounts only.	within the de	escription column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing			20,7。	46	207.
46	Savings and temporary cash investments		i,	1,860,310.	46	1,144,384.
		l l	102 265			1 13
	Accounts receivable	1 1	102,265.	137,516.	47c	102,265
þ	Less: allowance for doubtful accounts	470		13,131	1770	202/200
48 a	Pledges receivable	48a	1,022,601.			
b		•••	A SECTION AND AND ADDRESS OF THE PARTY OF TH	558,900.		1,022,601 481,211
49	Grants receivable			408,699.	49	481,211
50 a						
	key employees		,		50a	
b	Receivables from other disqualified persons		í i			
	4958(f)(1)) and persons described in section		25 000		50b	
51 a			35,000.	70,000.	***************************************	35,000
b	***************************************			70,000.	***************************************	32,000
52	Inventories for sale or use			153,410.	52 53	211,384
53	Prepaid expenses and deferred charges	Mi⊓i () ▶	Cost X FMV	202,949.		303,299
54 a		::A.₩X. ►	Cost FMV	2021247	54b	
55 a	dm	мт 8				
00 0	equipment: basis	4 1				
	ogsiphione sasio		,			
ħ	Less: accumulated depreciation	55b			55¢	
56	Investments - other	SEE STA	ATEMENT 10	19,073,917.	55	14,639,855
57 a			1,437,068.			
Ь			982,972.	538,656.	57c	454,096
58	Other assets, including program-related investmen	ts dana dan	. מולאפישופות	1 001 400		1 010 060
			ATEMENT 12)	1,901,402. 24,905,966.	58	1,919,060 20,313,362
59	Total assets (must equal line 74). Add lines			719,492.	59 60	661,975
60	Accounts payable and accrued expenses		Į.	1171774	61	001/0/0
61 82	Grants payable			4.11 M	62	
63	Loans from officers, directors, trustees, and l			THE STATE OF THE S	63	
	a Tax-exempt bond liabilities		The state of the s	yan iya ang yayan yagan mengangkuri kadi kasa aman menan menan dekabib di Pelek Ak kadi kadi kadi	64a	The state of the s
	b Mortgages and other notes payable			300,000.	64b	
85	Other liabilities (describe	SEE STA	ATEMENT 13)	381,098.	65	574,027
Ì					1	
66	Total liabilities, Add lines 60 through 65			1,400,590.	66	1,236,002
Orga	anizations that follow SFAS 117, check here	X an	d complete lines			
	67 through 69 and Ilnes 73 and 74.			10 160 0/1		13,543,820
67	Unrestricted			18,162,941. 4,118,831.		4,309,936
68	Temporarily restricted			1,223,604.		1,223,604
69	Permanently restrictedsanizations that do not follow SFAS 117, chec	k bara	and	1/220/003	US	1/225/00-1
Org	complete lines 70 through 74.	K HOIO	t and			
70	Capital stock, trust principal, or current funds	3			70	
71	Paid-in or capital surplus, or land, building, ar				71	
72	Retained earnings, endowment, accumulated				72	
73	Total net assets or lund balances. Add lines 67 th					
	(Column (A) must equal line 19 and column (B) ma	ust equal line 2	21)	23,505,376.	73	19,077,360
74	Total liabilities and net assets/fund balance	es. Add lines	66 and 73	24,905,966.	74	20,313,362

	n 890 (2007) AMERICAN FARMLAND TRU	ST		52-119	021	1 Page 5
P	irt IV-A Reconciliation of Revenue per Audited Final instructions.)	ncial Statements W	•		1 (See	the
a	Total revenue, gains, and other support per audited financial statemen				5,4	27,438.
b	Amounts included on line a but not on Part I, line 12:	i				
1	Net unrealized gains on investments	1)1 			
2	Donated services and use of facilities	<u>1</u>)2			
3	Recoverles of prior year grants	<u>l</u>	3			
4			4 < 3,824,1			
	Add lines b1 through b4			<u>b</u>	<u><3,8</u>	24,114.
C	Subtract line b from line a	*******************************	11,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C	9,2	51,552.
d	Amounts included on Part I, line 12, but not on line a:	1	1			
1	investment expenses not included on Part i, line 6b					
2	Other (specify):		[2]			_
	Add lines d1 and d2			1		0.
P	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Fina					51,552.
a	Total expenses and losses per audited financial statements	**!****************************	**************	а а	9,6	00,277.
b	Amounts included on line a but not on Part I, line 17:	1	į		-	
1	Donated services and use of facilities					
2	Prior year adjustments reported on Part I, line 20)2			
3	Losses reported on Part I, fine 20		3			
4	Other (specify):		14			
	Add lines b1 through b4	*******************************	***************************************	<u>b</u>		0.
C	Subtract line b from line a			c	9,6	00,277.
d	Amounts included on Part I, line 17, but not on line a:	İ	1			
1	investment expenses not included on Part I, line 6b					
2	Other (specify):	The state of the s	2			_
	Add lines d1 and d2		*******************************	d		0.
8	Total expenses (Part I, line 17). Add lines c and d		******************	. 🕨 е	9,6	00,277.
	or key employee at any time during the year even if they we	re not companyated \ /Qa	a tha inatruations \			or, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contribut emptoyee be plans & defe	ons to mefil erred	(E) Expense account and other allowances
AMPROVE				compensation	pians .	other anovarious
					İ	
SĒ	E STATEMENT 14		762,083.	77.15	50.	0.

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					OMERICA CONTRACTOR OF THE PARTY	THE PROPERTY OF THE PARTY OF TH
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-						

Form	990 (2007)		AMERICAL					52-11902	
Par	tV-A C	Current Offic	ers, Directo	ors, Trustee	s, and Ke	y Employees (continu	<i>ied)</i>		Yes No
75 a	Enter the t	total number of	officers, directo	rs, and trustee	s permitted t	o vote on organization bu	siness at board	20	
b	listed in So Part II-A of the individ	chedule A, Part r II-B, related to luals and explair	I, or highest cor each other thro is the relations!	mpensated pro ugh family or t nip(s)	ofessional and ousiness relat		ractors listed in Sci a statement that i SEE STATEM	hedule A, dentifies (ENT 15	75b X
Ģ	listed in Se Part II-A or organization	chedule A, Part r II-B, receive co on? See the inst	l, or highest cor repensation fro ructions for the	mpensated prome any other or definition of "i	ofessional and ganizations, related organ	990, Part V-A, or highest of d other independent contr whether tax exempt or tax ization." In the instructions.	ractors listed in Sc	hedule A, led to the	75c X
	Denstha	ntach a stateme ereceization bou	n natificades	flict of interset	nolicy?				75d X
	tV-B	ormer Offic	ers, Directo	rs, Trustee	es, and Ke	y Employees That F nployee received compen- mpensation or other bene	Received Com sation or other ber fits in the appropri	pensation of lefita (described late column, See t	he instructions.)
•		(A) N	ame and address	NONE		(B) Loans and Advances	(C) Compensation (if not paid, enter-0-)	employee benefit	(E) Expense account and other allowances
	which which party dates are a								
		The past area man, ship told held to							
					- Secol 5606 WWW PETT Date				
		و المحادث المح	مهده منیه بیشت پیش پیش چین		of the state of the state of the				
	Mark speek Speek Speek Source	and was also been approximately and a							
10	rt VI O	ther Informa	tion (See the	instructions.)				2	Yes No
76	Did the or	rganization make t of each change	e a change in its	activities or n		onducting activities? If "Ye	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		76 X
777 78 a	If 'Yes," ε	attach a conform	ed copy of the	changes.		but not reported to the IR		N. Carlotte	78a X
b 79	If "Yes," h Was there	nas it filed a tax i e a liquidation, d	return on F <mark>orm</mark> issolution, term	990-T for this ination, or sub	year? stantial contr	action during the year? If	"Yes,* attach a sta	N/A tement	78b X
80 a	members	anization related hip, governing b enter the name o	odies, trustees	, officers, etc.,	to any other	le or nationwide organizat exempt or nonexempt org	ion) through commanization?	ion &	80a X
81 a	Enter dire	ect and indirect p	political expend	itures. (See line	e 81 instruction	and check whether it is	81a	nonexempt 0 .	
b	Did the or	rganization file F	orm 1120-POL	for this year?			***************************************		816 X Form 990 (2007)

Form	990 (2007) AMERICAN FARMLAND TRUST 52-	-1190211	Pa	age 7
STREET, SANS	Other Information (continued)	And the second s	Yes	
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substa	antially		
	less than fair rental value?	·		X
b	If *Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See Instructions in Part III.) 82b N/2	A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	89a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?N/A	A 83b		
64 a	Did the organization solicit any contributions or gifts that were not tax deductible?			Х
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	not		
	tax deductible?			
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	A 85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	A 85b		
	If "Yes" was answered to either 85a or 85b, do not complete 86c through 85h below unless the organization received			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 65d less 85e)	CONTRACTOR CONTRACTOR		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	A 85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	_		
	following tax year?	A. 85h		Materiaeur
86	501(c)(7) organizations. Enter: a initiation fees and capital contributions included on	_		
	line 12 86a N/2			
b	Gross receipts, included on line 12, for public use of club facilities 86h N/	NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER.		
97	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/3	<u>A</u>		
þ	Gross income from other sources. (Do not net amounts due or paid to other sources	_		
	against amounts due or received from them.) 876 N/			
88 s	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership	1,		
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	<u>88a</u>		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	nn.		₹.
AA -	section 512(b)(13)? If "Yes," complete Part XI	▶ 88b		X
99 B	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶	0.		
L.				
Ŋ	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction			X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
'n	sections 4912, 4955, and 4958	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	- 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		\$ 0000000000000000000000000000000000000	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	1	1	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organ	P85057755575		
9	or a fund maintained by a sponeoring organization, have excess business holdings at any time during the year?	11211211	(Cleanacacacaca)	X
90 a	List the states with which a copy of this return is filed ► SEE STATEMENT 16	L. Committee		
b	Number of employees employed in the pay period that includes March 12, 2007			67
91 a	The books are in care of ▶ AMERICAN FARMLAND TRUST Telephone no. ▶ 2	02-331-7	7300	
		+4 ▶ 2003		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	tu	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts		48.	

		ICAN FARM	LAND T	RUST		52-	1190211 Page 8 Yes No
	rt VI Other Information (co						
C	At any time during the calendar ye				of the Uni	ted States?	91c X
	If "Yes," enter the name of the fore	aign country 🏲	<u> </u>	/A	~		
92	Section 4947(a)(1) nonexempt char						
20002000	and enter the amount of tax-exemp	ot interest received	or accrued	during the tax year		▶ 92	N/A
	rt VII Analysis of Income-				Grahuda	d by section 512, 513, or 514	<u> </u>
	te: Enter gross amounts unless other	wise -	(A)	business income		(D)	(E)
indi	cated.		Business	(B) Amount	(C) Exclu- ston	Amount	Related or exempt : function income
93	Program service revenue:	<u> </u>	code		code		
3	PUBLICATION SALES		,		+	······	5,810.
b	CONFERENCE INCOME						27,350.
C	DEMOSTRATION & OT	HER					
đ	PROJECTS						
e						, /	
f	Medicare/Medicald payments	1-14/1					
g	Fees and contracts from governmen	nt agencies					
94	Membership dues and assessments	s ,					
	Interest on savings and temporary cash	Į.					
	Dividends and interest from securiti	1			14	909,297.	
	Net rental income or (loss) from real	699					
	debt-financed property						148,886.
	not debt-financed property	1			1		
	Net rental income or (loss) from per-						
	Other investment income					THE OWNER WAS ASSESSED.	
	Gain or (loss) from sales of assets						
100	other than inventory				18	736,812.	
101	Net income or (loss) from special ev	1					
	Gross profit or (loss) from sales of in			And the Control of th			
	Other revenue:	ivelitory					
	LIST RENTAL INCOM	TE:			13	31,087.	
a	OTHER INCOME		-		01	48,944.	
Į)	RECAPTURED EXPENS	ES			+ 0 1	21,988.	
G				AND AND AND ADDRESS OF THE PARTY OF THE PART	+	22/3001	
9	And the state of t				+		
		(E)		,		1,748,128.	182,046.
104	Subtotal (add columns (B), (D), and	(E)) <u>@</u>			- Production to the		1,930,174.
	Total (add line 104, columns (B), (D)				************		1,000,114.
Note	e: Line 105 plus line 1e, Part I, should it VIII Relationship of Acti	equal the amoun	con ime 12,	raii.	m4 Drawe	anno long the least with	AA 1
		Vittes to tile A	ccompus	Annent of Exam	prruip	iuses (see me insuucuc	MIS.)
Lin	e No. Explain how each activity for whi	ich income is reporte	auch purneau	(E) of Part VII contribute	ec importa	ntly to the accompashment o	r (ne organización s
~ ~	exempt purposes (other than by				r antr	CONCERNATION	EEEODIIC
93.			C ABOU	T AFT FARM	DNOUE	CONSERVATION	ALEC ALEC
93						CTION TECHNIC	NOTO -
93	C CARRIES OUT SPR	CIFIC FAR	MLAND	CONSERVATIO	ON PR	COECTS.	
rodalizat						1518	
Pa	rt IX Information Regard		ubsidiarie	s and Disregard	ged En	(D)	18.) (E)
N:	(A) ame, address, and EIN of corporation,	(B) Percentage of		Nature of activities		Total income	End-of-year
	partnership, or disregarded entity	ownership interest				U. L. COLOR DE LA	assets
		<u>%</u>					
	N/A	%					
		%					
		%					
	rt X Information Regardi						
	Did the organization, during the year, re					al benefit contract?	Yes X No
(b)	Did the organization, during the year, p	ay premiums, direct	y or indirectly	, on a person <mark>al be</mark> nefit o		491491411411919191919191919191919191919	Yes X No
No	ote: If "Yes" to (b), file Form 8870 an	d Form 4720 (see	instructions,				<u></u>
	The state of the s					·	Form 990 (2007)

	complete the schedule below for each controlled entity.	1	101	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
B				
b			,	·
c -				
	Totals			
107	Did the reporting organization receive any transfers from a controlled e complete the schedule below for each controlled entity. (A) Name, address, of each	ntlty as defined in sec (B) Employer Identification	(C) Description of	(D) Amount of
	controlled entity	Number	transfer	transfer
a				
b				
c			·	
	Totals			4 9 90000
108	Did the organization have a binding written contract in effect on August annuities described in question 107 above?	. 17 <u>,</u> 2006, covering th	e interest, rents, royalties, and	Yes No
Pleas	Under penalties of perjury, I declare that I have examined this return, including accompand complete. Declaration of preparer (other than officer) is based on all information of with the complete of the com	nying schedules and staterner hich preparer has any knowled	hts, and to the best of my knowledge and budge. $2/3 \log 9$	peliet, it is true, correct,
Here	Signature of officer Victoria L. Edwards, CFO of Type or print name and title	ad Asst. Tr		A
Pald Prepa	Preparer's Sulveux J. Wood	Date 2//3/09	self- employed >	NorPTIN (See Ge⊓, Inst. X)
Use O	True log de A. A. A. A. A. A. A. A. A. A. A. A. A.	E 900	EIN ► Phone no. ► (202	1293_2200
W	THE THE TRANSPORT OF THE PROPERTY OF THE PROPE		Triongity, F (202	Form 990 (2007)

N/A

AMERICAN FARMLAND TRUST

controlling organization as defined in section 512(b)(13).

Form 990 (2007)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 601(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1645-0047

Employer identification number 52 1190211 AMERICAN FARMLAND TRUST

AMERICAN FARMLAND TRUST			34: 1130	
Part I Compensation of the Five Highest Paid Emp (See page 1 of the Instructions, List each one. If there are none, er	nter "None.")			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position		(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JAMES DAUKAS	DIR. FARM POI	ICY CAM		
1200 18TH ST, NW, WASHINGTON, DC 2003	40.00	113,338.	14,842	. 0.
EDWARD THOMPSON	DIR. OF RESEA			
1200 18TH ST, NW, WASHINGTON, DC 2003	40.00	104,187.	17,369	.] 0.
ANN SORENSON	CA STATE DIR			
1200 18TH ST, NW, WASHINGTON, DC 2003	40.00	112,934.	10,749	. 0.
ROBERT WAGNER	DIR. OF FIELD			
1200 18TH ST. NW. WASHINGTON, DC 2003	40.00	104,758.	14,390	. 0.
JULIA FREEDGOOD	DIR. OF TECH	SVC		
1200 18TH ST, NW, WASHINGTON, DC 2003	40.00	101,262.	14,206	. 0.
Total number of other employees paid				•
over \$50,000	18			
Part II-A Compensation of the Five Highest Paid Inde	pendent Contracto	ors for Professi	onal Servic	es
(See page 2 of the instructions. List each one (whether individuals	or nrms). If there are none,	enter None.)	1	
(a) Name and address of each independent contractor paid more th		(b) Type of s		(c) Compensation
CHECKOWAY CONSULTING & CREATIVE		FUNDRAISIN		ባሳቱ ማለጋ
1846 DATURA STREET, SARASOTA, FL 3423	9 (COUNSEL/DI	RECT MA	134,703.
BLAIR CALVERT FITZSIMMONS 6338 N NEWBRAUNFELS AVENUE, SAN ANTON	RESEARCH/T	EXAS	104,068.	
KALBIAN HAGERTY LLP 888 17TH STREET, NW, SUITE 1000, WASH	INGTON, DC 2	LEGAL SERV		97,421.
RUSSELL REYNOLDS ASSOCIATIONS, INC.		PLACEMENT		04 105
CHURCH STREET STATION PO BOX 6427, NE	W YORK, NY 1	SERVICES		94,185.
LAN SOLUTIONS, INC		INFORMATIO		86,816.
1430 SPRING HILL ROAD, SUITE 401, MCL	EAN, VA 2210	LECHNOLOG X	SUPPOR	00,010.
Total number of others receiving over	3	造成被射等 :	: - ;	
\$50,000 for professional services		ra for Other S	anvices	
Part II-B Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession	spensent Contraction	ns ioi Other St	el vices	
(List each contractor who performed services other that profession firms. If there are none, enter "None." See page 2 of the instruction	nigi services, milenior individ	uala di	•	

(a) Name and address of each Independent contractor paid more th	an \$50,000	(b) Type of s	ervice	(c) Compensation
PRODUCTION SOLUTIONS, INC		DIRECT MAI	L	***************************************
1953 GALLOWS ROAD, SUITE 600, VIENNA,		PRODUCTION		626,441.
MACTED DRINT INC.				
8401 TERMINAL ROAD, PO BOX 1467, NEWI	NGTON, VA 2	PRINTING S	ERVICES	111,424.
TATELLIAN A CHAILTEAN CONTRIBUTION OF TATEL		DONOR DATA	BASE	
904 WIND RIVER LANE, SUITE 100, GAITE	ERSBURG, MD	MAINTENANC	Έ	76,965.
۔ - جو جو سا مقد مقد مقد میں بیان ہیں میں ایس بیان ہیں ہے جو جو اس مقد میں میں بیان ہیں ہیں کہ ایس ہے جو اس مقد				
Total number of other contractors receiving over				
\$50,000 for other services	0		·	
A CONTRACTOR OF THE CONTRACTOR				

P	art III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	oo oildug	re year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence of one a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities \$\frac{99,018}{VI-A, LINE 38B}\$, Part VI-A, or	x	
	Organizal checking	tions that made an election under section 501(h) by filing Form 5788 must complete Part VI-A. Other organizations "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	trustees, person is attach a	ne year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributions, officers, creators, key employees, or members of their families, or with any taxable organization with which any saffiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "You detailed statement explaining the transactions.)	/ such es, "		x
		hange, or leasing of properly?			X
		of money or other extension of credit?		-	$\frac{\Lambda}{X}$
		ng of goods, services, or facilities?		X	 ^ -
	•	of compensation (or payment or reimbursement of expenses if more than \$1,000)?		- 21	X
		of any part of its income or assets?	40	-	1 22
3 8		organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	3a		X
		nization determines that recipients qualify to receive payments.)		X	47
		organization have a section 403(b) annuity plan for its employees?	ομ	- 23	ļ. ·
(organization receive or hold an easement for conservation purposes, including easements to preserve open space,	30	X	
		onment, historic land areas or historic structures? if "Yes," attach a detailed statement			 x
		organization provide credit counseling, debt management, credit repair, or debt negotiation services?	ou		1-1-
	and 4g	organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			Х
)	Did the c	organization make any taxable distributions under section 4966?	N/A 4h		
ı	Did the o	organization make a distribution to a donor, donor advisor, or related person?	N/A 4c		
	d Enter the	e total number of donor advised funds owned at the end of the tax year	>	N/	
		e aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	'A
		e total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) :	where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
ļ	g Enter the	aggregate value of assets in all funds or accounts included on line 41 at the end of the tax year	, .		0.
	-				

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 th	nrough 8 of the instructio	ns.)		
) certiff 5 6 7 8 9 10 11a 11b 12	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired						
13		by the organization after June 30, 1975. See section 5 An organization that is not controlled by any disqualifie 509(a)(3). Check the box that describes the type of sup Type II	d persons (other than for			ets the requir	
	<u></u>	Provide the following information at	ioul the supported organ	izations. (See page 8 of	the instructio	ns.)	
		(a)	(b)	(5)	(d)		(8)
		Name(s) of supported organization(s)	Employer Identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organizatio the sup organiz	apported an listed in porting ation's	Amount of support
	· ·	• •	Employer Identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz	apported an listed in porting ation's	Amount of
shadon salaw da basa		• •	Employer Identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing (epported on listed in porting cation's documents?	Amount of
		• •	Employer Identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing (epported on listed in porting cation's documents?	Amount of
		• •	Employer Identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing (epported on listed in porting cation's documents?	Amount of
	-	• •	Employer Identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing (epported on listed in porting cation's documents?	Amount of
Total		• •	Employer Identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing (epported on listed in porting cation's documents?	Amount of

	Support Schedule (C Note: You may use the	omplete only if you che worksheet in the inst	ecked a box on line 10 ructions for converting), 11, or 12.) Use cash I from the accruel to th	method of accounting	ig. Natina
	ndar year (or fiscal year					
<u>0891</u>	nning in) Gifts, grants, and contributions	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
10	received. (Do not include unusual grants. See line 28.)	8 384 976	9 205 201	10,097,589.	6 500 006	24 206 045
16	Membership fees received	0,304,210.	9,200,294.	10,091,309.	0,099,000.	34,286,945.
17	Gross receipts from admissions.		 , , , , , , , ,			
ŧ 4	merchandise sold or services					
	performed, or furnishing of					
	facilities in any activity that is related to the organization's					
	charitable, etc., purpose	259,650.	218,043.	811,848.	281,490.	1,571,031.
18	Gross income from Interest, divid-					**************************************
	ends, amounts received from pay- ments on securities loans (section					
	512(a)(5)), rents, royaltles, income from similar sources, and unrelated				}	
	business taxable income (less section 511 taxes) from businesses					
	acquired by the grounization after	600 060	200 E00	568 450	222 521	
	June 30, 1975	680,969.	600,528.	361,158.	332,621.	1,975,276.
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the	. ,,	. , , . , . , ,		, , , , , , , , , , , , , , , , , , ,	
	organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities	MATERIAL SERIAL MATERIAL PROPERTY OF THE PROPE				
	furnished to the organization by a					
	governmental unit without charge. Do not include the value of services					
	or facilities generally furnished to					
	the public without charge	VIII.				
22	Other income. Attach a schedule. Do not include gain or (loss) from			SEE STATEME		
	sale of capital assets	29,002.	21,096.	38,472.	48,132.	136,702.
28	Total of lines 15 through 22	9,354,597.	10,044,961.	11,309,067.	7,261,329.	37,969,954.
25	Enter 1% of line 23	93 546	100 450	10,497,219. 113,091.	72,613.	36,398,923.
26	Organizations described on lines 1					727,978.
b	Prepare a list for your records to sho					12/13/0.
	unit or publicly supported organization					
	Do not file this list with your return.	Enter the total of all thes	e excess amounts	.	▶ 26b	1,072,110.
C	Total support for section 509(a)(1) to	ast: Enter line 24, column	(9)		▶ 26c	36,398,923.
d	Add: Amounts from column (e) for it	nes: 18 1,9	75,276. ₁₉			
		22 1		1,072,11	0 . ▶ 25d	3,184,088.
e	Public support (line 26c minus line 2	!6d total)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		≥ 25 e	33,214,835.
1	Public support percentage (line 26)	(numerator) divided by	line 26c (denominator))		▶ 281	91.2522%
27	Organizations described on line 12:	a For amounts included	in lines 15, 16, and 17 th	at were received from a "	disqualified person," prep	are a list for your
	records to show the name of, and to such amounts for each year:	iai amounts received in ea N/A	ion year from, each "disq	ualitied person." Do not fi	le this list with your retu	m. Enter the sum of
	(2006)	· ·	(2)	004)	(0000)	
þ		nat was received from each	h narson /othar than "dis	nualified paragram, prepa	(2003)	to show the same of
,	and amount received for each year, t	hat was more than the lar	roor of (1) the amount or	ine 25 for the year or (2) \$5 000 / Include in the i	let emanisatione
	described in lines 5 through 11b, as	well as individuals.) Do no	of file this list with your :	return. After computing t	he difference between the	amount received and
	the larger amount described in (1) or	r (2), enter the sum of the	se differences (the exces	s amounts) for each year	: N/A	The same reported that
	(2006)	(2005)	(2	004)	(2003)	
C	Add: Amounts from column (e) for li	nes: 15 _		16		
	17	20	<u> </u>	21	. D 27g	N/A
đ	Add: Amounts from column (e) for li 17 Add: Line 27a total	anı	d line 27b total	*****	▶ 27₫	N/A
8	- Pubac support (and 270 total migus i	INTO Z/O (OLAT)			■ > 27n i	N/A
1	Total support for section 509(a)(2) to Public support percentage (line 27s	ssi: Elijer amount on line : Linumaratort dividad bu	25, COIUMN (8)	271	N/A	37 / n
g In	investment income percentage (line	r (nancorator) utviden by o 18. enjume (o) feneces	nne z / (Denominator)) tort didical by Sec 276	/danominator!\	27g	N/A % N/A %
28	Unusual Grants: For an organization de	escribed in line 10-11 or	12 that received any unu	sual grante during 2003 t	hrough 2006, propers a ti	nt for your roomed to
	show, for each year, the name of the co return. Do not include these grants in i	intributor, the date and an	nount of the grant, and a	brief description of the na	ature of the grant. Do not	file this list with your
7231	14 12-27-07	Ne is.	ONE		Schedu	te A (Form 990 or 990-FZ) 2007

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	. 29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	. 30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		and thinks
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		- 100	ÚŅ,	
		- 830		
		- 🏻		
		-		
32	Does the organization maintain the following:	10000		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	. 32b	-	ļ
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?			
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	. 32d	250000000	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		- 1000		
		- [
33	Does the organization discriminate by race in any way with respect to:		and a	1000000
a	Students' rights or privileges?			ļ
þ	Admissions policies?			ļ.,,
C	Employment of faculty or administrative staff?			
đ	Scholarships or other financial assistance?			
e	Educational policies?	- 1		
f	Use of facilities?			
g	Athletic programs?			
h		. 33h	30 8.30	888888
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		0.00	
		-	8.00	
		- [
		. 880		
34 a	• • • • • • • • • • • • • • • • • • • •		-	
Ь	Has the organization's right to such aid ever been revoked or suspended?			
0.5	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	3:556(35)		1600000000
35		217		
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	. 35		

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) Check 📂 b Check 🏲 a if the organization belongs to an affiliated group.] if you checked "a" and "ilmited control" provisions apply. Limits on Lobbying Expenditures Affiliated group To be completed for all totals electing organizations (The term "expenditures" means amounts paid or incurred.) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 33,900. 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 65,118. 37 99,018. Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 7,952,122. 39 40 Total exempt purpose expenditures (add lines 38 and 39) 8,051,140. 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not ever \$500,000 _______ 20% of the amount on line 40 ______ Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$600,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plue 10% of the excess over \$1,000,000 41 552,557. Over \$1,500,000 but not over \$17,000,000 \$226,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 138,139. 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36

4-Year Averaging Period Under Section 501(h)

43

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions,)

		Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(b) 2005	(d) 2004	(e) Total			
45 Lobbying nontaxable amount	552,557.	577,014.	553,003.	601,508.	2,284,082			
46 Lobbying ceiling amount (150% of line 45(e))					3,426,123			
47 Total lebbying expenditures	99,018.	205,322.	100,480.	51,457.	456,277			
48 Grassroots nontaxable amount	138,139.	144,254.	138,251.	150,377.	571,021			
49 Grassroots ceiling amount (150% of line 48(e))					856,532			
50 Grassroots lobbying expenditures	33,900.	81,133.		9,288.	191,647			

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

υu	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	Ma	6
infl	ience public opinion on a legislative matter or referendum, through the use of:	162	No	Amount
a	Volunteers		X	
þ	Paid staff or management (Include compensation in expenses reported on lines a through h.)	-	X	
	Media advortisements		Х	
d	Mallings to members, tegislators, or the public		Х	
e	Publications, or published or broadcast statements		X	
1	Grants to other organizations for lobbying purposes		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body		Х	
h	Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means		Х	
i	Total labbudga avgastditurga /Add floor a through b.)			0.
	if "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

723152 12-27-07

Par	t VII Information Reg		Transactions and	Relationships With Noncharita	ble		
	Exempt Organiz	ations (See page 14 of the Instru	uctions.)		······································	··	
51	Did the reporting organization dir	rectly or indirectly engage in any of t	he following with any other	r organization described in section			
		ection 501(c)(3) organizations) or in		olitical organizations?	ſ	Yes	No
ä		anization to a noncharitable exempt			51 a(i)	100	X
					a(II)		X
					2(11)		_A_
b	Other transactions:						
					b(1)		X
				······································	b(ii)		X
				***************************************	b(III)		X
					b(iv)		X
					b(v)		X
				······································	þ(vl)	,	X
C	Sharing of facilities, equipment, r	mailing lists, other assets, or paid en	nployees		G		X
d	If the answer to any of the above	is "Yes," complete the following sch	edule, Column (b) should a	always show the fair market value of the			
	goods, other assets, or services of	given by the reporting organization.	if the organization received	d less than fair market value in any			
		ent, show in column (d) the value of				N/A	·
(a)	1	(c)		(4)			
Line		Name of noncharitable exe	mpt organization	Description of transfers, transactions, and sh	aring an	angen	nents
			,				

			-1				
		Market Committee of the	(1)			, <u>, , , , , , , , , , , , , , , , , , </u>	
t			V	**************************************			
		**************************************		, , , , , , , , , , , , , , , , , , ,			
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						مادالت حليد الخصوص	

			Marine more week provided as a substitution of the substitution of			,	
							, , , , , , , , , , , , , , , , , , ,
							
52 a			ne or more tax-exempt orģ	panizations described in section 501(c) of the	1	1 7	п.
	Code (other than section 501(c)(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	A	No
b	If "Yes," complete the following so	chedule: N/A				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
•	(a)		(b)	(c) Description of relationship			
	Name of orga	anization	Type of organization	Describitori di terationani	·		
1414-1-11			,				,
			4				
	,						
						w	

					·/		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of Organization		Employer identification number
<i>j</i> A	AMERICAN FARMLAND TRUST	52-1190211
Organization type (check	· · · · · · · · · · · · · · · · · · ·	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a pri	vate foundation
	527 political organization	
Form 990-P F	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
	s filing Form 990, 990-EZ, or 990-PF that received, during the year, \$	\$5,000 or more (in money or property) from any one
contributor. (Cor Special Rules-	mplete Parts I and II.)	
X For a section 50 sections 509(a)(1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1)/170(b)(1)(A)(vi), and received from any one contributor, during the n line 1 of these forms. (Complete Parts I and II.)	
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that ibutions or bequests of more than \$1,000 for use exclusively for relie prevention of cruelty to children or animals. (Complete Parts I, II, and	igious, charitable, scientific, literary, or educational
some contributio \$1,000. (If this b charitable, etc., p	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that one for use exclusively for religious, charitable, etc., purposes, but the ox is checked, enter here the total contributions that were received purpose. Do not complete any of the Parts unless the General Rule eligious, charitable, etc., contributions of \$5,000 or more during the	nese contributions did not aggregate to more than during the year for an exclusively religious, applies to this organization because it received
they must check the box	hat are not covered by the General Rule and/or the Special Rules do in the heading of their Form 990, Form 990-EZ, or on line 2 of their B (Form 990, 990-EZ, or 990-PF).	
LHA For Paperwork Re	duction Act Notice, see the Instructions	Schedula R (Form GGD, QGD-F7, or QGD-PE) (2007)

for Form 990, Form 990-EZ, and Form 990-PF.

_	٦		1	od Dood I
Page	1	ot.	1	of Part I

Schedule B (Form 990,	990-EZ.	or 990-PF)	(2007)

Name of organization

Employer identification number

AMERICAN FARMLAND TRUST	
-------------------------	--

52-1190211

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 300,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$ 700,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$ 270,000.	Person X Payroll Noncash (Complete Part If if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) . Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2007)

Current Year Deduction	,428.	8,066.	, 789.	03000000	ر 12-			
	39	တ	ব	Ξ (
Current Sec 179				•	D			
Accumulated Depreciation	,855.	283,872.	. 899	140,734.	300.			
Accun	462		31	********	• • • • • • • • • • • • • • • • • • • •			
Basis For Depreciation	, 844	291,938.	,070	503,214.	43/000,			
-	550	o N	16		- ************************************			
* Reduction In Basis				C	>			
Bus % Excl								
Unadjusted Cost Or Basis	,844.	291,938.	.070.	503,214.			- Company of the Comp	
Unad Cost C	550		91	503	- - -			
No.	16	9	16	<u> </u>				
e¥[]	7.00	39.0016	39.001	39.0016				
Method	SI	E,	${ m SI}$	13				
Date Acquired								
	AND							
F	80.70	ROVER	FH 8	ES AGE 2				
Description	⊠ ⊠	EME C	PMEN	JCTUR 390 P.				
	OFFICE FURNITURE LEQUIPMENT	ZLEASEHOLD IMPROVEMENTS	SFARM EQUIPMENT	4FARM STRUCTURES * TOTAL 990 PAGE 2				
	OFF.	LEAS	FARM	FAR.				
Asset No.	H	0	ĸ	च				

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

FORM 990	RENTAL INCOME		STATEMENT 1
KIND AND LOCATION OF PROP	ERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL INCOME FROM SUBLEA	SE	1	590,541.
TOTAL TO FORM 990, PART I	, LINE 6A	·	590,541.

FORM 990 RENTAL 1	EXPENSES		STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	TRUOMA	TOTAL	
RENTAL EXPENSE - SUBTOTAL -	1	441,655.	441,65	55.
TOTAL TO FORM 990, PART I, LINE 6B			441,65	

FORM 990	GAIN	(LOSS)	FROM PUBLICLY	TRADED SECURI	TIES	STATEMENT 3
DESCRIPTION			GROSS SALES PRIC	COST OR E OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
			736,812	. 0.	0	736,812.
TO FORM 990, PAR	TI,	LINE 8	736,812	. 0.	0	736,812.

FORM 990	OTHER		IN NET		OR	FUND	BALANCES	STATEMENT	4
DESCRIPTION								AMOUNT	
UNREALIZED LOSS CHANGE IN VALUE		LIT-INTEI	REST AC	REEMENT	s			<3,824,11 <255,11	
TOTAL TO FORM 9	90, PAF	RT I, LII	NE 20					<4,079,29	

FORM 990	OTHER	EXPENSES		STATEMENT	5
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISIN	ſĠ
LAND TRUST DONATIONS CONSULTANT FEES &	15,000.	15,000.			
EXPENSES	1,677,935.	1,579,558.	38,423.	59,95	4.
INSURANCE	53,924.	43,678.	1,618.	8,62	28.
PROPERTY & OTHER	00,2	,	•		
TAXES	47,713.	42,763.	2,406.	2,54	L4.
LICENSES AND FEES	13,920.	11,275.	•	2,22	27.
EOUIPMENT/SOFTWARE &	20,5200	 /			
STORAGE	22,211.	15,419.	1,935.	4,85	57.
UTILITIES	11,904.	9,642.	357.	1,90)5.
ADVERTISING	37,843.	37,782.		. 6	11.
LOCKBOX SERVICES	28,355.	7,185.		21,17	70.
DUES AND MEMBERSHIPS	16,086	13,030.	483.	2,57	73.
BOOKS & MATERIAL	1,197.	851.	11.		35.
AWARDS AND DONATIONS	20,420.	19,893.	256,		71.
TEMP HELP	8,684.	5,877.	1,337.		
PUBLIC RELATIONS	19,205.	15,556.	576.	-	
BANKS FEES & FINANCE	25,205.	25,555		•	
CHARGES	47,732.	35,644.	3,567.	8,52	21.
BMO INCENTIVE	~ , _[, 2 4 4	00,000	~, ~	•	
PAYMENTS	29,159.	29,159.			
EMAIL/INTERNET/ON-LI	#5,105.		•		
E EXPENSES	75,825.	73,463.	1,138.	1,22	24.
PLACEMENT EXPENSE	97,453.	81,860.	975.	•	
APPRIASAL COSTS	2,250.	2,250.	2 . 2 .	,	
BAD DEBT EXPENSE	7,539.	7,539.			
MISCELLANEOUS	7,434.	6,244.	74.	1,11	16.
TOTAL TO FM 990, LN 43	2,241,789.	2,053,668.	53,574.	134,54	17.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6 PART III

EXPLANATION

THE MISSION OF THE AMERICAN FARMLAND TRUST IS TO HELP FARMERS AND RANCHERS PROTECT THEIR LAND, PRODUCE A HEALTHIER ENVIRONMENT AND BUILD SUCCESSFUL COMMUNITIES.

FORM 990 OTHER	PROGRAM SERV	VICES STA	ATEMENT 7
DESCRIPTION OF OTHER PROGRAM SERVI	CES	GRANTS AND ALLOCATIONS	EXPENSES
RESEARCH AND OTHER PROGRAMS	(manufacture)	0.	886,010.
TOTAL TO FORM 990, PART III, LINE	E		886,010.

FORM 990 N	ION-GOVERNMENT S	ECURITIES		STATEMENT 8
SECURITY DESCRIPTION COST/	CORPORATE FMV STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS FMV	7	53,426.		53,426.
TO FORM 990, LINE 54A, COI	ЪВ	53,426.		53,426.

FORM 990 GOV	GOVERNMENT SECURITIES S			STATEMENT	9
DESCRIPTION	COST/FMV	u.s. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV	
US TREASURY AND AGENCY NOTES	FMV	249,873.	- ungayania - and	249,8	73.
TOTAL TO FORM 990, LINE 54A,	COL B	249,873.		249,8	73.

FORM 990 OTHER INVESTMENTS	S	STATEMENT	10
DESCRIPTION	VALUATION METHOD	TNUOMA	1
STOCKS HELD WITH INVESTMT MGMT FIRM	MARKET VALUE	14,639,8	55.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		14,639,8	55.

FORM 990 DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATEMENT 11
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE AND EQUIPMENT LEASEHOLD IMPROVEMENTS FARM EQUIPMENT FARM STRUCTURES	550,844. 291,938. 91,070. 503,214.	502,283. 291,938. 36,688. 152,063.	48,561. 0. 54,382. 351,151.
TOTAL TO FORM 990, PART IV, LN 57	1,437,066.	982,972.	454,094.

FORM 990 OTHER ASSETS		STATEMENT 12
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS FARM PROPERTY HELD FOR CONSERVATION CONSERVATION INTEREST HELD IN FARM PROPERTY	32,551. 1,868,738. 113.	50,204. 1,868,738. 118.
TOTAL TO FORM 990, PART IV, LINE 58	1,901,402.	1,919,060.

FORM 990	OTHER LIABILITIES		STATEMENT 13
DESCRIPTION	•	BEGINNING OF YEAR	END OF YEAR
SPLIT-INTEREST AGREEMENTS	PAYABLE	381,098.	574,027.
TOTAL TO FORM 990, PART I	V, LINE 65	381,098.	574,027.

C/O AFT 1200 18TH STREET, NW

WASHINGTON, DC 20036

WASHINGTON, DC 20036

WASHINGTON, DC 20036

WASHINGTON, DC 20036

CARLA H SKODINSKI

MEL COLEMAN, JR

WILLIAM DELAUDER

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 14 TRUSTEES AND KEY EMPLOYEES EMPLOYEE TITLE AND COMPEN-BEN PLAN EXPENSE NAME AND ADDRESS AVRG HRS/WK SATION CONTRIB ACCOUNT RALPH GROSSI PRESIDENT C/O AFT 1200 18TH STREET, NW 40.00 229,616. 24,080. Ω. WASHINGTON, DC 20036 VICTORIA EDWARDS CFO/ASSISTANT TREASURER C/O AFT 1200 18TH STREET, NW 40.00 158,885. 17,136. 0. WASHINGTON, DC 20036 WILLIAM KUCKUCK EXECUTIVE VP C/O AFT 1200 18TH STREET, NW 40.00 181,210. 17,881. 0. WASHINGTON, DC 20036 HENRY DIETRICH VP FOR DEVELOPMENT C/O AFT 1200 18TH STREET, NW 40.00 128,834. 15,634. 0. WASHINGTON, DC 20036 SIMON SIDAMON-ERISTOFF GENERAL COUNSEL, ASST SECRETARY C/O AFT 1200 18TH STREET, NW 40.00 0. 0 -0. WASHINGTON, DC 20036 JOHN WINTHROP, JR CHAIR C/O AFT 1200 18TH STREET, NW 0.00 0. 0. 0. WASHINGTON, DC 20036 AMY P. LONGSWORTH VICE CHAIR C/O AFT 1200 18TH STREET, NW 0. 0.00 0. 0. WASHINGTON, DC 20036 AUGUST SCHUMACHER, JR SECRETARY

0.00

TREASURER

DIRECTOR

DIRECTOR

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AMERICAN FARMLAND TRUST				52-11	90211
PHILIP Y. DENORMANDIE C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	WM	DIRECTOR 40.00	0.	0.	0.
ELIZABETH FINK C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	WИ	DIRECTOR 40.00	0.	0.	0 *
IRIS W FREEMAN C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	MK	DIRECTOR 40.00	0.	0.	0.
THOMAS J GALLO C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	ИМ	DIRECTOR 40.00	0.	0.	0.
JOHN HARDIN C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	NW	DIRECTOR 40.00	0.	0.	0.
NANCY HIRSHBERG C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	WM	DIRECTOR 40.00	0.	0.	0.
MIRANDA M. KAISER C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	NM .	DIRECTOR 40.00	0.	0.	0.
RICHARD E. ROMINGER C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	NW	DIRECTOR 40.00	0.	0.	0.
DANIEL ARAM SHAW C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	MM	DIRECTOR 40.00	0.	0.	0.
STEPHEN STRANAHAN C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	NW	DIRECTOR 40.00	0.	0.	0.
BARTON H. THOMPSON, JR C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	ММ	DIRECTOR 40.00	0.	0.	0.
RICHARD S. WALDEN C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	N W	DIRECTOR 40.00	0.	0.	0.
DOUGLAS P. WHEELER C/O AFT 1200 18TH STREET, WASHINGTON, DC 20036	NW	DIRECTOR 40.00	0.	0.	0.

AMERICAN FARMLAND TRUST			52-	1190211
JULIA HARTE WIDDOWSON C/O AFT 1200 18TH STREET, N WASHINGTON, DC 20036	DIRECTOR NW 40.00	0.	0.	0.
JOHN SCHOLL C/O AFT 1200 18TH STREET, I WASHINGTON, DC 20036	PRESIDENT NW 40.00	63,538.	2,419.	0.
TOTALS INCLUDED ON FORM 990	O, PART V-A	762,083.	77,150.	0.

52-1190211

	TION OF RELATIONSHIP T V-A, LINE 75B	STATEMENT	15
INDIVIDUAL'S NAME	TITLE OR ROLE		
JOHN WINTHROP, JR	CHAIR		
INDIVIDUAL'S NAME	TITLE OR ROLE		
IRIS FREEMAN	DIRECTOR		
EXPLANATION OF RELATIONSHIP			
COUSINS	•		

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90

STATEMENT

16

STATES

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FOOTNOTES

STATEMENT 17

CONSERVATION EASEMENT STATEMENT PART III, LINE 3C

AT 10/01/08 AMERICAN FARMLAND TRUST HELD 113 EASEMENTS IN 22 STATES. THERE WERE 5 EASEMENTS ACQUIRED IN FY 2008 NO EASEMENTS WERE MODIFIED, SOLD, TRANSFERRED, RELEASED, OR TERMINATED DURING THE YEAR. NO EASEMENTS ARE HELD ON BUILDINGS AND STRUCTURES. NO EASEMENTS ENCUMBER A GOLF COURSE OR PORTIONS OF A GOLF COURSE. NO EASEMENTS ARE WITHIN OR ADJACENT TO RESIDENTIAL HOUSING DEVELOPMENTS AND HOUSING SUBDIVISIONS. THERE WERE NO CONSERVATION EASE-MENTS THAT WERE ACQUIRED IN A TRANSACTION DESCRIBED UNDER "PURCHASE OF REAL PROPERTY FROM CHARITABLE ORGANIZATIONS" IN NOTICE 204-41. DURING FY 2008, 70% OF THE EASEMENTS WERE MONITORED (39,754 ACRES) BY PHYSICAL INSPECTION. THE TOTAL STAFF HOURS SPENT MONITORING THE EASEMENTS IN FY 2008 WAS 823 HOURS AND EXPENSE INCURRED FOR SALARIES & LEGAL FEES RELATED TO MONITORING EXISTING EASEMENTS WERE \$108,669.

SCHEDULE A	OTHER INC	OME	S	TATEMENT 18
DESCRIPTION	2006 AMOUNT	2005. AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	29,002.	21,096.	38,472.	48,132.
TOTAL TO SCHEDULE A, LINE 22	29,002.	21,096.	38,472.	48,132.

IRS e-file Signature Authorization

r an	Exempl	: Organization			
	്റ്റ് സ	2007 and ending	SEP	30	20 0 8

Do not send to the IRS. Keep for your records.

OMB No. 1646-1878

Department of the Treasury Internal Revenue Service	➤ See Instructions.	A PARTIE IN THE PARTIE AND A PA
Return ID (20-digit number	27.12	
\	N/A	Employer Identification number
Varne of exempt organization	AMERICAN FARMLAND TRUST	52-1190211
varne and title of officer	VICKI EDWARDS	
	CHIEF FINANCIAL OFFICER	
Parti Type of F	Return and Return Information (Whole Dollars Only)	the hory if one if you shook the hory
	rn for which you are using this Form 8879-EO and enter the applicable amount f a, below, and the amount on that line for the return for which you are filling this folicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter in Part I.	Olili Mas Aldille fitch locals and walles
•	· · · · · ·	1b 9251522
1a Form 990 check here		26
2a Form 990-EZ check ho 3a Form 1120-POL check		3ь
da Form 1720-POL check he	The state of the s	line 5) 4b
4a Form 990-PF check here 5a Form 8868 check here	and the same of the	
oa Ponn codo check nere		
Part II Declarati	ion and Signature Authorization of Officer I declare that I am ຍາ officer of the above organization and that I have examine	William (1) was permitted to 10-10-10-10-10-10-10-10-10-10-10-10-10-1
processing the return or re an electronic funds withdra organization's federal taxes the U.S. Treasury Financial institutions involved in the issues related to the paym applicable, the organization	of receipt or reason for rejection of the transmission, (b) an indication of any refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury awal (direct debit) entry to the financial institution account indicated in the tax persons on this return, and the financial institution to debit the entry to this account Agent at 1-888-353-4537 no later than 2 business days prior to the payment (s processing of the electronic payment of taxes to receive confidential information ent. I have selected a personal identification number (PIN) as my signature for the consent to electronic funds withdrawal.	and its designated riffaricial Agent to initiate preparation software for payment of the bunt. To revoke a payment, I must contact the ettlement) date. I also authorize the financial on necessary to answer inquiries and resolve
Officer's PIN: check one	box only	
X I authorize TA	TE & TRYON	to enter my PIN 20036
is being filed with enter my PIN on As an officer of t indicated within program, I will en	ERO firm name on the organization's tax year 2007 electronically filed return. If I have indicated his a state agency(les) regulating charities as part of the IRS Fed/State program, the return's disclosure consent screen. the organization, I will enter my PIN as my signature on the organization's tax ye this return that a copy of the return is being filed with a state agency(les) regular per my PIN on the return's disclosure consent screen.	ear 2007 electronically filed return. If I have uting charities as part of the IRS Fed/State
Officer's signature 🕨	Mills of Cultivates	
Part III Certifica	ition and Authentication	
	our six-digit EFIN followed by your five-digit self-selected PIN. 000000	all zeros
cortify that the above nur confirm that I am submitting	meric entry is my PIN, which is my signature on the 2007 electronically filed returning this return in accordance with the requirements of Pub. 4163, Modernized e-	rn for the organization indicated above. I File (MeF) information for Authorized IRS
ERO's signature	etrus L. Ward Date >	· 2/13/2009
-	ERO Must Retain This Form - See Instruction	s . T : B : C -

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

Under section 501 (c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2008

Open to Public Inspection

Form 990 (2008)

Department of the Treasury Internal Revenue Service

A F	or the	2008 ca	londar year, or tax year beginning OCT 1, 2008 and ending	SEP 30, 2009	Marie International Control of the C
	neck if plicable:		C Name of organization	D Emplayer identific	alion number
	Addres: change	label or			
	Name change	print or type.	Doing Business As		190211
	Initial return	See	Number and street (or P.O. box if mall is not delivered to street address) Room/suit		
	Termin- ation		1200 18TH STREET, NW 800		331-7300
X	Amende Tretum		City or town, state or country, and ZIP + 4	G Gross receipts \$	8,202,645.
<u></u>	Applica tion pending		WASHINGTON, DC 20036	H(a) Is this a group re	turn Yes X No
	•	FNar	me and address of principal officer:JON SCHOLL	for affiliates? H(b) Are all affiliates inc	<u> </u>
			1E AS C ABOVE		list. (see instructions)
			us: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 W. FARMLAND.ORG	H(c) Group exemption	•
					State of legal domicile: DC
		Summ		A OF TOTALIBITOR. 2200 F	TOLLES OF TOGAL CONTIONS
	1 [Priofit do	scribe the organization's mission or most significant activities: THE MISSI	ON OF THE AM	ERICAN
ő	ו נ	FIARMT	LAND TRUST IS TO HELP FARMERS AND RANCHER	S PROTECT TH	
ığı			is box if the organization discontinued its operations or disposed of mo		
& Governance			of voting members of the governing body (Part VI, line 1a)		20
ő			of independent voting members of the governing body (Part VI, line 1b)		20
ବ୍ୟ । ଜୁନ			nber of employees (Part V, line 2a)		76
ritie			nber of volunteers (estimate if necessary)		55
Activities			ss unrelated business revenue from Part VIII, line 12, column (C)		0.
⋖	1	_	lated business taxable income from Form 990-T, line 34	1	0.
				Prior Year	Current Year
ψ.	8 (Contribu	tions and grants (Part VIII, line 1h)	7,321,378.	6,636,096.
eno			service revenue (Part VIII, line 2g)	33,160.	24,908.
Revenue			nt Income (Part VIII, column (A), lines 3, 4, and 7d)	1,646,109.	478,398.
			/enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	250,905.	131,408.
			enue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,251,552.	7,270,810.
			nd similar amounts paid (Part IX, column (A), Ilnes 1-3)		
	l .		paid to or for members (Part IX, column (A), line 4)	4,668,624.	4,275,524.
Ş	,		other compensation, employee benefits (Part IX, column (A), lines 5-10)	134,703.	135,333.
Expenses	108	Protessio	onal fundraising fees (Part IX, column (A), line 11e)	101,,00.	100) 400.
Ä			penses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,796,950.	4,097,022.
			penses, Add lines 13-17 (must equal Part IX, column (A), line 25)	9,600,277.	
			less expenses. Subtract line 18 from line 12	-348,725.	-1,237,069.
Sec.				Beginning of Year	End of Year
SE SE	20	Total ass	sets (Part X, line 16)	20,313,362.	
S CO	21		olities (Part X, line 26)	1,236,002.	1,137,443.
Net Assets (Fund Balanc	22	Net asse	ts or fund balances. Subtract line 21 from line 20	19,077,360.	17,381,119.
	art II		eture Block		
		Under pen	attles of perjury, i declare that I have examined this return, including accompanying achedules and statemen lete, Bectaration of preparer (other than officer) is besed on all information of which preparer has any knowled	ts, and to the best of my knowled ge.	ige and belief, It is true, correct,
		1	11 - PP1. N. 1	3/15/	· ·
Sig	n		TRIBLES O CAWALAS	Date 0 7 7 3 7	<u> </u>
Her	e	,	nature of officer	Vatu	
			ICTORIA EDWARDS, CHIEF FINANCIAL OFFICER pe or print name and title	- AWARD FF	A L
-		Preparer	Date / / /		rer's identifying number istructions)
Palo		signatun		self- employed 🕨 🔲 (see in	en actor(a)
	parer's	Firm's nar		EIN >	
USE	Only	yours if self-emplo	805 15TH STREET, NW SUITE 900		And the state of t
		address, 2 ZIP + 4	washington, DC 20005	Phone no. 🕨 (202)293-2200
Mar	v this II	3S discu	se this return with the preparer shown above? (see instructions)	,	X Yes No

Form **8868**

(Rev. April 2009)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

		. [46]
■ Ifyoua	re filing for an Automatic 3-Month Extension, complete only Part I and check this box re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).
on not ec	implete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Form 8868.
Part 1		
	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	nplete 🔻 🗀
Part I only	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar	extension of time
to file inco	ome tex returns.	
noted bel (not autor	or Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (or file) for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication or (2) you file Forms 990-BL, 6069, or 6870, group returns, or a composite or consulting the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ovietile and click on e-file for Charities & Nonprofits.	nsolidated Form 990-T. Instead,
Type or	Name of Exempt Organization	Employer identification number
print	AMERICAN FARMLAND TRUST	52-1190211
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 1200 18TH STREET, NW, NO. 800	
ratum. See Instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	
Check ty	pe of return to be filed (file a separate application for each return):	
For	m 990 Form 990-T (corporation) Form 4 m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5 m 990-EZ Form 990-T (trust other than above) Form 6 m 990-PF Form 1041-A	227 069
Telepi	AMERICAN FARMIAND TRUST cooks are in the care of ▶ 1200 18TH STREET, NW, NO. 800 — WASHING mone No. ▶ 202-331-7300 FAX No. ▶ corganization does not have an office or place of business in the United States, check this box	his is for the whole group, check this
1 re	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un MAY 15, 2010 , to file the exempt organization return for the organization named	til
	or the organization's return for: calendar yearor	•
2 lf t	his tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	3a \$
<u>no</u> bolft	nrefundable credits. See instructions. his application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
tax	payments made, include any prior year overpayment allowed as a credit.	3b \$
c Ba	lance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3c s N/A
	e instructions. . If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forn	

) (Revenue \$

Form 990 (2008)

	(CX) di 1968 \$\psi\$ \$\psi\$ \text{\$\psi\$ \text{\$\psi\$ \text{\$\psi\$ \text{\$\psi\$ \text{\$\psi\$ \text{\$\psi\$ \text{\$\psi\$ \text{\$\psi\$ \text{\$\psi\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \text{\$ \qq\qq \qq \qq\etx{\$\qqq \qq \qqq \q \qq \qq \qq \qq \q \qq \qq \qq \qq \q \		/ (Neverible w	-
4e	Total program service expenses ►\$	6,498,935.	(Must equal Part IX, Line 25, column (B).	.)

(Expenses \$

158,680 including grants of \$

Part IV Checklist of Required Schedules Yes No is the organization described in section 501(o)(3) or 4947(a)(1) (other than a private foundation)? X. If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or Indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations, is the organization subject to the section 6033(e) notice and Х reporting requirement and proxy tex? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice 6 X on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II..... 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; 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 X 9 X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? 11 Х ff "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was Х 12 prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII is the organization a school as described in section 170(b)(1)(A)(ll)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Х and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity X 15 located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 Х 16 located outside the United States? If "Yes," complete Schedule F, Part III X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 Х Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 22 X Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 23 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 guestions 24b-24d and complete Schedule K. X If "No", go to question 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a Х 25b prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial X contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Form 990 (2008) AMERICAN FARMLAND TRUST Part IV Checklist of Required Schedules (continued)

	·		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
•	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	100,000		
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
٥	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
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	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
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		X
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

Form **990** (2008)

Form	990 (2008) AMERICAN FARMLAND TRUST 52-119	<u> </u>	Р	age 5
Par			,	
10.000 mg			Yes	No
46	Enter the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of			
10	U.S. Information Returns. Enter -0- if not applicable	6		
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
C	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.			
20	filed for the calendar year ending with or within the year covered by this return 2a 7	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3.a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	 	X
- JG	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	<u> </u>
49	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country:			
.,	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
Sa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
~	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b	***********	223300
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	<u> </u>
b	if "Yes," clid the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	
_	to file Form 8282?	7c	1617,3-7418	X
ď	If "Yes," Indicate the number of Forms 8282 filed during the year	_000		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	2800		1
	benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
ġ	For all contributions of qualified intellectual property, dld the organization file Form 8899 as required?	7g	ļ	
ħ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Section 501 (c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	*******		1888
	excess business holdings at any time during the year?	- 8		.
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. N/A			38888
а		9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		d::::::
10	Section 501(c)(7) organizations. Enter: N/A			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter: N/A			
a	Gross income from members or shareholders	-		
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	904 88 FG	1.25
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041? If IIVes I notes the amount of taxeyempt interest received or accrued during the year	120		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	Eora Eora	990	72000

Form 990 (2008) AMERICAN FARMLAND TRUST 52-1190211 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management		r	
		BANKA K	Yes	Nο
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	20	100	
b	Enter the number of voting members that are independent	0	1000	
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	
	Did the organization delegate control over management duties customarily performed by or under the direct supervision	" =		İ
3	of officers, directors or trustees, or key employees to a management company or other person?	. 3	ļ	x
			 	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filled?		 	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		 	X
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
o	by the following:			
_	•	. 8a	X	James Rose
a	The governing body? Each committee with authority to act on behalf of the governing body?		X	
ь			†- -	X
9a	Does the organization have local chapters, branches, or affiliates?	20	 	
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		ĺ
40	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	91	1	
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	1	X
		··· <u>'''</u>		1
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	11		Х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	···	-l	
<u>5ec</u>	tion B. Policies		Yes	No
	A STATE OF THE STA	12a	+	INO.
12a		128	12	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	,,,,	X	
	to conflicts?	12b	A	
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1,0	V	
	in Schedule O how this is done		$\frac{X}{X}$	
13	Does the organization have a written whistleblower policy?		are the second	
14	Does 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:	886		, 1000
a	The organization's CEO, Executive Director, or top management official?	<u>15a</u>	7.	
b	Other officers or key employees of the organization?	15b	X	l Marcons
	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		4 968	
	taxable entity during the year?	16a	2 5000	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint yenture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	18b	<u>. </u>	<u> </u>
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC,		А, Н	[,IL
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	able for		
	public inspection. Indicate how you make these available. Check all that apply.			
	X Own wabsite Another's wabsite X Upon request			
18	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest polic	y, and fir	iancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nization:	-	
	AMERICAN FARMLAND TRUST - 202-331-7300			
	1200 18TH STREET, NW, NO. 800, WASHINGTON, DC 20036			
8320	CER COURDITE A FOR FILLY LICE OF CHAMPS	_	000	10000

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was pald.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not c (A) Name and Title	(B) Average hours	(c))) Posi	2) Ition		•	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	par week	holikõusi hustee er ofrector	Institutional trustee	Officer	Кеу епрівуж	Highest compensated samployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JOHN WINTHROP, JR	2 00			Х				0.	0.	0.
CHAIR	3.00	Х	 —	I.V.	·	-		0.		and the same of th
AMY P. LONGSWORTH	2 00	x		X		Ì		0.	0.	0.
VICE CHAIR	2.00	^		Δ.						- data da la company
AUGUST SCHUMACHER, JR	2.00	x		$ _{\mathbf{X}}$				0.	0.	0.
SECRETARY	2 * 00	1	一	 ``	 	 	 			
CARLA H SKODINSKI	2.00	x		X				0.	Ó.	0.
TREASURER MEL COLEMAN, JR	2.00	-	┼─		 	+-				
DIRECTOR	1.00	Х						0.	0.	0.
WILLIAM DELAUDER			<u> </u>	1		<u> </u>				
DIRECTOR	2.00	X					ļ	0.	0.	0.
PHILLIP Y. DENORMANDIE					T	<u> </u>				_
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IRIS W FREEMAN									0.	0.
DIRECTOR	1.00	X	<u> </u>	<u> </u>	_	-	ļ	0.	<u> </u>	V.
THOMAS J GALLO					ŀ		}	0.	0.	0.
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JOHN HARDIN	1 00	1,,						0.	0.	0.
DIRECTOR	1.00	X	-		┼		┼-	0 *	V *	
NANCY HIRSHBERG	1.00	x			ŀ		ļ	0.	0.	0.
DIRECTOR MIRANDA M. KAISER	1.00	+≏	+-	+-	-	+	+-			Land In Land
* * *** = / ··· ·	2.00	x	. }	1				0.	0.	0.
DIRECTOR RICHARD E. ROMINGER	2.00	+	`	1		1	╅			
DIRECTOR	2.00	x						0.	0.	0.
DANIEL ARAM SHAW		+-		1			1			
DIRECTOR	2.00	X						0,	0.	0.
STEPHEN STRANAHAN					T				_	
DIRECTOR	1.00	X					_	0.	0.	0.
BARTON H. THOMPSON, JR		"							_	_
DIRECTOR	2.00	<u> X</u>						0.	. 0.	0.
832007 12-18-08									,	Form 990 (2008)

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89,641

▶ 7,270,810.

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Form 990 (2008)

e Total. Add lines 11a-11d

Total Revenue. Add lines 1h, 2p, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e

Form 990 (2008) AMERICAN FARM Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Do г 7b, 8	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21		3		
2	Grants and other assistance to Individuals in	:			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	Ì			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				6 H 0 H 0
	trustees, and key employees	304,779.	224,238.	13,469.	67,072.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,773,717.	2,040,731.	122,578.	610,408.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	134,745.	99,137.	5,955.	29,653.
9	Other employee benefits	793,740.	583,985.	35,078.	174,677.
10	Payroll taxes	268,543.	197,577.	11,868.	59,098.
11	Fees for services (non-employees):				
a	Management				
þ	Legal	125,038.	88,476.	20,448.	16,114.
C	Accounting	50,051.	35,416.	8,185.	6,450.
d	Lobbying	A STATE OF THE STA			
e	Professional fundraising services. See Part IV, line 17	135,333.			135,333.
f	Investment management fees	14,318.	11,748.	680.	1,890.
g	Other	38,088.	32,390.		5,195.
12	Advertising and promotion	34,343.	28,178.		4,533.
13	Office expenses	137,328.	112,677.		18,126.
14	Information technology	115,339.	96,409.	3,445.	15,485.
15	Royalties				
16	Occupancy	658,474	515,291.		64,444.
17	Travel	309,839.	248,128.	8,004.	53,707.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	***************************************			
- 19	Conferences, conventions, and meetings	109,975.	88,071.	2,841.	19,063.
20	interest	**************************************			
21	Payments to affiliates	A STATE OF THE STA			
22	Depreciation, depletion, and amortization	44,904	36,844.	2,133.	5,927.
23	Insurance	49,760.	40,828.	2,364.	6,568.
24	Other expenses, Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
· a	CONSULTANT FEES & EXPEN	910,414.	889,285.	13,818.	<u>7,311.</u>
þ		666,742.	428,018.		237,950.
¢		559,641.	475,909.		76,337.
d		48,983.	40,190.		6,465.
e	BANKS FEES & FINANCE CH	39,799.	32,655.	1,891.	5,253.
f		183,986.	152,754.	8,270.	22,962.
25	Total functional expenses, Add lines 1 through 24f	8,507,879.	6,498,935.	358,923.	1,650,021.
26	Jaint Costs. Check here 🕨 🐰 if tollowing				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1 100 CMC	204 000		155 700
	educational campaign and fundralsing solicitation	1,190,670.	734,882.	•	455,788.

Par	X	Balance Sheet					4 - 2-
				•	(A) Beginning of year		(日) End of year
 T	1	Cash - non-interest-bearing			207.	1	207.
.		Savings and temporary cash investments			1,144,384.	2	1,143,448.
	2	- ·	1,503,812.	3	1,412,595.		
	3	Pledges and grants receivable, net			102,265.	4	82,607.
1	4	Accounts receivable, net			104,7400		
	5	Receivables from current and former officers, di		_			
		employees, or other related parties. Complete F		. 5			
	6	Receivables from other disqualified persons (as	define	d under section			
i		4958(f)(1)) and persons described in section 49					
1		Part II of Schedule L.			25 000	6	8,750.
\$	7	Notes and loans receivable, net			35,000.	7	0,730+
Assets	8	Inventories for sale or use			211 201	8	162,367.
۷	9	Prepaid expenses and deferred charges			211,384.	9	102,307.
	10a	Land, buildings, and equipment: cost basis	10a	669,352.			
İ	b	Less: accumulated depreciation. Complete					70 340
		Part VI of Schedule D	10b	599,012.			
	11	investments - publicly traded securities			303,299.		1,635,884.
	12	Investments · other securities. See Part IV, line	11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14,639,855.	12	12,260,499.
	13	investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			was and a second	14	
	15	Other assets. See Part IV, line 11	1,919,060.		1,741,865.		
i	16	Total assets. Add lines 1 through 15 (must equ			20,313,362.	16	18,518,562.
	17	Accounts payable and accrued expenses			661,975.	17	579,952.
	18	Grants payable	The state of the s	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
ų,	21	Escrow account liability. Complete Part IV of Sc	1300 93000000000000000000000000000000000	21			
#	22	Payables to current and former officers, directo					
Liabilities		highest compensated employees, and disqualif	led per	sons. Complete Part II			
<u> </u>		of Schedule L			•	22	
	23	Secured mortgages and notes payable to unrel	,	23			
	24	Unsecured notes and loans payable		24	FF9 401		
	25	Other liabilities. Complete Part X of Schedule D			574,027.		557,491.
	26	Total liabilities, Add lines 17 through 25			1,236,002.	26	1,137,443.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
8		lines 27 through 29, and lines 33 and 34.		•	12 000 004		10 061 700
E C	27	Unrestricted net assets			13,869,964.		13,261,783. 3,480,148.
3at	28	Temporarily restricted net assets		***************************************	4,568,208. 639,188.		639,188.
螟	29				037,180.	29	037,100.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, o	neck h	iere 🚩 📖 and			
ō		complete lines 30 through 34.			,	30	
sets	30	Capital stock or trust principal, or current funds				31	
Ass	31	Paid in or capital surplus, or land, building, or e				32	<u> </u>
∦et	32	Retained earnings, endowment, accumulated in			19,077,360.		17,381,119.
-	33	Total net assets or fund balances			20,313,362.	34	18,518,562.
10 10 10 10 10 10 10 10 10 10 10 10 10 10 10	34	Total liabilities and net assets/fund balances		******************************	1 20/010/002:	- 04	1 20/02/07/07
		Financial Statements and Reporting	Ł	· · · · · · · · · · · · · · · · · · ·	NRD.		Yes No
	۸	ounting method used to prepare the Form 990:	<u></u> ~	ash X Accrual	Other		
1	ACCC	ounting method used to prepare the Form 990; the organization's financial statements compile			2a X		
2a	AAGLE	a the organization's financial statements complied the organization's financial statements audited			The state of the s		
ь	It IIA:	es" to lines 2a or 2b, does the organization have	a comr	nittee that assumes respo	nsibility for overslaht of the	e audit	
u	n (t	w, or compilation of its financial statements and	selection	on of an independent acco	ountant?		2c X
2ª	Ae e	result of a federal award, was the organization re	quired	to undergo an audit or au	dits as set forth in the Sing	le Au	dit
Gu		and OMB Circular A-1337					3a X
ь	If 'Y	es," did the organization undergo the required as	dit or e	udits?			3ь Х
	1 10.16						Form 990 (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008 Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Name of the organization Employer identification number AMERICAN FARMLAND TRUST 52-1190211 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from cross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated b Type !! By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that It is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (iii) Type of (iv) is the organization (v) Old you notify the (vi) is the organization in col (i) Name of supported (II) EIN (vii) Amount of organization in col. (I) listed in your organization in col. organization (described on lines 1-9 (I) organized in the U.S.? support governing document? (i) of your support? above or IRC section Yes Yes Yes (see instructions)) No No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008 AMERICAN FARMLAND TRUST

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only it you office to	C IIIO PON ON IIIO O					
Sec	tion A. Public Support	1					
Cale	endar year (or fiscal year beginning in) 📂	(a) 2004	(b) 2005	(a) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and		1	ļ			
	membership fees received. (Do not		2010101	0004077	#3010 # 0	6606006	40560007
	include any "unusual grants.")	11962296.	8263461.	8384976.	7321378.	6636096.	42568207.
2	Tax revenues levied for the organ-	j					
	ization's benefit and either paid to	. "		}			
	or expended on its behalf	WARETT STATE OF THE PERSON NAMED OF THE PERSON	nemana	V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
3	The value of services or facilities			ļ			
	furnished by a governmental unit to						
	the organization without charge					*********	10550000
4	Total. Add lines 1 - 3	11962296.	8263461.	8384976.	7321378.	6636096.	42568207.
5	The portion of total contributions						1
	by each person (other than a				1		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1952845.
6	Public Support. Subtract fine 5 from fine 4.						40615362.
Sec	ction B. Total Support					Y-W	4000
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(o) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	11962296.	8263461.	8384976.	7321378.	6636096.	42568207.
8	Gross income from interest,						-
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	420,444.	600,528.	736,969.	1058183.	1474966.	4291090.
9	Net income from unrelated business			!			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	,					
	assets (Explain in Part IV.)	38,472.	21,096.	29,002.	102,019.	66,675.	257,264. 47116561.
11	Total support. Add lines 7 through 10			CONTRACTOR LANGUAGE LANGUE LAN			
12	Gross receipts from related activities	, etc. (see instructi	ons)			THE RESERVE THE PERSON NAMED IN PARTY OF THE	,347,609.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth te	ax year as a sectio	n 501(c)(3)	, p
	organization, check this box and sto	p here					
	ction C. Computation of Pub						P) P P) A
14	Public support percentage for 2008	(line 6, column (f) d	ivided by line 11, o	olumn (f))		14	86.20 %
15	Public support percentage from 200	7 Schedule A, Part	IV-A, line 26f	14,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	91.25 %
10a	33 1/3% support test - 2008, if the						
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
t	33 1/3% support test - 2007. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes	it - 2008. If the org	anization did not d	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fa						
	meets the "facts-and-circumstances"						
ŀ	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	<u>on did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17b			
					E a h	edulo A (Lorm OO)	ነ ሊያ ወዕሰ-ሥጋን ኃሰብጹ

Page 3 Schedule A (Form 990 or 990-EZ) 2008 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (e) 2008 (d) 2007 (f) Total Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (a) 2004 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ-Ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 - 5 7s Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on tines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the Lotal of lines 9, 10o, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (f) Total (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royallies and income from similar sources ... b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part (V.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f) 17 %

18 Investment income percentage from 2007 Schedule A, Part IV-A, Ilne 27h

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization %

18

or Part III, line 12. Provide a	ny other addition	al information. (s	ee instructions		
DESCRIPTION	2004	2005	2006	2007	2008
LIST RENTAL INCOME	38,472	21,096	29,002	31,087	31,023
RECAPTURED EXPENSES		www.vernen	tal tallet and the second seco	21,988	30,196
OTHER INCOME		, Liliante	·	48,944	5,456
TOTAL	38,472	21,096	29,002	102,019	66,675

	and the state of t			A Absorber	
	,				
			and the second s		
	997 - 1912 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 -		, , , , , , , , , , , , , , , , , , , ,		

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service Schedule of Contributors

* Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2008).

2008

Name of the organization

Employer identification number

A	MERICAN FARMLAND TRUST	52-1190211
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	•
	and a Special Rule. See Instructions.)	
General Rule	and a opecial nuis. Gee instructions.)	
*	s filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in aplete Parts I and II.	n money or property) from any one
Special Rules		
509(a)(1)/170(b)(1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support to 1)(A)(VI), and received from any one contributor, during the year, a contribution of the 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I	greater of (1) \$5,000 or (2) 2% of the
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from an butions or bequests of more than \$1,000 for use exclusively for religious, charitable prevention of cruelty to children or animals. Complete Parts I, II, and III.	
some contribution \$1,000. (if this betc., purpose. De	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from an one for use exclusively for religious, charitable, etc., purposes, but these contributions is checked, enter here the total contributions that were received during the year for not complete any of the parts unless the General Rule applies to this organization ble, etc., contributions of \$5,000 or more during the year.)	s did not aggregate to more than or an exclusively religious, charitable, because it received nonexclusively
they must answer "No" o	hat are not covered by the General Rule and/or the Special Rules do not file Schedul n Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990- eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page 1 of 1 of Part I

Name of organizat	lon	•
AMERICAN	FARMLAND	TRUST

Employer identification number 52-1190211

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 135,000.	Person X Payroll Noncesh (Complete Part II if there is a noncesh contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$ 407,500.	Person X Payroll Noncash (Complete Part If If there is a noncash contribution.
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No. 3	Name, address, and Eli TT	\$ 600,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution 1990, 990-EZ, or 990-PF) (200

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-8. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

& Continu EA	1(a)(A) (E) or (E) propries	ions: Complete Part III.	**		
Vame of organ		IOUS: COMPLETE FOR CHIT		Emplo	yer Identification number
		N FARMLAND TRUST		'	52-1190211
Part I-A	To be completed by	all organizations exempt	under section	501(c) and section 52	
3001/0000000000000000000000000000000000	See the instructions for Se			. ,	
1 Provide a	description of the organization	ation's direct and indirect political	campaign activities i	n Part IV.	Metal
		,			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				data dan da da da da da da da da da da da da da	
Part I-B	To be completed by	all organizations exempt	t under section	501(c){3).	
	See the instructions for S			780 L.1	
		Incurred by the organization under			
		incurred by organization managers			
		n 4955 tax, did it file Form 4720 fo	•		
4a Was a co	rection made?			******	Yes No
b if "Yes," c	lescribe in Part IV	y all organizations exempt	(EOI/a\ aveant saetin	= E01/=/(3)
Part I-C			t under section	outic), except sectio	n sortoks).
	See the instructions for S				1.000
1 Enter the	amount directly expended	by the filing organization for sect	ion 527 exempt tunc	tion activities	- p - p - p - p - p - p - p - p - p - p
		ization's funds contributed to othe			
exempt tu	Inction activities			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		function expenditures. Add lines 1			
		1120-POL for this year?			
		nployer identification number (EIN)			
5 State the	emount paid and indicate	if the amount was paid from the fi	iling organization's fu	inda or were political contrib	outions received and
		separate political organization, su			
	nal space is needed, provid	· · · · · · · · · · · · · · · · · · ·	•		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(b) realis	(2) / 100/000	(-,	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
				1 .	political organization.
					If none, enter •0•.
				. dimension to the man of the based than the dimension of the second territories.	
	•				
	***************************************			waa aa aa aa aa aa aa aa aa aa aa aa aa	
	•		[.		
	· · · · · · · · · · · · · · · · · · ·			,	
		20.5			
		·			

81,133.

67,326.

33,900.

190,600.

8,241.

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2008 AMERICAN FARMLAND TRUST 52-1190211 Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	·	(a)		(b)	
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		<u> </u>		
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		ļ		
¢	Media advertisements?				
d	Mailings to members, legislators, or the public?		ļ		
e	Publications, or published or broadcast statements?		<u> </u>	CANCELL CONTROL	
f	Grants to other organizations for lobbying purposes?				
a	Direct contact with legislators, their staffs, government officials, or a legislative body?				-m-
h	Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
į	Other activities? If "Yes," describe in Part IV			8	
j	Total lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<u> </u>	
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Leastion	E01/0\/F) or cool	ion
Ha:	To be completed by all organizations exempt under section 501(c)(4	, section	1 30 1 (0)(0), UI 360	,,(,)()
	501(c)(6). See the instructions for Schedule C for details.			Yes	No
			1		
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2	Did the organization make only in nouse lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?				
3 5	To be completed by all organizations exempt under section 501(c)(4	. section	1 501(c)(5), or sec	ion
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OF	,, R if Part I	II-A, que	stion 3 is	;
	answered "Yes." See Schedule C instructions for details.	,			
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political				
_	expenses for which the section 527(f) tax was paid).				
a	Current year		- 1]	
b					
c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	***************************************	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the si				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			2	
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5		· · · · · · · · · · · · · · · · · · ·	
	t:IV Supplemental Information	ALL DANGE PARTICIPATION OF THE		Myles Phinese Income	white m man
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	and Part II-E	3, line 11, Al	so, complet	e this part
	ny additional information.		,		
101 6	· ·				
		.,,,			,
			44.14.44.4		
	· · · · · · · · · · · · · · · · · · ·			•	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

AMEDICAN FARMLAND TRUST

Employer identification number 52-1190211

	AMERICAN FARMLAND TR	UST	JZ-1.JUZ.I.
Pai	Organizations Maintaining Donor Advised F	unds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	And the state of t	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		AAAAAAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAA
2	Aggregate contributions to (during year)		A STATE OF THE STA
3	Aggregate grants from (during year)		A different control of the control o
4	Angregate value at end of year		A LANGE OF THE PARTY OF THE PAR
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor ad	vised funds
·	are the organization's property, subject to the organization's excl	lusive legal control? ,	Yes LNo
6	Did the organization inform all grantees, donors, and donor advis	ors in writing that grant funds may	be used only
•	for charitable purposes and not for the benefit of the donor or do	nor advisor or other impermissible	private benefit? Yes No
Pai	Conservation Easements. Complete if the organization	zation answered "Yes" to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
٠.	Preservation of land for public use (e.g., recreation or pleas	sure) Preservation of an	historically important land area
	X Protection of natural habitat	Preservation of cer	lified historic structure
	X Preservation of open space	•	
2	Complete lines 2a-2d if the organization held a qualified conserve	ation contribution in the form of a co	onservation easement on the last day
-	of the tax year.		
	of the text your		Held at the End of the Year
a	Total number of conservation easements		2a 115
h	Total acreage restricted by conservation easements		2b 34,990.00
c	Number of conservation easements on a certified historic structu	re included in (a)	20
d	Number of conservation eggements included in (c) acquired after	r 8/17/06	2d U
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by	the organization during the taxable
•	vear ▶ 4		
4	Number of states where property subject to conservation easem	nent is located ► 21	
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, violations	, and
۳	enforcement of the conservation easements it holds?		Tes A NO
6	Out as valuators hours devoted to monitoring, inspecting, and s	enforcing easements during the yea	1340_
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing easements during the year 🕨	\$ / 1, O 1 / •
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 1	/ O(D)(4)(D)(V
	and section 170/h\/4\/R\/(ii)?		A Yes No
9	In Part XIV, describe how the organization reports conservation	easaments in its revenue and exper	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	's financial statements that describ	es the organization's accounting for
Pa	Maintaining Collections of A	rt, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990), Part îV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to	report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these item	ns,	
ь	If the organization elected, as permitted under SFAS 116, to rep	ort in its revenue statement and be	lance sheet works of art, historical treasures,
	or other similar easets held for public exhibition, education, or re	search in furtherance of public sen	rice, provide the following amounts relating to
	these Items:		. h. a
•	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X	-41411441441177777777777777777777777777	
2	If the organization received or held works of art, historical treasu	res, or other similar assets for finan	cial gain, provide
	the following amounts required to be reported under SFAS 116	relating to these items:	
a	Revenues included in Form 990, Part Vill, line 1		
b	Assets included in Form 990, Part X		

		Y FARMLAND				····	·····	1190211	
	III Organizations Maintaining C								
3 (Using the organization's accession and other	records, check any	of the fo	llowing that	are a signific	ant use of	its collection	n Items (checi	c all
1	that apply);								
Ð	Public exhibition	d	ا ليا	oan or exch	ange progra	ms			
b	Scholarly research	e		Other		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*	
c	Preservation for future generations								
	Provide a description of the organization's co							Part XIV.	
	During the year, did the organization solicit o							~ _	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?		<u> </u>	Yes	No.
Parl	Trust, Escrow and Custodial reported an amount on Form 990, Par	Arrangements t X, line 21.	. Comple	ete if organiz	zation answe	red "Yes" :	to Form 990,	Part IV, line 9	, or
1a	is the organization an agent, trustee, custod		dary for d	contribution	s or other as:	sets not in	cluded		
	on Form 990, Part X?					***********		. Yes	No.
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able:				On the second second	14.
•	ii (55) Orpidit (i) O Sitteligetion (ii)							Amount	
c	Beginning balance						1c		AND TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Additions during the year						1d		
e	Distributions during the year			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1e		
	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line	217					Yes	No
	If "Yes," explain the arrangement in Part XIV					7-11/1000			
Par	Endowment Funds. Complete	f organization answ	ered "Ye	s" to Form 9	90, Part IV, I	ine 10.			
Managem		(a) Current year		rior year	(c) Two year	s back (d) Three years	back (e) Four	years back
1a	Beginning of year balance	15190432.						0.00	
	Contributions								
	Investment earnings or losses	599,325.							
d	Grants or scholarships							<u> </u>	
	Other expenditures for facilities								
_	and programs	1,254,186.							
f	Administrative expenses		100 M						
Я	End of year balance	14535571.						30 J	
2	Provide the estimated percentage of the year	ar end balance held	as:						
a	Board designated or quasi-endowment	95.60	%						
b	Permanent endowment > 4.40	%			•				
c	Term endowment	%							
	Are there endowment funds not in the poss	ession of the organia	zation the	at are held a	ınd administe	ered for the	organization	n	
	by:								Yes No
	(i) unrelated organizations				1-111144444111			3a(i)	X
	(ii) related organizations		,,,,,,,,,,,,,	,	**,			3a(ii)	X
b	If "Yes" to 3a(ii), are the related organization	s listed as required	on Sche	dule R?				Зь	<u> </u>
4	Describe in Part XIV the intended uses of th	e organization's end	iowment	funds.		Anklessa . ,		·	
Pai	t VI 🛮 Investments - Land, Buildin	gs, and Equipm	ient. Se	e Form 990	, Part X, line	10.		_ 	
4	Description of investment (a		other (b) Cost or other trnent) basis (other)		(c) Depreciation		(d) Boo	k value	
1a	Land		······································						
10	Buildings	['' ' ' ' '			**************************************				
	Leasehold improvements		O40	26	0,024.	2	60,024		0,
ن ام	Equipment	j			4,928.	2	75,154	. 6	9,774.
	Other				54,400.		63,834		566.
	I. Add lines 1s-1s. (Column (d) should equal F		lumn (B).	June 100 100 100 100 100 100 100 100 100 10		425.12222222			0,340.
	I too ottob in in Indigital lot offers commit	Contract of the Contract of th		mary the same of t					

	RMLAND TRUST		52-1190211 Page 3
Parl VIII Investments - Other Securities. Se	e Form 990, Part X, line	12.	od of valuation:
(a) Description of security or category (including name of security)	(b) Book value		od of valuation: of-year market value
Financial derivatives and other financial products	4		
Closely-held equity interests			
Other	12 260 400	. END-OF-YEAR M	TADRET VALUE
MUTUAL FUNDS	12,260,499	- END-OP-IEAR P	IARREST VALUE
		C. Ambrida de la Companya de la Comp	
	THE PARTY OF THE P		Y TO BE A STATE OF THE STATE OF
		I I I I I I I I I I I I I I I I I I I	
Wast (Ost (1) should say I France (000 Part V col (0) line 12 \ Be	12,260,499		
Total. (Col (b) should equal Form 990, Part X, col (8) line 12.) Part XIII Investments - Program Related. So			
	(b) Book value	(c) Meth	od of valuation;
(a) Description of investment type	(D) DOOK VAIDE	Cost or end-	of-year market value
			Market and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second an
			· · · · · · · · · · · · · · · · · · ·
			WARRIED TO THE TOTAL PROPERTY OF THE PARTY O
The state of the s			de de 1900-propriéties
		ALL MANUFACTURE OF THE PARTY OF	40-40-40-40-40-40-40-40-40-40-40-40-40-4
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	45		
Part X Other Assets. See Form 990, Part X, line	Description		(b) Book value
DEPOSITS	Down from 1	<u> </u>	38,022.
FARM PROPERTY HELD FOR CONSER	VATION		1,703,728.
CONSERVATION INTEREST HELD IN	FARM PROPER	TY	115.
			A hard production of the control of
Total. (Column (b) should equal Form 990, Part X, col (B) li	ne 15.)		1,741,865.
Part X Other Liabilities. See Form 990, Part X.	line 25.		
(a) Description of liability		(b) Amount	
Federal Income taxes	27.77.71	557,491.	
SPLIT-INTEREST AGREEMENTS PAY	ABLE	JJ/ / 431 •	

•			
The Land Control of the La	ine 25.)	557,491.	
Total. (Column (b) should equal Form 990, Part X, col (B) li In Part XIV, provide the text of the footnote to the organiza	ation's financial statemer		's liability for uncertain tax positions

MAINTAINED IN THE ORGANIZATION'S FARMLAND PROTECTION FUND.

PART V, LINE 4: THE ORGANIZATION IS COMMITTED TO A LONG-TERM APPROACH
WITH A BALANCED PROGRAM OF INVESTMENTS TO PRESERVE AND ENHANCE THE REAL
PURCHASING POWER OF THE FUND SO AS TO PROVIDE A STABLE AND, IN REAL TERMS,
CONSTANT STREAM OF CURRENT INCOME FOR ANNUAL OPERATING NEEDS. THE
ORGANIZATION'S INVESTMENT OBJECTIVE IS TO ATTAIN A MINIMUM RATE OF RETURN
OF 5% PLUS THE CHANGE IN THE CONSUMER PRICE INDEX (AFTER MANAGEMENT FEES)
OVER AN INVESTMENT CYCLE. THE PRIMARY MEASURE OF THE ORGANIZATION'S
INVESTMENT PERFORMANCE WILL BE A BLENDED BENCHMARK BASED ON ITS TARGET
ASSET ALLOCATION. IN PURSUING THESE OBJECTIVES, THE ORGANIZATION INTENDS
TO SELECT INVESTMENT MANAGERS WHO ARE RIGOROUS IN THE DISCIPLINES THEY
UTILIZE TO PRODUCE RETURNS AT ACCEPTABLE LEVELS OF RISK AND WHO AVOID
SPECULATION EXPLAINED OR RATIONALIZED BY SHORT-TERM FINANCIAL TRENDS OR
MOMENTUM IN SPECIFIC ECONOMIC SECTORS.
DISTRIBUTION OF FUND EARNINGS TO THE OPERATING BUDGET IS BASED ON THE
TO A COLUMN TO A C
DISTRIBUTIONS COMPRISE INTEREST AND DIVIDENDS PLUS SOME APPRECIATION. THE
FINANCE COMMITTEE PLANS FOR THESE DISTRIBUTIONS TO AVOID THE NECESSITY OF
LIQUIDATING INVESTMENTS AT AN UNFAVORABLE TIME.
THE FUND SHALL BE INVESTED PRIMARILY IN LIQUID SECURITIES, INCLUDING
EQUITY AND FIXED INCOME SECURITIES AND COMMINGLED INVESTMENT FUNDS.
PART XI, LINE 8 - OTHER ADJUSTMENTS:
UNREALIZED LOSS: -406771.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: -52401.

Schedule D (Form 990) 2008 AMERICAN FARMLAND TRUST	52-1190211 Page 5
Part XIV Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUND RAISING EXPENSES NETTED IN REVENUE: 97998.	
·	•
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSE NETTED IN REVENUE: 97998.	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008 Open To Hublic Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Rovenue Service

Employer identification number

Schedule G (Form 990 or 990-EZ) 2008

AMERICA	N FARMLAND TRUST				52-1190	211		
Part I Fundraising Activities	. Complete if the organization ansy	vered "Y	es" to	Form 990, Part IV, I	ine 17.	,		
 Indicate whether the organization rai a X Mail solicitations b X Email solicitations c X Phone solicitations d X in-person solicitations 2 a Did the organization have a written key employees listed in Form 990, I b If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	e X Solicity f X Solicity g X Special or oral agreement with any inclividual Part VII) or entity in connection with a six or entities (fundraisers) pure	ation of ation of al fundra al (include profess rsuant to	non-g gover ising ding o ional f agre	overnment grants nment grants events fficers, directors, trus undraising services? ements under which	stees or X Yes the fundraiser is to			
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundralser have custody or control of contributions?		or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser fisted in col. (i)	(vi) Amount paid to (or retained by) organization
CHECKOWAY CONSULTING & CREATIVE	ALL FUNDRAISING EVENTS	Yes		1,168,391.	135,333.	1,033,058.		
			. IAAA MUUTHII			1		
West of the second seco								
The state of the s	A CONTRACTOR OF THE CONTRACTOR		,,,,	A.J. SAVIII S. V.				
				The state of the s	Sal Sal Marratina (Provident)			
The state of the s					A A A A A A A A A A A A A A A A A A A			
			· valiitio- · t	,				
Market and the second s								
					A STANLES OF THE STAN			
the latest the latest								
Total		>		1,168,391.	C ALL AND DAY WAS AND THE PERSON OF THE PERS	1,033,058.		
3 List all states in which the organizat AL, AK, AZ, AR, CA, CO, CT NY, NC, ND, OH, OK, OR, RI	ion is registered or licensed to solic .DC .FL .GA .HI ,IL ,KS	it funds ,KY,	LA,	s been notified it is ex ME, MD, MA, M	xempt from registrat II, MN, MS, MC	on or licensing. NH,NJ,NM		
				HAMINITER TO THE PARTY OF THE P				
					A STATE OF THE STA			
		4.7.44338		The state of the s		M 45-7-17-7-17-7-17-7-17-7-17-7-17-7-17-7-		
		.,				1		
			···					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule G (Form 990 or 990-EZ) 2008 AMERICAN FARMLAND TRUST 52-1190211 Page Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		on Form 990-EZ, line 6a. List events with				
			(a) Event #1 . GALA	(b) Event #2	(c) Other Events NONE	(d) Total Events (Add col. (a) through
41			(event type)	(event type)	(total number)	col. (c))
Revenue	4	Gross receipts	410,588.			410,588.
	2	Less: Charitable contributions	410,588.		A	410,588.
	3	Gross revenue (line 1 minus line 2)				
	4	Cash prizes				
Ses	5	Non-cash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Other direct expenses	97,998.			97,998.
	8	Direct expense summary. Add lines 4 through	n 7 in column (d)		>	97,998)
•	9	Net Income summary. Combine lines 3 and 8	in column (d)		>	-97,998.
P	art	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
	T	\$15,000 on Form 990-EZ, line 6a.	/-> Dia -	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (Add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
Ŗ		0				
	17	Gross revenue		41-11/1-		
Ses	2	Cash prizes	ANI			A PARTY CONTRACTOR OF THE PART
) Poer	3	Non-cash prizes				L. L. L. L. L. L. L. L. L. L. L. L. L. L
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	}			
	6	Volunteer labor	Yes %	Yes% No	Yes %	5
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		,,, >	(
	8	Net gaming Income summary, Combine lines	1 and 7 in column (d)	341114	>	
				•		Yes No
9		nter the state(s) in which the organization opera the organization licensed to operate gaming a				9a
		"No," Explain:				
40	 a W	ere any of the organization's gaming licenses i	evoked, suspended or te	erminated during the tax	year?	10a
		"Yes," Explain:				
د. و.		oes the organization operate gaming activities	with nonmembers?			11
11	u el !	oes the organization operate gaining activities the organization a grantor, beneficiary or trust	ee of a trust or a membe	r of a partпership or othe	r entity formed to	
	a	dminister charitable gaming?	**************************		**************	12

Schedule G (Form 990 or 990-EZ) 2008 AMERICAN FARMLAND TRUST	52-119	0211	Pa	<u>ge 3</u>
Scriedule G (FOIR) 330 OF 330 CL/ 2000			Yes	No
and the second s	1			
13 Indicate the percentage of gaming activity operated in:	13a %			
a The organization's facility	13h %			
b An outside facility	and records:			
14 Provide the name and address of the person who prepares the organization's gaming/special events books				
•				
Name	**************************************			
Address >				
	_		200	(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	1ue7	15a	*****	78.W
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the amount			
of garning revenue retained by the third party > \$				38° 9
c If "Yes," enter name and address:	i		38 H	04
			30.1.3	1,3 mg
Name ►	A			
THE THE PARTY OF T			000	
Address >			du.	300.00
MUII 659 P				
16 Gaming manager information:				
10 daming manager into manon.				
Name >				
Name >				
and the second s				
Gaming manager compensation 🕨 \$				
Description of services provided			X. W	
Description of services provided			Ď.	
to do not so the source of the			0.00	
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a is the organization required under state law to make charitable distributions from the garning proceeds to		17a	00 488	45-000-000
vatain the state gaming license?			X (4)	3000
b Enter the amount of distributions required under state law distributed to other exempt organizations or spiral.	ant in the			
amonization in own exempt activities during the tax year	4	\$300 ° 1		10000
5	Schedule G (Form 99	n ot 88	いーヒム	, zuud

SCHEDULE J (Form 990)

Compensation Information

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

2008

ZUUOOpen to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Inspection
Employer identification number

52-1190211 AMERICAN FARMLAND TRUST Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision 16 of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Written employment contract X Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) erganizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part !!. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X b Any related organization? if "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, pald or accrued pursuant to a contract that was subject to the

52-1190211

Schedule J (Form 980) 2008 AMERICAN FARMLAND TRUST 52-1190211

Barkill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

And a second sec		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	SC compensation	(0)	(2)	(E)	(F)
(А) Nатте		(i) Base compensation	(fit) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	(G)-(J)(B)	reported in prior Form 990 or Form 990-EZ
	15	151,059.	0	2,600.	8,043.	9,215.	170,917.	0
VICTORIA EDWARDS	E 5	146.945	0	20,500.	7,788.	13,145.	188,378.	0
RALPH GROSSI	<u> </u>		0		0			
	8	110,203.	0	22,05	6,405.	6,911.	145,574.	
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- Address - Addr							Sched	Schedule J (Form 990) 2008

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

2008 Operato Public

Department of the Treasury Internal Revenue Service

Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Ine 1a. Inspection

Employer Identification number 52-1190211

hours (check all that apply) compensation c	(E)	(F)
Name and Title 'Average Position Reportable hours (check all that apply) compensation per from		/ 1 = 1
hours (check all that apply) compensation c	Reportable	Estimated
	compensation	amount of
	from related	other
week the	organizations	compensation
용 물 명의 (W-2/1099-MISC)	/-2/1099-MISC)	from the organization
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ROBERT WAGNER		1,314,477
SR POLICY & PROG ADVISOR 35.00 X 100,491.	0.	8,141
RALPH GROSSI		
PRESIDENT 0.00 X 167,445.	0.	19,727
WILLIAM KUCKUCK		
EXECUTIVE VP 0.00 X 132,258.	0.	12,511
	- Tarkin Burkin	

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2008

OMB No. 1645-0047

Open to Public Inspection

Name of the organization

AMERICAN FARMLAND TRUST

Employer identification number 52-1190211

Par	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported o Form 990, Part VIII, line		(d) Method of dete revenue	_		
1	Art - Works of art		Transport della control della						
2	Art - Historical treasures								
3	Art · Fractional interests								
4	Books and publications							- Park James Park	
6	Clothing and household goods								AMARITA
6	Cars and other vehicles			MARKET WATER TO THE TAXABLE PARTY OF TAXABLE PARTY OF TAXA		(ad			
7	Boats and planes								
8	Intellectual property					A CONTRACT OF THE CONTRACT OF		.,	
9	Securities · Publicly traded								***********
10	Securities · Closely held stock								,
11	Securities - Partnership, LLC, or					1			
	trust interests					<u> </u>			
12	Securities - Miscellaneous						wr		
13	Qualified conservation contribution					•			
	(historic structures)	1				enter the second second second second second second second second second second second second second second se	- A harly-loon		
14	Qualified conservation contribution (other)	X	1		0	NA			
15	Real estate - Residential								
16	Real estate · Commercial								
17	Real estate - Other							- MINITER	
18	Collectibles					***************************************			
19	Food inventory								·
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifects								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
25	Other ()								
26	Other ()		1						
27	Other (,,,			
28	Other (
29	Number of Forms 8283 received by the organ	ization durir	ng the tax year	for contributions					
20	for which the organization completed Form 82	283, Part IV,	Donee Acknow	wledgment	29				r
	·						Desserve	Yes	No
30a	During the year, did the organization receive t	y contributi	ion any proper	ty reported in Part I, line	s 1-2	8 that it must hold for			
000	at least three years from the date of the initial	contribution	n, and which is	not required to be used	d for e	exempt purposes for		8 ,84	
	the entire holding period?						30a	2002/2005	X
h	If "Yee," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that	requires the re	view of any non-standar	rd cor	ntributions?	31		X
32.	Does the organization hire or use third parties	or related o	organizations to	solicit, process, or sell	nond	ash			
JEH	contributions?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	32a	and the second	X
L	If "Yes," describe in Part II.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	If the organization did not report revenues in	column (c) fo	or a type of pro	perty for which column	(a) is	checked,			
33	densities in Dort II		A1 · 1	•					

Schedule M (Fo	orm 99	0) 2008	AMER.	ICAN	PAR	MHAN	<u>יטאיג ת</u>	5'1'				FANSTT	Page 2
Part II S	upple	mental	inform	ation.	Compl	ete this p	part to pro	ide the information	required by Part	l, lines	30b, 32	2b, and 33.	
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SCHEDULI	eм,	LINE	33:	ALL	CON	SERV	ATION	EASEMENTS	DONATED	TO	AFT	ARE	
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832142 12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Opensto Pablic Inspection

Name of the organization

AMERICAN FARMLAND TRUST

Employer identification number 52-1190211

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRODUCE A HEALTHIER ENVIRONMENT AND BUILD SUCCESSFUL COMMUNITIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
RESEARCH AND OTHER PROGRAMS
EXPENSES \$ 158680. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2: JOHN WINTHROP, JR. AND IRIS W.
FREEMAN ARE COUSINS
FORM 990, PART VI, SECTION A, LINE 10: THE INFORMATION IN THE 990 IS
PREPARED BY TATE AND TRYON, THEN REVIEWED AND VERIFIED BY THE DIRECTOR OF
FINANCE AND THE CFO. THE 990 IS ALSO DISTRIBUTED TO AMERICAN FARMLAND
TRUST'S AUDIT COMMITTEE FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SUBMIT CONFLICT OF
INTEREST STATEMENT ON AN ANNUAL BASIS FOLLOWING THE FALL BOARD MEETING.
THE STATEMENTS ARE SENT TO THE AFT GENERAL COUNSEL FOR REVIEW. ANY
CONFLICTS ARE REPORTED TO AFT. ALL EMPLOYEES ARE NOTIFIED ANNUALLY OF THE
CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO REPORT ANY CONFLICT TO THE
GENERAL COUNSEL.
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS HAS
DELEGATED RESPONSIBILITY TO THE GOVERNANCE AND NOMINATING COMMITTEE FOR
APPROVING ANY COMPENSATION ARRANGEMENTS WITH DISQUALIFIED PERSONS AS
DEFINED UNDER THE INTERNAL REVENUE CODE (GENERALLY SENIOR MANAGEMENT, Schedule O (Form 990) 2008
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 Open to Rublic Inspection

AMERICAN FARMLAND TRUST	52-1190211
PERSONS WHO, AT ANY TIME DURING THE PRIOR 5-YEARS, WERE I	N A POSITION TO
EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE OR	GANIZATION OR
PERSONS RELATED). THE COMMITTEE FUNCTIONS AS DE FACTO CO	MPENSATION
COMMITTEE IN ADDITION TO ITS OTHER RESPONSIBILITIES. THE	COMMITTEE IS
COMPRISED OF OUTSIDE, DISINTERESTED DIRECTORS WHO POSSESS	THE BUSINESS
EXPERIENCE AND KNOWLEDGE NECESSARY TO REVIEW AND EVALUATE	THE COMPARABILITY
OF COMPENSATION DATA OBTAINED FOR THE COMMITTEE.	
	lake
THE COMMITTEE DETERMINES, PRIOR TO EACH YEAR'S WINTER BOA	ARD MEETING, WHICH
AFT EMPLOYEES OR CONTRACTORS SHOULD BE CONSIDERED "DISQUE	ALIFIED PERSONS"
(IN ADDITION TO THE LIST OF PERSONNEL WHO ARE PER SE DISC	QUALIFIED) WHOSE
COMPENSATION SHOULD BE SUBJECT TO APPROVAL.	
ALSO PRIOR TO EACH YEAR'S WINTER BOARD MEETING, THE COMM	ITTEE EVALUATES AND
APPROVES THE COMPENSATION ARRANGEMENTS ENTERED INTO BY A	FT WITH ALL
DISQUALIFIED PERSONS. (THESE INCLUDE ALL COMPENSATION AND	ND BENEFITS,
INCLUDING SALES OR OTHER TRANSFERS OF PROPERTY.) THE COL	MMITTEE GENERALLY
UTILIZES INFORMATION FROM STANDARD COMPENSATION SURVEYS	IN CONDUCTING ITS
EVALUATION.	Water to the state of the state
THE COMMITTEE DOCUMENTS ITS PROCEEDINGS WITH WRITTEN REC	ORDS, SETTING FORTH
THE TERMS OF THE COMPENSATION ARRANGEMENTS APPROVED AND	THE DATE THEY WERE

THE RECORDS INCLUDE THE NAMES OF THE COMMITTEE MEMBERS PRESENT APPROVED. AND WHO VOTED; THE COMPARABILITY DATA OBTAINED AND RELIED UPON BY THE COMMITTEE; HOW THE DATA WAS OBTAINED; AND THE ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF COMPENSATION TRANSACTIONS BY ANYONE WHO IS OTHERWISE A Schedule O (Form 990) 2008 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internet Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No. 1546-0047
2008
Open to Public Inspection

Name of the organization

AMERICAN FARMLAND TRUST

Employer identification number 52-1190211

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MEMBER OF THE COMMITTEE, BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO
THE TRANSACTION OR ARRANGEMENT. THIS DOCUMENTATION IS PREPARED BY THE
LATER OF (A) THE NEXT MEETING OF THE COMMITTEE OCCURRING AFTER THE DECISION
IS MADE OR (B) THE DATE 60 DAYS AFTER THE DATE OF APPROVAL.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM
NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL
STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE OR BY WRITTEN REQUEST.
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON
WRITTEN REQUEST.

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Description Description	Year tion	3,146.	490.	904.			
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(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Report of Employer-Owned Life Insurance Contracts

OMB	No.	<u> 1545-</u>	2083	

Attach to the policyholder's tax return - See instructions.

Attachment Sequence No. 160

Internal Revenue Service (99)	Identifying	number
Name(s) shown on return	(Commy-ig	
AMERICAN FARMLAND TRUST		52-1190211
Name of policyholder, if different from above	Identifying n	umber, if different from above
Type of business FARMLAND PROTECTION AND CONSERVATION		76
The attention of amployees the policyholder had at the end of the tax year		76.
2. Enter the number of employees included on line 1 who were insured at the end of the tax year under the		
policyholder's employer owned life insurance contract(s) issued after August 17, 2006. See Section	2	1.
1035 exchanges for an exception Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees		
Senter the total amount of employer-owned lite insurance in note at the state of the sentence insured under the contract(s) specified on line 2.	3	450,000.
- Service Hear have a valid consent (see instructions) for each employee included	2000 10000	
(* AA	No	
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid	45.	
	4b	

** PUBLIC DISCLOSURE COPY **

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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OM8 No. 1545-0047 Open to Public Inspection

A	For the	e 2009 calendar year, or tax year beginning $$ OCT $$ 1 $$ 2 $$ 0 $$ 9 $$ and ending	SEP 30, 2010	
8	Chack if applicab		D Employer identific	cation number
[Addre	es label or AMERICAN FARMLAND TRUST		
	Name ohanç Initlai	Doing Business As		190211
<u></u>	tretum			
	Termi atec	Instruct 1200 18TH STREET, NW 800	202-	<u>331-7300</u>
<u></u>	Amen return	City of town, state of country, and ZIP 4 4	G Gross receipts \$	9,771,008.
L,	Appik tlan pendi	100	H(a) is this a group re	
	pero	F Name and address of principal officer: JON SCHOLL	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
-	***************************************	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
******		te: > WWW.FARMLAND.ORG	H(c) Group exemptio	
		forganization; X Corporation Trust Association Other Ly	ear of formation: 1980 N	1 State of legal domicile; DC
44				
2	1	Briefly describe the organization's mission or most eignificant activities: THE MISS		
& Governance	ł	FARMLAND TRUST IS TO HELP FARMERS AND RANCHE		
Ē	ł	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	1 1	
Š	3		3	21
4	4	Number of independent voting members of the governing body (Part VI, line 1b)		21
8	5	Total number of employees (Part V, line 2a)	5	66
Activities	6	Total number of volunteers (estimate if necessary)	6	58
Ā		Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
***********	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,636,096.	6,844,298.
	9	Program service revenue (Part VIII, line 2g)	24,908.	28,673.
Re	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	478,398.	2,695,260.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,408.	202,777.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,270,810.	9,771,008.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	4 000 504	1 0 1 1 5 6 9
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,275,524.	4,244,563.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	135,333.	133,500.
씂	Ь.	Total fundraising expenses (Part IX, column (D), line 25) 1,602,728.		3 630 000
_	111	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,097,022.	3,609,097.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,507,879.	7,987,160.
පසි	19	Revenue less expenses, Subtract line 18 from line 12	-1,237,069.	1,783,848.
35. 20.	00	Talai carata (Cont. V. Ban 4/2)	Beginning of Current Year	End of Year
Net Assets Fund Balant	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)	18,518,562. 1,137,443.	21,061,373.
Her Park	21	Net assets or fund balances. Subtract line 21 from line 20	17,381,119.	1,011,565. 20,049,808.
P	art II	Signature Block	17,301,119.	20,049,000.
SC-51-2	08:30 F.S.	Under penaltiles of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer toger transactions is based on all information of which preparer has any knowledge.	ents, and to the best of my knowled	ge and belief, it is true, correct,
		1. Maria of Solicial	1 12/20	1
Sig		Signature of officer	1 3/0C8/	<i>[</i>
Her	'e	· · · · · · · · · · · · · · · · · · ·	Date	
		VICTORIA EDWARDS, CFO/COO Type or print name and title	The state of the s	annellen am berakken bet ingeneranden vertrellen bestellen (vortrellen de Adellen de Adellen de Adellen de Ade
Paid	4	Preparer's Date	Check If Prepar	er's identifying number structions)
_		signature Seebruia L. Wood 3/28/11	employed >	
	parer's Only	YOURS TATE AND TRYON	EIN >	
OSE	anny	self-employed), 805 15TH STREET, NW SUITE 900		
W.W.L.	~~~	DC 20005	Phone no. ▶ (202)293-2200
May	y the i	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

	990 (2009) AMERICAN FARMLAND TRUST III Statement of Program Service Accomplishments	52-119	0211	Page 2
1	Briefly describe the organization's mission: THE MISSION OF THE AMERICAN FARMLAND TRUST IS TO HE	LP FARMERS VIRONMENT A		CLD
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O, Did the organization cease conducting, or make significant changes in how it conducts, any program se		Yes	X No
3 4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am allocations to others, the total expenses, and revenue, if any, for each program service reported.	as by expenses.		
4a	(Code:)(Expenses \$ 4,723,327. including grants of \$ STATE & LOCAL PROGRAMS AND FEDERAL POLICY AFT WORKS AT THE NATIONAL LEVEL TO TRANSFORM FARM AN HAS THREE KEY PROGRAMS. FARMLAND PROTECTION IS FOCUS FARM AND RANCH LAND ACROSS AMERICA AND KEEPING AGRIC AGRICULTURE & ENVIRONMENT HELPS THE NATION'S FARMERS ADDRESS ENVIRONMENTAL ISSUES WHILE EXPLORING ECONOM. PRODUCE "ECOSYSTEM SERVICES." AND GROWING LOCAL WORL COMMUNITIES TO SAVE FARMLAND AND IMPROVE THE OUTLOOF AGRICULTURE.	SED ON PROT CULTURE VIA S AND RANCH IC OPPORTUN KS WITH FAR	ICY AN ECTING BLE. ERS ITIES MERS A	TO
4b	(Code:)(Expenses \$ 682,676. including grants of \$ COMMUNICATIONS AND MEDIA OUTREACH INCLUDES MEDIA REI ENGAGEMENT, AND PUBLICATION AND DISTRIBUTION OF MAGI INFORMATIVE MATERIALS.)(Revenue \$ LATIONS, ON AZINES AND		128.)
40	(Code:)(Expenses \$ 485,369. including grants of \$ PUBLIC EDUCATION PROVIDES SERVICES AND INFORMATION (TO AFT MEMBERS.)(Revenue \$ DN FARMLAND	ISSUE) es
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 200, 441. including grants of \$) (Revenue \$) .		
<u>4e</u>	Total program service expenses ►\$ 6,091,813.		Form 99	0 (2009)

test the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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
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1 1
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
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.
Did the organization report an amount for other liabilities in Part X, fine 25? If "Yes," complete Schedule D, Part X.
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? If "Yes," complete Schedule D, Part X.
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X
Printer and the second
14a Did the organization maintain an office, employees, or agents outside of the United States?
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals
located outside the United States? If "Yes," complete Schedule F, Part III
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
18 Did the organization report more than \$15,000 total of fundraising event groes income and contributions on Part VIII, lines
10 and 8a? If "Yes," complete Schedule G, Part II
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
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? if "Yes," complete Schedule I, Parts I and III Did the organization answer "Yee" 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 X 23 Schedule J 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 X 24 a Schedule K. If "No", go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х 25a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part i Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х 27 Schedula L, Part III 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): X a Acurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? 34 X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note, All Form 990 filers are required to complete Schedule O. Form **990** (2009) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -O if not applicable ta Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b O Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 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 66 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Бa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? őc 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 82827 X 70 Did the organization, during the yeer, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the . . . supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings ili a at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Dld the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

Form 990 (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

Sec	tion A. Governing Body and Management			
	· ·		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	.]		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
~	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Old the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
-	by the following:			i
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)	.i		
		•	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	128	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
~	to conflicts?	12b	X	ł
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this is done	12c	X	L
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does 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?		,	
я	The organization's CEO, Executive Director, or top management official	15a	Х	i
b	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			:
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	•	<u>X</u>
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			:
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	in the second	٠ : ٠	5 <u>1</u>
	exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FI	, GA	,HI	,IL
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7 (501(c)(3)s only) available			
	public Inspection. Indicate how you make these available. Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨		
	AMERICAN FARMLAND TRUST - 202-331-7300	·············		
	1200 18TH STREET, NW, NO. 800, WASHINGTON, DC 20036			
		Form	990 (2009)

932008 02-04-10 SEE SCHEDULE O FOR FULL LIST OF STATES

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

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. Use Schedule J-2 if additional space is needed.
- 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: See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			{(2)	*********	hamima	(D)	(E)	(F)
Name and Title	Average	١.,		Pos				Reportable	Reportable	Estimated
	hours per	<u></u>	neck	ali	that	app	ly)	compensation from	compensation from related	amount of other
	week	hotháduaí trustae er director						the	organizations	compensation
	·	5	蛊					organization	(W-2/1099-MISC)	from the
		E SE	at t		활	15E		(W-2/1099-MISC)		organization
·		3	institutional trestee	is:	Cey employee	おおき	<i>p</i> 2			and related
		踅	E SE		5	Highest compensated employee	Ę			organizations
JOHN WINTHROP, JR	***************************************	 								
CHAIR	3.00	x		X				0.	0.	0.
MIRANDA M. KAISER							*******		777	
VICE CHAIR	2.00	X		X				0.	0.	0.
AUGUST SCHUMACHER, JR										
SECRETARY	2.00	X	ļ	X		ļ		0.	0.	0.
CARLA H SKODINSKI				ļ						
TREASURER	2.00	X		Х	<u> </u>	<u> </u>		0.	0.	0.
ART ALESHIRE		Ĺ						_	_	_
DIRECTOR	1.00	X		ļ		ļ	<u></u>	0.	0,	0.
ELIZABETH BECK										
DIRECTOR	1.00	X			ļ	ļ		0.	0,	0.
MEL COLEMAN	1 00			1						_
DIRECTOR	1.00	X						0.	0.	0.
WILLIAM DELAUDER DIRECTOR	2.00	x						0.	0.	_
SANDRA FRAZIER	2.00	<u> </u>				 		<u> </u>	V .	0.
DIRECTOR	2.00	v		l				0.	0.	0.
IRIS FREEMAN	2.00	1		 -		ļ		<u> </u>	V •	V •
DIRECTOR	1.00	x						0.	0.	0.
THOMAS GALLO	****	-			-					<u></u>
DIRECTOR	2.00	x			ĺ			0.	0.	0.
JOHN HARDIN	7777			l	-	1		X		
DIRECTOR	1.00	X]	0.	0.	0.
NANCY HIRSHBERG			1	T			ļ			Character Library Control of the Con
DIRECTOR	1.00	X		}				0.	0.	0.
ELIZABETH JONES]							***************************************
DIRECTOR	1.00	X						0.	0.	0.
RICHARD ROMINGER						1				
DIRECTOR	2.00	X				<u> </u>	<u></u>	0.	0.	0.
DANIEL SHAW					-					
DIRECTOR	2.00	X	<u> </u>	<u> </u>	ļ			0.	0.	0.
STEPHEN STRANAHAN								_		
DIRECTOR	1.00	X		<u></u>	<u></u>		<u></u>	0.	0.	0.
932007 02-04-10										Form 990 (2009)

932007 02-04-10

Form **990** (2009)

Form 990 (2009) AMERICAN									52-1190	211 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	yee	s, a	nd	High	est	Compensated Employ	ees (continued)	
(A)	(6)	ł		(0	> }			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	alli	that	арр	(y)	compensation	compensation	amount of
	per	Ä						from	from related	other
,	week	a a				퓽		the organization	organizations (W-2/1099-MISC)	compensation from the
		Sec.	124			68153		(W-2/1099-MISC)	(44-5) (099-1415Q)	organization
		E TE	ag d		5	16.03 10.03		(** 24 1000 micro)		and related
		ndhiddal trustee or director	nedtutional trustae	Officer	5	Highest compensated emphayee	Former			organizations
		Ä	=	5	3	宝品	2			
BARTON THOMPSON										
DIRECTOR	2.00	X			ļ			0.	0,	0.
RICHARD WALDEN		Ì							_	_
DIRECTOR	2.00	X		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ļ	<u>Ļ.</u> ,		0.	0.	0.
JULIA HARTE WIDDOWSON								_		,
DIRECTOR	2.00	X			ļ			0.	0.	0.
DENNIS WOLFF										•
DIRECTOR	1.00	X			ļ			0.	0.	0.
SIMON SIDAMON-ERISTOFF										
GENERAL COUNSEL, ASST SE	8.00			X		<u> </u>		0.	0.	0.
JON SCHOLL				44						00 054
PRESIDENT	35.00			X	X		,	235,522.	0.	22,974.
VICTORIA EDWARDS								4 4 5 5 5 5		22 225
CFO/ASSISTANT TREASURER	35.00			X		 		147,736.	0.	29,205.
ANN SORENSEN					ĺ			400 054	^	4 4 0 4 5
SR DIR OF RESEARCH	35.00					X		109,254.	0.	14,213.
DENNIS NUXOLL								105 050	^	C 77.00
SR. DIR OF GOVT REL	35.00				<u> </u>	X		107,973.	0.	6,709.
EDWARD THOMPSON								400 000		40 040
CA STATE DIR ASSOC	- 3 ∦ . 0.0				<u></u>	X		106,951.	0.	18,913.
	11-12-3-2-2-1-1-1-1-2-3-2-2-2-2-2-2-2-2-							919,514.	······································	134,816;
2 Total number of individuals (including but n	ot limited to th	1080	liste	d al	γος	e) wi	10 ře	icelved more than \$100	,000 in reportable	
compensation from the organization			· · · · · · · ·							Yes No
										res No
3 Did the organization list any former officer,										3 X
line 1a? If "Yes," complete Schedule J for si										
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4 X
	1,000 i 1 100,	uu. aaati	inipie Ion f	rom	anı	auni Auni	o late	or such intervious for consi	rae randarad ta	7 1 1
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched										5 X
Section B. Independent Contractors	ule o lot such	Vat 2	Y'	1.1 × 2.62.	17444	الداماندا			<u> </u>	
Seandling undefendent actifications			,			·····	,		<u></u>	

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, INC., 1953 GALLOWS ROAD, STE. 600, VIENNA, VA 22182-3988	DIRECT MAIL PRODUCTION	381,803.
CHECKOWAY CONSULTING & CREATIVE 1946 DATURA STREET, SARASOTA, FL 34239	DIRECT MAIL PRODUCTION	133,500.
BLAIR CLAVERT FITZSIMMONS, 6339 N. NEW BRAUNFELS AVE, SAN ANTONIO, TX 78209	RESEARCH	100,069.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3
SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

					(A) Total revenue	(B) Related or . exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
=1		Federated campaigns		56,317.				
]		Membership dues						in with
2		Fundraising events					·	ľ
		Related organizations		700 BOC	-		· : 4.	
25		Government grants (contribution		166,726.				
<u>5</u>	Ť	All other contributions, gifts, grants		621,255.				
5		similar amounts not included abov		041,433.				
and other similar an		Noncash contributions included in lines : Total, Add lines 1a-1f	***************************************		5,844,298			
1-		Total, Aud mes 18-11	*******************	Business Code				
١,	a	CONFERENCE INCO	ME	900004	14,760.	14,760.		
Nevertue S		ONLINE REVENUE	L'U.A.d	900004	11,421.	11,421.		
2		CAUSE MARKETING	······································	900004	1,707.	1,707.	**************************************	
Ž		PUBLICATION SAL	ES.	900004	785.	785.		
ž	_	a Vada Vata a Oxt Date.		30000		, , , , , , , , , , , , , , , , , , ,		
	í	All other program service rever	nitė	 	A.A		- 	
		Total. Add lines 2a-2f		b	28.673.		a yaraya saaq sa ayaa sa	
3		Investment income (including of	dividends, intere	est and			N. 1501729131122911444, 22	<u> </u>
•		other similar amounts)		1	389,429.			389,429
4		Income from investment of tax			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			000/200
5		Royalties	•		2,616.		······································	2,616
			(i) Real	(il) Personal		d D P a B C M T T T T T T T T T T T T T T T T T T	**************************************	
6	a	Gross Rents					Congleys a	
-	b	Less: rental expenses	***************************************				1.1.1	
	C	Rental income or (loss)	147,400.	***************************************		:		ſ
		NIA	**************************************	>	147,400.	!		147,400
7		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	94,691.	2211140.	·		355 1	
	b	Less: cost or other basis						
		and sales expenses	·				N. W.	
	¢	Gain or (loss)	94,691.	2211140.			V - 1	į
		Net gain or (loss)			2,305,831.	·		2305831
8		Gross income from fundraising					5. 12 Agr	
		Including \$	of				•	1
		contributions reported on line				., "	,	
		Part IV, line 18	а	,			þ.	1
:	ь	Less: direct expenses	b				With the same of t	<u> </u>
'		Net income or (loss) from fund						
9	a	Gross income from gaming act	tivities. See					
		Part IV, line 19	,,,,,,,,,,, a					180
	b	Less: direct expenses	b				i i	
		Net income or (loss) from gami		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	······································			
10	8	Gross sales of inventory, less r	etu ms	[]		,		F
		and allowances						
		Less: cost of goods sold			The state of the s	A CALL		1
	¢	Net income or (loss) from sales				ļ		
		Miscellaneous Revenue	*********************	Business Code		F &		1
11		LIST RENTAL INC	OME	900099	29,522.			29,522
		OTHER INCOME		900099	12,111.			12,111
		RECAPTURED EXPE	THE PERSON NAMED IN THE PE	900099	11,128.			11,128
		All other revenue						
	e	Total. Add lines 11a-11d	***************************************		52,761.		es a	Service Control
1		Total revenue, See instructions.			9,771,008.	28,673.	0.	2898037

Form 990 (2009) AMERICAN FARMI
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				aak teronoomatsi, eesema asiroosisii verisyksyksiks pekinsali (liipelikaaksi terissai teroliiseltisys
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				political designation of the second s
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		,). 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	
4	Benefits paid to or for members		Part Annual Annu		
5	Compensation of current officers, directors, trustees, and key employees	435,437.	259,939.	89,258.	86,240
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,635,567.	1,573,333.	540,252.	521,982.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	144,824.	86,454.	29,687.	28,683.
9	Other employee benefits	764,973.	456,660.	156,808.	151,505
10	Payroll taxes	263,762.	157,456.	54,067.	52,239.
11	Fees for services (non-employees):				•
а	Management				
b	Legal	107,570.	24,663.	82,357.	550
¢	Accounting	50,849.	**************************************	50,849.	
þ	Lobbying			. 3242	
0	Professional fundraising services. See Part IV, line 17	133,500.	7. 8	88.63.65.65	133,500
f	Investment management fees	17,763.	17,763.		
9	Other	791,863.	665,885.	58,099.	67,879
12	Advertising and promotion	1,078.	433.		645.
13	Office expenses	668,570.	563,499.	46,181.	58,890
14	Information technology	124,799.	49,521.	69,000.	6,278
15	Royalties			AAP 451	- F66
16	Occupancy	655,814.	252,863.	397,171.	5,780
17	Travel	272,117.	178,589.	41,071.	52,457
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,708.	35,276.	1,040.	392
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,920.	23,920.	55 445	
23	Insurance ,,,,,	39,810.	7,699.	32,111.	
24	Other expenses, Itemize expenses not covered above, (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			: -	
a	EPA SUB GRANTS	235,862.	235,862.		
b	BMP PAYMENTS	188,447.	188,447.		
c	NEWSLETTER AND OTHER PU	120,630.	100,242.	2,244.	18,144.
d	TEMP HELP	59,893.	24,136.	100.	35,657.
Ġ	EQUIPMENT/SOFTWARE & ST	47,531.	5,950.	40,701.	880,
f	All other expenses	165,873.	1,183,223,	-1,398,377.	381,027
25	Total functional expenses, Add lines 1 through 24f	7,987,160.	6,091,813.	292,619.	1,602,728
26	Joint costs. Check here X if following SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	Tebotted in Column (D) John Coats Holl a Combined			. 1	

52-11901

					(A) Beginning o	'year		(B) End of year
	1	Cash · non-interest-bearing ,,,,,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		207.	1	207.
- 1	2	Savings and temporary cash investments			1,143		2	1,282,079
	3	Pledges and grants receivable, net			1,412		3	1,790,010
I	4	Accounts receivable, net				,607.	4	86,553
	5	Receivables from current and former officers, di	rectors	trustees, kev				A).
		employees, and highest compensated employe						1) .
1		of Schedule L		·			5	
- (6	Receivables from other disqualified persons (as	define	under section		***************************************		
- 1		4958(f)(1)) and persons described in section 49						
		Part II of Schedule L					6	
,	7	Notes and loans receivable, net	8	,750.	7	***************************************		
	8	Inventoriee for sale or use		<u>, , , , , , , , , , , , , , , , , , , </u>	8			
2	9	Prepaid expenses and deferred charges	**********	115141555560014500065045474000	162	,367.	9	177,116
	-			**************************		, 50 , .		# 1 / 1 # J. H. U (
	100	basis. Complete Part VI of Schedule D	10a	654,940.			1	
	b			621,163.	70	,340.	10c	33,777
	11	Investments - publicly traded securities			1,635	884	11	1,983,835
-	12	investments - other securities. See Part IV, line	12,260	199	12	14,951,462		
	13	Investments · program-related. See Part IV, line			12/200	. .	13	
	14	intangible assets			14			
ŀ	15	Other assets. See Part IV, line 11	1,741	865	15	756,334		
	16	Total assets, Add lines 1 through 15 (must equ	18,518		16	21,061,373		
~	17	Accounts payable and accrued expenses		,952.		659,737		
- 1	18	Grants payable		1 1 1 4 .	18	0,0,7,7,7		
	19	Deferred revenue			· · · · · · · · · · · · · · · · · · ·	19		
	20	Tax-exempt bond liabilities			<u> </u>	••••	20	
	21	Escrow or custodial account liability. Complete	Dout IV	of Cabadula D			21	**************************************
	22	Payables to current and former officers, director					21	
	2.2.	highest compensated employees, and disqualif			•		ĺ	
		at Oaka data 1	-	-				
	23	Secured mortgages and notes payable to unreli					22	
	24 24	Unsecured notes and loans payable to unrelate			4,1,1		23	
ı	24 25	Other liabilities. Complete Part X of Schedule D			557	,491.	24 25	351,828
- 1	26	Total liabilities. Add lines 17 through 25	*********	*******************	1,137			1,011,565
	<u> </u>	Organizations that follow SFAS 117, check hi		[V]		. 447 .	20	1,011,505
.		_	ele 🛌	LALI and complete] .	r Voga og som er state
	27	lines 27 through 29, and lines 33 and 34.			12 261	700		1
		Unrestricted net assets			13,261 3,480			13,417,086
3	28	Temporarily restricted net assets Permanently restricted net assets				<u>, 140.</u> , 188.		3,594,393
	29	***************************************			033	* TOO *	1	3,038,329
		Organizations that do not follow SFAS 117, c		, a	=			
:	00	complete lines 30 through 34.					1	·
	30	Capital stock or trust principal, or current funde					30	
	31	Paid-in or capital surplus, or land, building, or ed				***************************************	31	
	32	Retained earnings, endowment, accumulated in			17 201	710	32	00 040 000
1	33	Total net assets or fund balances			17,381		33	20,049,808
1	34	Total liabilities and net assets/fund balances .			18,518	,502.	34	21,061,373 Form 990 (2009

Form 990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Employer identification number

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open-to-Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AMERICAN FARMLAND TRUST 52-1190211 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety, See section 509(a)(4), 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated e By checking this box, I certify that the organization ie not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2), If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) is the (iv) is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (II) EIN organization in col. (I) organized in the organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

	organization, check this box and stop here			MINES.
Sec	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	83.51	. %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	86.20	9/
16a	33 1/3% support test - 2009.If the organization did not check the box on line 13, and line 14 is 33 1/3% or make the stop here. The organization qualifies as a publicly supported organization			X
b	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. The organization qualifies as a publicly supported organization			
17a	10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, a and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pameets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	t IV how the o	rganization	
ħ	10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 1 more, and if the organization meets the "facts-and-oircumstances" test, check this box and stop here. Explain organization meets the "facts-and-oircumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization.	7a, and line 15 in Part IV how	is 10% or the	\Box
18	Private foundation, if the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd see Instruc	tions 🕨	
	Sahe	dule A (Form	990 or 990-EZ\ 20	006

Sch	edule A (Form 990 or 990-EZ) 2009						Daga B
BE	rt III Support Schedule for Cotion A. Public Support	Organizations	Described in	Section 509(a)(2) (Complete onl	y if you checked the bo	Page 3 ox on line 9 of Part I
********	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	The state of the s			1,51	131-134	(9 / 5/3/
	membership fees received. (Do not						
	Include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	***************************************					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			į.			•
	or expended on its behalf						
б	The value of services or facilities						
	furnished by a governmental unit to]			:
	the organization without charge						
	Total, Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						·
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		THE STOCK	9			************
	Public support (Subtractine 7c from line 6.) ption B. Total Support	1				1	
	endar year (or fiscal year beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6					***	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		·				
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						**************************************
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	***************************************		***************************************			
13	Total support (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	and the second second second	·			•		
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2009 (I						9
16 Sec	Public support percentage from 2008 ction D. Computation of Investigation	Schedule A, Par stment Incon	t III, line 15 ne Percentag		***************************************	16	9
17	Investment income percentage for 20						9
18	Investment income percentage from :	2008 Schedule A	, Part III, line 17	**********************	***********	18	9
198	33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a						7 is not

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

 $\textbf{b 33 1/3\% support tests - 2008.} \ \textbf{if the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3\%, and line 16 is more than 33 1/3\%, and line 16 is more than 33 1/3\%, and line 16 is more than 33 1/3\%, and line 16 is more than 33 1/3\%, and line 16 is more than 33 1/3\%, and line 16 is more than 33 1/3\%, and line 16 is more than 33 1/3\%, and line 16 is more than 33 1/3\%, and line 16 is more than 33 1/3\%, and line 16 is more than 33 1/3\%, and line 16 is more than 34 1/3\%, and$

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization _______

Schedule A (Form 990 or 990-EZ) 2009 / Rart W Supplemental Inform	ation. Complet	FARMI AND TRUST e this part to provide the explanational information. See instructions	ations required by F	52-1190211 Page 4 Part II, line 10; Part II, line 17a or 17b;
DESCRIPTION	2005	2006 2007	2008	2009
LIST RENTAL INCOME	21,096	29,002 31,087	31,023	29,522
RECAPTURED EXPENSES		21,988	30,196	11,128
OTHER INCOME		48,944	5,456	12,111
TOTAL	21,096	29,002 102,019	66,675	52,761
Market A. Barrier and Control of	<u>andread to a state of the stat</u>	aan daan daalah	, <u>, , , , , , , , , , , , , , , , , , </u>	
		The state of the s		
	and the second second second second second second second second second second second second second second seco	ng Manishan da ay maninggan ayan ka ji di sejiya ji rinda lasa da ayan da da da da da da da da da da da da da		
	المستقدم والمراجع والمستقدم والمستود والمستقدم والمستقدم والمستقدم والمستقدم والمستقدم والمستقدم			
		••		A. A. A. A. A. A. A. A. A. A. A. A. A. A

	<u> </u>		and the state of t	
the little desired and the second and the second and the second and the second and the second and the second a	addinana ay ay ya ay ay ay ay ay ay ay ay ay ay			
	and the second s			
		raukan nerang-renganggan keryada kapa-rengapan da kabalan da dan dara sarah ribbe-be-		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

A	MERICAN FARMLAND TRUST	52-1190211
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
•	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	,
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
•	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in plete Parts I and II.	money or property) from any one
Special Rules		
509(a)(1) and 170	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the to 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the fill form 990, Part VIII, line 1th or (II) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one corbutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literal for use the children or animals. Complete Parts I, II, and III.	
contributions for If this bax is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one coluse exclusively for religious, charitable, etc., purposes, but these contributions did not cked, enter here the total contributions that were received during the year for an exclusion complete any of the parts unless the General Rule applies to this organization because ble, etc., contributions of \$5,000 or more during the year.	aggregate to more than \$1,000. ively religious, charitable, etc., e it received nonexclusively
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Scheduon Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on ling filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Privacy Act an for Form 990, 990-		e B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule 9 (Form 990, 990-E	Z ₁ or 990-PF) (2009)	1	Page 1 of 1 of Part
Name of organization		Empa	oyer identification number
AMERICAN FA	RMLAND TRUST	5	2-1190211
	outors (see instructions)	,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		sss	Person X Payroll Noncash (Complete Part If If there is a noncash contribution.)
(a) Na.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$ 300,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		s <u>150,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$ 327,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$ 146,499.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
923452 02-01-10		\$ Schadule B (For	Person Payroll Noncash (Complete Part It if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009)

923452 02-01-10

Employer identification number

of

AMERICAN FARMLAND TRUST

52-1190211

irt Nonc	ash Property (see instructions)		
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of nancash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	, (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	App aplant - va
(a) No. from Part I	(b) Description of noncesh property given	(c) FMV (or estimate) (see instructions)	(d) Date received

	rm 990, 990-EZ, or 890-PF) (2009)		Page of of Part
Name of org	anization		Employer identification number
AMERTO	CAN FARMLAND TRUST		52-1190211
Part III	Exclusively religious, charitable, etc., in	e columns (a) through (e) and the ous, charitable, etc., contribution	on 501(c)(7), (8), or (10) organizations aggregating a following line entry. For organizations completing s of
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rarti			
		(e) Transfer of gif	4
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
•		(e) Transfer of gif	t
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			And the state of t
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
23454 02-01-	10		Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1845-0047

Open to Public Inspection

Department of the Tressury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 50 ((0)(4), (5), or (6) organiza	mons, complete ran m.	······································			
Nan	ne of organization			. [1	Employer identification nur	nber
		N FARMLAND TRUST			52-1190211	
Re	art I.A Complete if the or	ganization is exempt und	er section 501(c) or is a section 52	27 organization.	
1	Provide a description of the organia	zation's direct and indirect politica	al campaign activities	in Part IV.		
2	Political expenditures	***************************************	f+2>4=2,		> \$	
	Volunteer hours					*****
-	A MANAGEMENT OF THE STATE OF TH					
	art (-B) Complete if the ord	ganization is exempt und	er section 501(c)(3).		~~~
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	****(************************	> \$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5	▶\$	
3		n 4955 tax, did It file Form 4720 t	for this year?		Yes	No
4a	Was a correction made?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***(*********************	Yes	No
b	o If "Yes," describe in Part IV.			yang kanga kanga kanga kanga kanga kanga kanga kanga kanga kanga kanga kanga kanga kanga kanga kanga kanga kan		
	art≀l∉C Complete if the org					·
	Enter the amount directly expende				▶\$	
2	Enter the amount of the filling organ		7			
				*****************************	> \$	
3	exempt function activities					
-	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	nd on Form 1120-PQI	L.,		
	Total exempt function expenditures line 17b	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POI		> \$	
4	Total exempt function expenditures line 17b	s. Add lines 1 and 2. Enter here a	nd on Form 1120-PQI		Yes] No
4	Total exempt function expenditures line 17b	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POI	olitical organizations to	which payments were made] No
4	Total exempt function expenditures line 17b	s. Add lines 1 and 2. Enter here a 1120-POL for this year? mployer identification number (Ell the amount paid from the filing or	nd on Form 1120-POI	olitical organizations to	which payments were made political contributions received	No
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del	s. Add lines 1 and 2. Enter here a 1	nd on Form 1120-POI	olitical organizations to	which payments were made political contributions received	No
4	Total exempt function expenditures line 17b	s. Add lines 1 and 2. Enter here a 1	nd on Form 1120-POI	olitical organizations to	which payments were made political contributions received	No
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del	s. Add lines 1 and 2. Enter here a 1	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid fr	which payments were made political contributions received or a political action committee (a) Amount of political	No o. ved itee
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee (a) Amount of political contributions received	No o. red itee
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid fr	which payments were made political contributions received or a political action committee of the payment of political contributions received promptly and direct contributions.	No yed itee cal d and
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee (a) Amount of political contributions received	No e. red itee cal i and tly ate
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee of the political action committee of the promptly and direct delivered to a separate of the promptly and direct delivered to a separate of the promptly and direct delivered to a separate of the promptly and direct delivered to a separate of the payments were delivered to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments were made to a separate of the payments of the pa	No yed ittee cal d and tily ate
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee of the political action committee of the political contributions received promptly and direct delivered to a separ political organization.	No yed ittee cal d and tily ate
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee of the political action committee of the political contributions received promptly and direct delivered to a separ political organization.	No yed ittee cal d and tily ate
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee of the political action committee of the political contributions received promptly and direct delivered to a separ political organization.	No yed ittee cal d and tily ate
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee of the political action committee of the political contributions received promptly and direct delivered to a separ political organization.	No e. red itee cal d and tily ate
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee of the political action committee of the political contributions received promptly and direct delivered to a separ political organization.	No yed ittee cal d and tily ate
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee of the political action committee of the political contributions received promptly and direct delivered to a separ political organization.	No yed ittee cal d and tily ate
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee of the political action committee of the political contributions received promptly and direct delivered to a separ political organization.	No yed ittee cal d and tily ate
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee of the political action committee of the political contributions received promptly and direct delivered to a separ political organization.	No yed ittee cal d and tily ate
4	Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	s. Add lines 1 and 2. Enter here and 1. Enter he	nd on Form 1120-POI	colitical organizations to iso enter the amount of eparate segregated fundament (d) Amount paid to filing organization	which payments were made political contributions received or a political action committee of the political action committee of the political contributions received promptly and direct delivered to a separ political organization.	No e. red itee cal d and tily ate

932041 02-04-10

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

Rart II-A Complete if the org	anization is exer	ARMLAND TRUS npt under section	501(c)(3) and fil	52-1 ed Form 5768	190211 Page 2
	ion belongs to an affi	iated group.	i. i. I. philip in the state of	***************************************	
B Check ▶ ☐ if the filing organizat	ion checked box A ar	d "limited control" provi	siona apply.		
	s on Lobbying Exper litures ^e means amou	oditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)		9,742.	
b Total lobbying expenditures to influ	ence a legislative boo	ly (direct lobbying)	***********	32,658.	demonstration in the second state of the state of the state of the second state of the
c Total lobbying expenditures (add lin				42,400.	and design to a complete property of the second se
d Other exempt purpose expenditure		************************		6,190,769.	
 Total exempt purpose expenditures 				6,233,169.	
f Lobbying nontaxable amount. Ente	r the amount from the	following table in both	columns.	461,658.	-
if the amount on line 1e, column (a) or	r (b) is: The lob	bying nontaxable amou	ınt is:		
Not over \$500,000		the amount on line 1e.			,
Over \$500,000 but not over \$1,000		O plus 15% of the exces			
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exces			
Over \$1,500,000 but not over \$17,0	44	0 plus 5% of the excess	over \$1,500,000.		•
Over \$17,000,000	\$1,000,0	000,		4. Pro 1. 18 1. 1. 1	36
				146 846	
g Grassroots nontaxable amount (en			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	115,415.	<u></u>
h Subtract line 1g from line 1a. If zero		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	<u>0.</u>	
I Subtract line 1f from line 1c. If zero				V.	-
if there is an amount other than zer		line 11, did the organizati	on me Form 4/2U	-	
reporting section 4911 tax for this y					Von No
		To Auditoria C		1116.111.111111111111111111111111111111	Yes No
/Some organiza	4-Year Ave	raging Period Under S	ection 501(h)		Yes No
	4-Year Ave ations that made a s	raging Period Under Section of	ection 501(h) do not have to comp	lete all of the five	Yes No
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Schedule C (Form 990 or 990-EZ) 2009 AMERICAN FARMLAND TRUST 52-1190211 Page 3 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see Instructions)	1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendrum, through the use of: a Volunteers? b Paid staff or management (Include compensation in expenses reported on lines 1o through 11)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstratione, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV. i Total, Add lines 1o through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filting organization incurred a section 4912 tax, did if life Form 4/20 for this year? If Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures from the prior year? 3 Did the organization make only in-house lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 4 Dues, assessments and similar amounts from members 5 Section 162(e) nondeductible lobbying and political expenditures for which the section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agre				a)		(b	<u> </u>
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Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part II-B, line 5; and Part II-B, line 1i. Also, complete this part II-B, line 5; and Part II-B, line 1i. Also, complete this part II-B, line 5; and Part II-B, line 1i. Also, complete this part II-B, line 5; and Part II-B, line 1i. Also, complete this part II-B, line 5; and Part II-B, line 1i. Also, complete this part II-B, line 6; and Part II-B, line 1i. Also, complete this part II-B, line 6; and Part II-B, line 1i. Also, complete this part II-B, line 6; and Part II-B, line 1i. Also, complete this part II-B, line 1i. Also		3 Par 1 2 a b c 3 4 Far Com	Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see Instructions) Supplemental Information Determine the prior was part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 6; and political expenditures are provided the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 6; and political expenditures are provided the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 6; and political expenditures are provided the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 6; and political expenditures are provided the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 6; and political expenditures are provided the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 6; and political expenditures are provided to the prior of the prior	on 501(c) rt III-A, li oal cass political	(5), ne 3	3 or se 3 is an 1 2a 2b 2c 3	nswered	
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Schedule D

Supplemental Financial Statements

(Form 990)

Department of the Treasury Internal Revenue Service

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No. 1546-0047

➤ Attach to Form 990. ➤ See separate instructions. Name of the organization

Employer identification number

	AMERICAN FARMLAND	TRUST	<u> </u>
Pa	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6 .	
		(a) Donor advised funds	(b) Funds and other accounts
. 1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at snd of year		, and the second
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
Ü	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
v	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		1 1 - 1 1 -
Pa		ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or)		storically important land area
	Protection of natural habitat	·	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
~	day of the tax year.		
	day of the an your		Held at the End of the Tax Year
а	Total number of conservation easements		2a 114
b	Total acreage restricted by conservation easements		F
c	Number of conservation easements on a certified historic st		_
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, re		
·	year ▶ 1		•
4	Number of states where property subject to conservation ea	sement is located > 21	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year ▶1517
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$ <u>94,865.</u>
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(h)(4)(B)(l)
	and section 170(h)(4)(B)(ii)?	, mant constituted the state of	X Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describer	the organization's accounting for
	conservation easements.		
Pa			Other Similar Assets.
	Complete if the organization answered "Yes" to Form	1990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and I	calance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, a		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public servic	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part Vili, line 1		\$
	(ii) Assets Included in Form 990, Part X	***************************************	
2	if the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1	***************************************	***************************************
þ	Assets included in Form 990, Part X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 992061 02-01-10

Schedule D (Form 990) 2009

Part #II Organization Seminationing Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3. Using the organization is equilation, accession, and other records, check any of the following that are a significant use of its collection isome (check all that apply): a			N FARMLAND			52-1	190211 Page 2
check all that apply: a							
a Public exhibition d □ Loan or exchange programs □ Preservation for future generations □ Preservation for future generations □ Preservation for future generations □ Preservation for future generations □ Preservation for future generations □ Preservation for future generations □ Preservation for future generations of an in the future of the preservation of the preservation for future generations of an interest generation so described preservation for future generations of an interest generation of the organization's exempt purpose in Part XIV. □ Preservation for future generation for the preservation of the organization soult of the organization answered "Yee" to Form 900, Part IV, line 9, or reported an amount on Form 990, Part XIV and complete the following table: □ Preservation for future generation for the future form form 990, Part XIV and complete the following table: □ Preservation for future generation include an amount on Form 990, Part XIV and complete the following table: □ Destinations during the year □ Interest generation include an amount on Form 990, Part X, line 21? □ Destinations during the year □ Interest generation include an amount on Form 990, Part X, line 21? □ Preservation for future generation include an amount on Form 990, Part X, line 10. □ Preservation for generation include an amount on Form 990, Part X, line 10. □ Preservation for generation include an amount on Form 990, Part X, line 10. □ Preservation for generation include an amount on Form 990, Part X, line 10. □ Preservation for generation for generation for the progenization answered "Yee" to Form 990, Part X, line 10. □ Preservation for generation for	3		ion, and other record	is, check any of the	following that are a	significant use of	its collection items
b Scholarly research e		· · · · · · · · · · · · · · · · · · ·		г 1.			
e	а		d	Loan or excl	hange programs		
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as part of the organization's collection? The part XIV. The part XI	b		e	l Other			
Southing the year, did the organization solicit or receive donations of art, historical treasures, or other similar easets to be solf to raise funds rather than to be maintained as part of the organization's collection?	C	· · · · · · · · · · · · · · · · · · ·					
Lot be seld to raise fundar rather than to be maintained as part of the organization arewered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or IV "Yes" and It the organization an agent, trustes, custodian or other intermediary for contributions or other assests not included on Form 990, Part IV, line 9, or IV "Yes" No by It "Yes", explain the arrangement in Part XIV and complete the following table: Complete Co	4						art XIV.
Petit	5						
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complote the following table: C Beginning balance d Additions during the year 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? Ending balance 1 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. [ag Current year bi-Prior, year (c) Two years back (d) Three years back (e) Four years back (e) F	Train Sa	to be sold to raise funds rather than to be m	aintained as part of t	the organization's co	illection?	******************	Yes No
1	Par		i gements. Compl	ete if organization ar	nawered "Yes" to F	orm 990, Part IV, III	16 9, or
on Form 990, Part X? b If "Yee," explain the arrangement in Part XIV and complete the following table: Amount Amount c Beginning balance d Additions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 1 Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 1 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 Beginning of year balance 1 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 Beginning of year balance 1 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 Beginning of year balance 1 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 Beginning of year balance 1 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1 Beginning of year balance 1 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 2 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 2 Endowment Funds. Complete if the organization that are held and administered for the organization by: 1 Endowment Funds. Part Vivide intended uses of the organization that are held and administered for the organization by: 2 Forminent endowment Funds. Part Vivide intended uses of the organization sendowment funds. 2 Fart Vivide Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. 2 Execute In Part XiV the intended uses of the organization's endowment funds. 2 Execute In Part XiV the intended uses of the organization's endowment funds. 2 Execute In Part XiV the intended uses of the organization's endowment funds. 2 Execute In Part XiV the intended uses of the organization's endowment funds. 2 Execute In Part XiV the intended uses of the organization's end	***************************************	reported an amount on Form 990, Pa	rt X, line 21.				
b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount	a	Is the organization an agent, trustee, custod	lian or other intermed	liary for contribution	s or other assets n	ot included	
b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount Complete Comp		on Form 990, Part X?		** } * } * * * * * * * * * * * * * * *		***************************************	Yes No
C Beginning balance 10 10 10 10 10 10 10 1	þ	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:			
d Additions during the year							Amount
d Additions during the year	C	Beginning balance				1c	
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f Ending balance							
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Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	b	If "Yes," explain the arrangement in Part XIV				******************************	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	Par	Endowment Funds. Complete	if the organization ar	swered "Yes" to Fo	rm 990, Part IV, line	9 10.	
14 Beginning of year balance b Contributions	1		1	<u> </u>	L. a. s. s. s. s. s. s. s. s. s. s. s. s. s.	 	ck (e) Four years hack
b Contributions	ta	Beginning of year balance					107.041 70410 54611
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs and programs 296,289,1,254,186. f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment \(\) 82.96 % b Permanent endowment \(\) 17.04 % c Term endowment \(\) 17.04 % c Term endowment \(\) 17.04 % c) 19 investment or ganizations (ii) related organizations (iii) related organizations (iii) related organizations b) If "Yes" to 3a(ii), are the related organization ilisted as required on Schedule R? 4. Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) b Suildings c Leasehold improvements d Equipment e Other 654,940, 621,163, 33,777.					***************************************		
d Grants or scholarships e Other expenditures for facilities and programs 296,289,1,254,186. 1 Administrative expenses g End of year balance 17827154, 14535571. 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment 82,96 % b Permanent endowment 17.04 % c Term endowment 17.04 % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describtion of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Cother 654,940,621,163,33,777.	e.			599 325			
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g End of year balance 17827154. 14535571. 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ 82.96 % b Permanent endowment ▶ 17.04 % c Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii) X (ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) basis (other) depreciation 1a Land (b) Buildings (c) Leasehold improvements (d) Equipment (d) Cost or other basis (investment) (d) Cost or other basis (other) (d) Cost or other basis (other) (d) Book value			270,203.	1720471000			
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ► 82.96 % b Permanent endowment ► 17.04 % c Term endowment ► % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yea" 10 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Pait VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) basis (other) depreciation 1a Land (b) Buildings (c) Leasehold improvements (d) Equipment (e) Accumulated depreciation depreciation (d) Book value (e) Cost or other basis (other) (figure of the cost of			17827154	14535571	***************************************	· · · · · · · · · · · · · · · · · · ·	
Board designated or quasi-endowment				****	<u> </u>	<u>. 1</u>	
b Permanent endowment		•					
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(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Cost or other basis (other) (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other)	Фa		sasion of the orderitz	anon mar are nero a	no administered to	r the organization	[v]
(ii) related organizations b If "Yee" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Coet or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other 654,940. 621,163. 33,777.		· ·					{
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4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land Buildings Caleasehold improvements Caleasehold improveme		If "Voo" to 20ff, are the related experiention	a Nahad 'an waardead'	on Oakadula DO	*****	*********************	38(ii) A
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Coet or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Buildings (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Buildings (f) Cost or other basis (other) (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Book value (g) Book value (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Accumulated depreciation (g) Book value (g) Accumulated depreciation (g) Ac					*************************		3b
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basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	EE 14			***************************************			
1a Land		Description of investment					(d) Book value
b Buildings				nony pasis			
c Leasehold improvements							***************************************
d Equipment							And and will represent the second of the sec
e Other 654,940. 621,163. 33,777.							
			1		A 0.40	601 160	60 mmm
						071,103.	

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 AMERICAN FA	RMLAND TRUST		52-1190211 Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.		A CONTRACTOR OF THE PROPERTY O
(a) Description of security or category (including name of security)	(b) Book value		(a) Method of valuation: t or end-of-year market value
Financial derivatives		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Closely-held equity interests	· · · · · · · · · · · · · · · · · · ·	and the same of th	
Other	4.054.450		THE RESERVE OF THE PERSON OF T
MUTUAL FUNDS	14,951,462.	END-OF-YI	EAR MARKET VALUE

And the second s			
		4	
Total, (Col (b) must equal Form 990, Part X, col (B) line 12.)	14,951,462.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13	3.	
(a) Description of Investment type	(b) Book value	Con	(c) Method of valuation: t or end-of-year market value
		ÇUS	t of elit-or-hear market Aane
		gane anga arawanda a safartat	
		TO THE RESTRICTION OF THE PERS	
2014 11 17 17 17 17 17 17 17 17 17 17 17 17		(many)2-11-11-11-11-11-11-11-11-11-11-11-11-11	
<u> </u>		_1.0ht.II	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
(a)	Description		(b) Book value

		······································	
Manager and the state of the st	· · · · · · · · · · · · · · · · · · ·		
14			**************************************
	Phonology and the state of the	-q	

Total. (Column (b) must equal Form 990, Part X, col (B) line) 15.)		
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1. (a) Description of liability		(b) Amount	
Federal income taxes			
<u>SPLIT-INTEREST AGREEMENTS PAY</u>	ABLE	351,828.	
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\$1.50 miles \$1			•
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the state of the s	44		
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Total, (Column (b) must equal Form 990, Part X, col (B) line	e 25.)	351,828.	en en en en en en en en en en en en en e
2. FIN 48 Footnate. In Part XIV, provide the text of the foo	The state of the s		the state of the s
2 FIN 48 FOOTIQTE, IN PART XIV. DIOVIDE ME BIXEDI ME DIC	tnote to the organization's	financial statements	that reports the organization's liability for
 FIN 48 Poornate, in Part XIV, provide the text of the too uncertain tax positions under FIN 48. 	tnote to the organization's	financial statements	that reports the organization's liability for

	dule D (Form 990) 2009 AMERICAN FARMLAND TRUST Reconciliation of Change in Net Assets from Form 990 to	A	ad Einen	-:-I 64-4-	52-1190211 Page 4					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
1	Total revenue (Form 990, Part VIII, column (A), line 12)			_1	9,771,008.					
2	Total expenses (Form 990, Part IX, column (A), line 25)		****	2	7,987,160.					
3	Excess or (deficit) for the year. Subtract line 2 from line 1		*******	3	1,783,848.					
4	Net unrealized gains (losses) on investments		12/11/14/14/14	4	883,727.					
5	Donated services and use of facilities			5						
6	Investment expenses			6	de la constitución de la constit					
7	Prior period adjustments	*******	*************	7	#100 A 100 8	Other (Describe in Part XIV.)		************	a	1,114.
9	Total adjustments (net). Add lines 4 through 8	*********	************							
-	Evenes as (deficit for the coor may predict of the model electronic Country to the coor		*************	9	884,841.					
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Rever	i 10 nue per F	2,668,689. Return					
1		*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 10,655,849.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		**************	**************	1 20703370431					
_	Net unrealized gains on investments	0-	0.0	2 777						
	Desired section and the office with	2a	00	3,727,	4.					
þ	Donated services and use of facilities	2b			, l					
C	Recoveries of prior year grants	20								
	Other (Describe in Part XIV.)			<u>1,114.</u>	_ 0.					
е	Add lines 2a through 2d	**********			2e 884,841.					
3	Subtract line 2e from line 1				3 9,771,008.					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
А	Investment expenses not included on Form 990, Part VIII, line 7b	4a			.					
	Other (Describe in Part XIV.)			·	↑					
_	Add lines do and dh	140		······································						
	Add lines 4a and 4b			***********	4c 0.					
Date	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5 9,771,008.					
	f XIII Reconciliation of Expenses per Audited Financial Statem				· · · · · · · · · · · · · · · · · · ·					
1	Total expenses and losses per audited financial statements	******			1 7,987,160.					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:									
а	Donated services and use of facilities	2a								
	Prior year adjustments				1.					
	Other losses			MARIE	1 1					
d	Other (Describe in Part XIV.)				- ·					
			***************************************		1 0					
	Add lines 2a through 2d	********	************	**********	2e 0.					
3	Subtract line 2e from line 1		**********		3 7,987,160.					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1								
	Investment expenses not included on Form 990, Part VIII, line 7b		**********************	****************						
b	Other (Describe in Part XIV.)	4b								
C	Add lines 4a and 4b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4c 0.					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	*********			5 7,987,160.					
Par	t XIV Supplemental Information	······································								
***************************************	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	l lines 1	a and At Do	rt IV/ lince 1	b and the Bort V Kno 4 Bort					
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp									
7) III (FILE TELEVICENCE OF THE TOTAL AND THE TELEVICENCE OF THE TELEVICENCE O		part to pro	vide any ad	ditional information,					
PAL	T II, LINE 9: IT IS THE ORGANIZATION'S PO	PTCX	, WHEN	ACQUI	RING OR					
7 A					Principal District Control of the Co					
ACC	EPTING AN EASEMENT, TO EXTINGUISH IN PERP	ETUI	IY THE	DEVEL	OPMENT RIGHTS					
ON	THE UNDERLYING PROPERTY. CONSEQUENTLY, A	<u> ՄՄ Տ</u> ՝	UCH EA	SEMENT	'S ARE VALUED					
AT	ONE DOLLAR. EASEMENTS WHOSE DEVELOPMENT	RIGH	TS ARE	NOT S	O TREATED HAVE					
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ALS	O BEEN VALUED AT ONE DOLLAR BECAUSE IT IS	MAN	AGRMEN	ጥ' ዓ ዕፑ	איזיי ייבאיי ארדאיי					
7				<u> </u>	14,101, 11111 1112					
ORG	SANIZATION WILL NOT RECOVER ITS COST FOR T	TOTH	EN CEM	שאיייכי	ANV DDOCEDEG					
<u> </u>	THILLIAM REDE NOT RECOVER TIP COST TON T	بيربيدد	الانجاز وترجوجا	DIATO.	ANI PROCEEDS					
क्र	M THE SALE OF A CONSERVATION EASEMENT TO	ል ለተ፣	ሊኖ ጉሙታ።	ייותד אינד רן	my add					
TIL	WE THE DAME OF A CONDERVATION EADERENT TO	ra QU	unit t.TR	T. EMT.	TI AKE					
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MAJ	NTAINED IN THE ORGANIZATION'S FARMLAND PRO	O'I'EC'	TTON F	UND.						
Oggne/					Schedule D (Form 990) 2009					
992054 02-01-	10									

PART V, LINE 4: THE ORGANIZATION IS COMMITTED TO A LONG-TERM APPROACH
WITH A BALANCED PROGRAM OF INVESTMENTS TO PRESERVE AND ENHANCE THE REAL
PURCHASING POWER OF THE FUND SO AS TO PROVIDE A STABLE AND, IN REAL TERMS,
CONSTANT STREAM OF CURRENT INCOME FOR ANNUAL OPERATING NEEDS. THE
ORGANIZATION'S INVESTMENT OBJECTIVE IS TO ATTAIN A MINIMUM RATE OF RETURN
OF 5% PLUS THE CHANGE IN THE CONSUMER PRICE INDEX (AFTER MANAGEMENT FEES)
OVER AN INVESTMENT CYCLE. THE PRIMARY MEASURE OF THE ORGANIZATION'S
INVESTMENT PERFORMANCE WILL BE A BLENDED BENCHMARK BASED ON ITS TARGET
ASSET ALLOCATION. IN PURSUING THESE OBJECTIVES, THE ORGANIZATION INTENDS
TO SELECT INVESTMENT MANAGERS WHO ARE RIGOROUS IN THE DISCIPLINES THEY
UTILIZE TO PRODUCE RETURNS AT ACCEPTABLE LEVELS OF RISK AND WHO AVOID
SPECULATION EXPLAINED OR RATIONALIZED BY SHORT-TERM FINANCIAL TRENDS OR
MOMENTUM IN SPECIFIC ECONOMIC SECTORS.

DISTRIBUTION OF FUND EARNINGS TO THE OPERATING BUDGET IS BASED ON THE SPENDING POLICY AND IS MANAGED ON A TOTAL RETURN BASIS. IN MOST YEARS,
DISTRIBUTIONS COMPRISE INTEREST AND DIVIDENDS PLUS SOME APPRECIATION. THE FINANCE COMMITTEE PLANS FOR THESE DISTRIBUTIONS TO AVOID THE NECESSITY OF LIQUIDATING INVESTMENTS AT AN UNFAVORABLE TIME.

THE FUND SHALL BE INVESTED PRIMARILY IN LIQUID SECURITIES, INCLUDING EQUITY AND FIXED INCOME SECURITIES AND COMMINGLED INVESTMENT FUNDS.

PART X: DURING THE YEAR ENDED SEPTEMBER 30, 2010, THE

ORGANIZATION ADOPTED THE ACCOUNTING STANDARD RELATED TO UNCERTAIN INCOME

TAX POSITIONS. THE STANDARD REQUIRES THAT AN UNCERTAIN INCOME TAX POSITION

MUST BE MORE LIKELY THAN NOT (GREATER THAN 50% LIKELIHOOD OF REALIZATION)

Schedule D (Form 990) 2009

932055 02-01-10

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Open To Public ...

OMB No. 1845-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Name of the organization							ntification number
AMERICA	N FARMLAND TRUST					52-1190	12/10/10/10
Part Fundraising Activities required to complete this par	. Complete if the organization answ	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 indicate whether the organization rais a X Mail solicitations b X internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid ind 	e X Solicita f X Solicita g X Special proral agreement with any individua art VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of tion of the fundral fu	non-gr govern ising of ling of onal f	overnment grants nment grants events fficers, directors, trui undraising services?	stees	X Yes	
compensated at least \$5,000 by the (i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have or or con contribu	istody troi of	(iv) Gross receipts from activity	1	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
CHECKOWAY CONSULTING & CREATIVE	FUNDRAISING CONSULTING	Yes	No X	1,063,595.	1	133,500.	930,095.
Total 3 List all states in which the organization of the companization	on is registered or licensed to solicit DC , FL , GA , HI , IL , KS	<u>, KY</u> ,	ME,	1,063,595. been notified it is so	emp	L33,500. t from registrati MS,NH,NJ	ion or licensing.
ND,OH,OK,OR,RI,SC,TN,	PA, WV, WI, VA, UT, WA	, ДА,	MO				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Expenses Rent/facility costs Direct Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Partill | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes 3 Noncash prizes Siect Cirect Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 AMERICAN FARMLAND TRUST	52-1190	211	. Pa	ige 3
CONTOURN STATE OF STA		,	Yes	No
13 indicate the percentage of gaming activity operated in:		.	-	
a The organization's facility 13a	%	,	1	
b An outside facility 13b	%			!
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	orde:	ŀ		
Name >				
Address >				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		l5a		
ton appropriate the propriate	1	· A		•
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	iount	-	1	
of gaming revenue retained by the third party > \$	ſ		Ì	
c if "Yes," enter name and address of the third party:	ľ	İ	. }	:
GIT 165, Gitter Harris and addition of the direct policy.		.	j	
Name >				
Address >	**************************************			
	1		:	•
16. Gaming manager information:	}		. }	
Name >		1	,	•
Gaming manager compensation ▶ \$	ļ	٠. ا		:
			į	
Description of services provided >	····			
	Management of the state of the			
Director/officer Employee Independent contractor				
17 Mandatory distributions:		1		
a is the organization required under state law to make charitable distributions from the gaming proceeds to		}		
retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	it in the		7.7	1 - 3+* }
organization's own exempt activities during the tax year ▶ \$		<u> </u>	***************************************	
Schedul	e G (Form 990 c	or 990)-EZ)	2009

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN FARMLAND TRUST

Employer identification number 52-1190211

15.7	aist widestrolls negarating compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		240	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	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 recidence for personal use	٠		ĺ
	Travel for companions Payments for business use of personal residence	ĺ		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1		l
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		-		ĺ
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1		l
	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 officers, directors,	11.0		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	manufacture of the second second in the second seco			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's	Ĭ.	,	ŀ
•	CEO/Executive Director. Check all that apply.		;	ľ
		ľ		
	(mark)	1		
	Form 990 of other organizations Approval by the board or compensation committee			
	Divided the year old any negroe listed in Form 000 Part VIII Continue & the standard on the standard of the st		,	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:		. : :	4
8	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	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.			
		Ì		
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
8	The organization?	5a		X
þ	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	ļ		
а	The organization?	6a		X
þ	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-	
	initial contract exception described in Flegs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		**********	
	Regulations section 53.4958-6(c)?	9		
110	Car Dalaman Andread Danaman als Danish and Martin.			

Schedule J (Form 990) 2009

AMERICAN FARMLAND TRUST

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(5)	(0)	(E)	(F)
(A) Name	<u>. I</u> ,	(I) Base compensation	(it) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(P-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	235,522.		0.	5,194.	17,780.	258,49	Ġ
JON SCHOLL	Œ	ŀ		0	- 4	0.		0.
	€	147,736.	0	0.	7,948.	21,257.	176,94	•0
VICTORIA EDWARDS	Œ	0	0	0	0	0.	0.	0
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	(1)							
	Θ							
	(8)							
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· · · · · · · · · · · · · · · · · · ·	E							
				Č			Schedu	Schedule J (Form 990) 2009

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

2009

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the Organization

Employer Identification number

AMERICA Part Continuation of Officers,	N FARMLA Directors, Ti	Qk Taur	TT ee	KUS s. K	ev.	Em	nole	ovees, and Highes	52-119	0211 Fmplovees
(A) Name and title	(B) Average hours			() Pos	2) Ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Indivisual trustee or director	institutional trustee	Officer Key employee Highest compensated employee		inhest compensated employer		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MARY RAY DIR INSTITUTIONAL GV	35.00					Х		106,628.	0,	14,140
JAMES DAUKAS MANAGING DIR - A&E	35.00					x		105,450.	0.	28,662
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 52-1190211 AMERICAN FARMLAND TRUST FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRODUCE A HEALTHIER ENVIRONMENT AND BUILD SUCCESSFUL COMMUNITIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RESEARCH AND OTHER PROGRAMS INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 200441. FORM 990, PART VI, SECTION A, LINE 2: JOHN WINTHROP, JR. AND IRIS W. FREEMAN ARE COUSINS FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS WERE AMENDED JANUARY 25, 2010 TO INCLUDE A CHANGE IN THE TERM LIMIT FOR THE CHAIR. FORM 990, PART VI, SECTION B, LINE 11: THE INFORMATION IN THE 990 IS PREPARED BY TATE AND TRYON, THEN REVIEWED AND VERIFIED BY THE CFO. THE 990 IS ALSO DISTRIBUTED TO AMERICAN FARMLAND TRUST'S AUDIT COMMITTEE FOR REVIEW FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SUBMIT CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS FOLLOWING THE FALL BOARD MEETING. THE STATEMENTS ARE SENT TO THE AFT GENERAL COUNSEL FOR REVIEW. ANY CONFLICTS ARE REPORTED TO AFT. ALL EMPLOYEES ARE NOTIFIED ANNUALLY OF THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO REPORT ANY CONFLICT TO THE GENERAL COUNSEL. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS HAS DELEGATED RESPONSIBILITY TO THE GOVERNANCE AND NOMINATING COMMITTEE FOR Schedule O (Form 990) 2009 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-08-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

AMERICAN FARMLAND TRUST

2009
Open to Public Inspection

Name of the organization

Employer identification number 52-1190211

APPROVING ANY COMPENSATION ARRANGEMENTS WITH DISQUALIFIED PERSONS AS
DEFINED UNDER THE INTERNAL REVENUE CODE (GENERALLY SENIOR MANAGEMENT,
PERSONS WHO, AT ANY TIME DURING THE PRIOR 5-YEARS, WERE IN A POSITION TO
EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE ORGANIZATION OR
PERSONS RELATED). THE COMMITTEE FUNCTIONS AS DE FACTO COMPENSATION
COMMITTEE IN ADDITION TO ITS OTHER RESPONSIBILITIES. THE COMMITTEE IS
COMPRISED OF OUTSIDE, DISINTERESTED DIRECTORS WHO POSSESS THE BUSINESS
EXPERIENCE AND KNOWLEDGE NECESSARY TO REVIEW AND EVALUATE THE COMPARABILITY
OF COMPENSATION DATA OBTAINED FOR THE COMMITTEE.
THE COMMITTEE DETERMINES, PRIOR TO EACH YEAR'S WINTER BOARD MEETING, WHICH
AFT EMPLOYEES OR CONTRACTORS SHOULD BE CONSIDERED "DISQUALIFIED PERSONS"

AFT EMPLOYEES OR CONTRACTORS SHOULD BE CONSIDERED "DISQUALIFIED PERSONS"

(IN ADDITION TO THE LIST OF PERSONNEL WHO ARE PER SE DISQUALIFIED) WHOSE

COMPENSATION SHOULD BE SUBJECT TO APPROVAL.

ALSO PRIOR TO EACH YEAR'S WINTER BOARD MEETING, THE COMMITTEE EVALUATES AND APPROVES THE COMPENSATION ARRANGEMENTS ENTERED INTO BY AFT WITH ALL DISQUALIFIED PERSONS. (THESE INCLUDE ALL COMPENSATION AND BENEFITS, INCLUDING SALES OR OTHER TRANSFERS OF PROPERTY.) THE COMMITTEE GENERALLY UTILIZES INFORMATION FROM STANDARD COMPENSATION SURVEYS IN CONDUCTING ITS EVALUATION.

THE COMMITTEE DOCUMENTS ITS PROCEEDINGS WITH WRITTEN RECORDS, SETTING FORTH
THE TERMS OF THE COMPENSATION ARRANGEMENTS APPROVED AND THE DATE THEY WERE
APPROVED. THE RECORDS INCLUDE THE NAMES OF THE COMMITTEE MEMBERS PRESENT
AND WHO VOTED; THE COMPARABILITY DATA OBTAINED AND RELIED UPON BY THE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Section 102-23-10

Schedule O (Form 990) 2009

SCHEDULE 0

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

AMERICAN FARMLAND TRUST Employer identification number 52-1190211

COMMITTEE; HOW THE DATA WAS OBTAINED; AND THE ACTIONS TAKEN WITH RESPECT TO
CONSIDERATION OF COMPENSATION TRANSACTIONS BY ANYONE WHO IS OTHERWISE A
MEMBER OF THE COMMITTEE, BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO
THE TRANSACTION OR ARRANGEMENT. THIS DOCUMENTATION IS PREPARED BY THE
LATER OF (A) THE NEXT MEETING OF THE COMMITTEE OCCURRING AFTER THE DECISION
IS MADE OR (B) THE DATE 60 DAYS AFTER THE DATE OF APPROVAL.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL
STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE OR BY WRITTEN REQUEST.
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON
WRITTEN REQUEST.
·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule 0 (Form 990) 2009

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Current Year Deduction	23,920.	23,920.		;	,		:	7500 m	
Current Sec 179		Ö			naanaan aanaan aanaan aanaan aanaan aanaan	·	1 1 1 1 1	•	
Accumulated Depreciation	337,219.	597,243.						,	
Basis For Depreciation	394,916.	654,940.	:			,	y and the second second second second second second second second second second second second second second se		
Reduction In Basis		0	:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*
Bus % Excl				M80-077/2/Webs.VVI		,*			
Unadjusted Cost Or Basis	394,916.	654,940.		:			_		, T
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Method							· .		
Date Acquired	VARIESSL								
Description	OFFICE FURNITURE TAND EQUIPMENT LEASEHOLD ZIMPROVEMENTS	* TOTAL 990 PAGE 10 DEPR							
Asset No.							· · · · · · · · · · · · · · · · · · ·		6728792 678792

Form 8925

Report of Employer-Owned Life Insurance Contracts

(Rev. January 2010) Department of the Treasury Internal Revenus Service (99) ► Attach to the policyholder's tax return - See Instructions.

Attachment Secuence No. **16**0

Internal Revenue Service (99)		_	Sequence No. 160
Name(s) shown on return	ifying r	number	
AMERICAN FARMLAND TRUST			52-1190211
Name of policyholder, if different from above	ying nu	mber, if different from above	
Type of business	,.		
FARMLAND PROTECTION AND CONSERVATION 1 Enter the number of employees the policyholder had at the end of the tax year	· ,	+	66.
2 Enter the number of employees the policyholder had at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See Section 1035 exchanges for an exception		2	1.
3 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employee who were insured under the contract(s) specified on line 2	s	3	450,000.
4a Does the policyholder have a valid consent (see instructions) for each employee included on line 27	□ No		
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a va	alld	4h	

Form 8868

(Rev. April 2009)

Department of the Tressury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

M		~~~~	
	u are filing for an Automatio 3-Month Extension, complete only Part I and check this box		▶ X
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this : complete Part II unless you have already been granted an automatic 3-month extension on a previously fil		0000
		60 FO	M 8808.
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
Part i only			
	or corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an acome tax returns.	exten	sion of time
Electr	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensio	n of tir	ne to file one of the returns
noted (not au	pelow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroni tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co	cally if reolida	(1) you want the additional ited Form 990-T. Instead
you mu	ust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic fil	ing of t	this form, visit
Type o	s.gov/efile and click on e-file for Charities & Nonprofits. r Name of Exempt Organization		
print	1 Marine of Exempt Organization	⊫mpi	oyer identification number
print	AMERICAN FARMLAND TRUST	5	2-1190211
File by the			fell also also and half field also also
filing you return, Se	1200 18TH STREET, NW, NO. 800		
Inetructio	and the state of t		
	WASHINGTON, DC 20036	*********	
Check	type of return to be filed (file a separate application for each return):		
X Form 990			
Form 990-EZ Form 990-T (trust other than above) Form 6069			
Form 990-PF Form 1041-A Form 8870			
	AMERICAN FARMLAND TRUST		
• The books are in the care of ▶ 1200 18TH STREET, NW, NO. 800 - WASHINGTON, DC 20036			
	phone No. ► 202-331-7300 FAX No. ►	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
If the organization does not have an office or place of business in the United States, check this box			
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box If this is for part of the group, check this box and attach a list with the names and ElNs of all members the extension will cover.			
DOX P	. L in it is not part of the group, check this box 🔛 L and attach a list with the hames and Eins of all	memb	ers the extension will cover.
1 1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt	il.	
MAY 15, 2011 , to file the exempt organization return for the organization named above. The extension			
is for the organization's return for:			
Calendar year or			
► X tax year beginning OCT 1, 2009 , and ending SEP 30, 2010 .			
2 !	f this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
20 1	f thie application is for Form 990-BL, 990-PF, 990-T, 4720, or 6089, enter the tentative tax, less any	<u> </u>	
	nonrefundable credits. See instructions.	3a	\$
	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	Ja	<u> </u>
	ax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
_	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		
(deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
3	See instructions.	3c	s N/A
Cautio	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment Instructions.
			
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)