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DLN: 93493084001146

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the 2	2014 ca	lendar year, or tax year beginning	10-01-2014 , and ending 09-30-20	15			
_		plicable	C Name of organization AMERICAN FARMLAND TRUST			D Emplo	yer iden	tification number
_	dress ch					52-11	90211	
	me char		Doing business as					
In	tıal retur	'n	Number and storet (or D.O. have for	ad as made delivered to advantage and describe		E Telepho	ne numb	per
Fir	nal :urn/term	nınated	1150 CONNECTICUT AVENUE NO 600	all is not delivered to street address) Room/	suite	(202)	331-7	300
_	nended r		City or town, state or province, coun	try, and ZIP or foreign postal code		(232)	331 /	
		pending	WASHINGTON, DC 20036	rry, and 21r or foreign postar code		G Gross re	eceipts \$	11,874,880
, ^p	plication	pending			1			
			F Name and address of prin- RALPH GROSSI	cipal officer		Is this a group subordinates?	return	for ┌ Yes ┌ No
			1150 CONNECTICUT AVEN	IUE NO 600		saboramates.		1 1631 110
			WASHINGTON, DC 20036			Are all subordi	nates	┌ Yes ┌ No
—— Та	ay-eyem	pt status	□	nsert no)		included? If "No " attach	a list i	(see instructions)
				15ett 110) 4547(a)(1) 01 527	-			
JW	ebsite	: - WV	VW FARMLAND ORG		H(c)	Group exempt	ion num	nber 🟲
K For	m of org	anızatıor	Corporation Trust Association	☐ Other ►	L Yea	r of formation 19	80 M	State of legal domicile DC
Pa	rt I	Sum	nmary					
e	т	HEMI	lescribe the organization's missio SSION OF AMERICAN FARMLAI EP FARMERS ON THE LAND	n or most significant activities ND TRUST IS TO PROTECT FARML	AND, PRO	MOTE SOUND	FARM	ING PRACTICES
Ě	-							
Ĕ								
Governance	2 0	Check t	hıs box দ ıf the organızatıon dıs	continued its operations or disposed	d of more t	han 25% of its	net as	sets
	l						_	
Activities &				ng body (Part VI, line 1a) fthe governing body (Part VI, line 1			3 4	19 19
Ě				alendar year 2014 (Part V, line 2a)			5	70
ş				ecessary)			6	70
•				rt VIII, column (C), line 12			7a	0
				om Form 990-T, line 34			7b	0
				·		Prior Year	Т	Current Year
	8	Contr	ibutions and grants (Part VIII, lin	e1h)		7,170,7	759	6,635,514
뜶	9	Progra	am service revenue (Part VIII, lir	ne 2g)		143,3	343	235,628
Ravenue	10	Inves	tment income (Part VIII, column	(A), lines 3, 4, and 7d)		3,581,1	.81	2,182,435
立	11	Other	revenue (Part VIII, column (A), l	ınes 5, 6d, 8c, 9c, 10c, and 11e)		131,3	36	108,122
	12			(must equal Part VIII, column (A), l	ine	11,026,6	519	9,161,699
	13		s and similar amounts haid (Part	[X, column (A), lines 1-3)	_	11,020,0	0	0,101,033
	14		, ,	(, column (A), line 4)			0	0
	15			e benefits (Part IX, column (A), lines				
8		5-10				4,519,0)56	5,423,852
Expenses	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)		321,6	85	185,015
ੰਡੇ	ь	Total fu	undraising expenses (Part IX, column (D)	, line 25) - 2,845,796				
	17	Other	expenses (Part IX, column (A), li	nes 11a-11d, 11f-24e)	. —	5,302,4	51	5,809,998
	18			t equal Part IX, column (A), line 25)		10,143,1		11,418,865
	19	Rever	nue less expenses Subtract line 1	.8 from line 12		883,4	127	-2,257,166
8 €					Beg	inning of Currei	nt	End of Year
94						Year		
Not Assets or Fund Balances	20				·	26,812,2		22,008,591
2 ×	21 22		ssets or fund balances Subtract l		•	2,052,8	_	2,188,361
	rt III		nature Block		•	24,739,-	722	19,020,230
my k prep	nowled arer ha	ge and s any k	belief, it is true, correct, and com nowledge	mined this return, including accompa plete Declaration of preparer (other				
Her	e		REW MCELWAINE ASSISTANT TREASURE e or print name and title	र				
			e or print name and title Print/Type preparer's name	Preparer's signature	Date		PTIN	
Pai	Ч		FREDERICK LONGWOOD	FREDERICK LONGWOOD	Date	Check If self-employed	P00439	715
	u pare		Firm's name F TATE & TRYON			Firm's EIN 🕨 52	2-185594	-2
	pare Onl		Fırm's address ► 2021 L ST NW SUITE 40	0		Phone no (202) 293-22	00

WASHINGTON, DC 20036

✓ Yes ☐ No

Form	990 (2	2014)					Page :
Par	t III		Program Servi e O contains a resp		lishments to any line in this Part	III	
1	Briefl	y describe the org	janization's mission				
		ON OF AMERICA ON THE LAND	N FARMLAND TRU	ST IS TO PRO)TECT FARMLAND, P	ROMOTE SOUND FARMING P	RACTICES AND KEEP
2					ervices during the yea	ır which were not listed on	┌ Yes ┌ No
	If"Ye	s," describe these	new services on So	chedule O			
3	servi	ces?			nt changes in how it co	onducts, any program	
_		,	changes on Sched				
4	expen	ises Section 501) organization:	s are required to repoi	nree largest program services, and allo	
4a	(Code	 e) (Expenses \$	5,851,235	including grants of \$) (Revenue \$	86,441)
	THE F PROT WORE	FUTURE OF AMERICA'S ECT WORKING FARMS K TO HELP FARMERS A	G WORKING LANDS, VIA GAND RANCHES AND RE AND RANCHERS IMPROV	OUR THREE PRIN DUCE THE CONVI E WATER QUALIT	CIPAL PROGRAMS A PRO ERSION OF WORKING LANI Y AND COMBAT CLIMATE C	OMPREHENSIVE PLAN TO MEET THIS G ITECTING THE BEST LAND AFT WILL W D TO DEVELOPMENT B KEEPING THE HANGE C KEEPING FARMERS ON THI MAKE THEIR LIVING FROM IT, HAVE TH	ORK TO PERMANENTLY LAND HEALTHY AFT WILL E LAND AFT WILL WORK TO
4b	(Code) (Expenses \$	1,581,883	including grants of \$) (Revenue \$)
40	`		'IDES INFORMATION ON) (Revenue ș	,
	(Code	2) (Expenses \$	470,664	including grants of \$) (Revenue \$	149,187)
	COMN FARM	UNICATIONS AND ME	DIA OUTREACH - DESIG	NED TO EDUCATE	E AND ENGAGE THE PUBLIC	C ABOUT THE THREATS TO FARMLAND, FERTILE SOIL, AND THE IMPORTANCE	THE AGING OF THE AMERICAN
	See	Additional Data					
	Othe	er program service	s (Describe in Sche	edule O)			
		enses \$	•	luding grants o	of \$) (Revenue \$)
4e	Tota	l program service	expenses 🗠	8,223,270	1		

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	<u>.,</u>
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 78 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
e	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a		140

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

See man denoms.								
Check if Schedule O contains a response or note to any line in this Part V	Ί.							.I

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
		15a 15b	Yes Yes	
	The organization's CEO, Executive Director, or top management official			
b	The organization's CEO, Executive Director, or top management official			No

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , CT , FL , GA , HI , IL , KS , KY , ME , MD ,

 MA , MI , MN , MS , NH , NJ , NM , NY , NC , OK , OR , PA ,

 RI , SC , TN , UT , VA , WV , WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply own website. Another's website. Upon request. Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►AMERICAN FARMLAND TRUST

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han o n is	ne both	box, ∣an (heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	Þ			
d	Total (add lines 1b and 1c)	Þ	1,123,593	0	160,783

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS INC 1953 GALLOWS ROAD STE 600 VIENNA, VA 221823988	DIRECT MAIL PRODUCTION	628,533
EIDOLON COMMUNICATIONS 15 MAIDEN LANE SUITE 1401 NEW YORK, NY 10038	DIRECT MAIL PRODUCTION	204,393
MICHELE FETTING 113 W CHAPEL RIDGE RD PITTSBURGH, PA 15238	STRATEGIC PLANNING & COMMUNICATIONS	115,000
KALBIAN HAGERTY LLP 888 17TH STREET NW SUITE 1000 WASHINGTON, DC 20006	LEGAL SERVICES	108,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Yes No

Part V	/##	Statement of Revenue									
		Check If Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
w 28	1a	Federated cam	paigns 1a	22,277							
Gifts, Grants ilar Amounts	ь	Membership du	es 1b								
9 E	c	Fundraising eve	ents 1c								
ffs, FA	d	Related organiz	zations 1d								
ig ig	e	Government grants		1,141,781							
ons	f	All other contribute	ons, gifts, grants, and 1f	5,471,456	-						
Contributions, Giffs, Grants and Other Similar Amounts	, g	sımılar amounts no Noncash contribution	ons included in lines	155,840							
ontr nd (6,635,514						
<u>5 6</u>	n n	Total. Add lines	S 1 a - 1 7	▶	0,055,514						
a E	,,,	CAUSE MARKETING	C	Business Code	140 107	140 107					
ever.	2a b	CONFERENCE INC		900004	149,187	149,187					
进	°	PUBLICATION SALE	-	90004	86,282 159	86,282 159					
rwc Z	d	TOBLICATION SALE		900004	139	139					
Ž.	e										
Tag L	f	All other progra	am service revenue								
Program Service Revenue					225 620						
			s 2a-2f		235,628						
		and other simil	ar amounts)	🟲 📗	553,585			553,585			
	4		stment of tax-exempt bond	proceeds							
	5	Royalties	() D								
	6a	Gross rents	(I) Real 59,489	(II) Personal							
	Ь	Less rental	0								
	c	expenses Rental income	59,489								
	d	or (loss)	me or (loss)		59,489			59,489			
	"	Net remai meo	(ı) Securities	(II) Other							
	7a	Gross amount from sales of assets other than inventory	3,098,391	1,243,640							
	b	Less cost or other basis and	1,361,181	1,352,000							
	_c	sales expenses Gaın or (loss)	1,737,210	-108,360							
	d		ss)		1,628,850			1,628,850			
d)	8a	Gross income f	rom fundraising								
Other Revenue		\$	 s reported on line 1c)								
a	ь	Less direct ex	penses b								
δ	С	Net income or ((loss) from fundraising	events 🕨							
	9a		rom gaming activities ne 19 a								
	ь	Less direct ex	penses b								
	C		(loss) from gamıng actı	vities							
	10a	Gross sales of returns and allo									
	b		oods sold b								
	C		(loss) from sales of inv								
	11-	Miscellaneous		Business Code 900099	10 010			19 010			
	l .	RECAPTURED		900099	18,818 17,103			18,818 17,103			
	b	OTHER INCOM	·	900099	17,103			17,103			
	ر ا	All other reven		900099	12,/12			12,/12			
	d e	All other reven		🕨							
					48,633						
	12	iotal revenue.	See Instructions .		9,161,699	235,628	0	2,290,557			

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) 굣 Check if Schedule O contains a response or note to any line in this Part IX . (B) (D) Do not include amounts reported on lines 6b. (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 677,962 466,600 13,615 197,747 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 3,817,169 2,627,129 76,659 1,113,381 Pension plan accruals and contributions (include section 401(k) 144,784 4,225 and 403(b) employer contributions) 210,368 61,359 Other employee benefits 384,392 264,554 7,720 112,118 333,961 229,845 6,707 97,409 10 Fees for services (non-employees) 11 Management Legal 111,301 80,153 15,651 15,497 47,700 6,708 Accounting 29,092 11,900 Lobbying Professional fundraising services See Part IV, line 17 185,015 185.015 Investment management fees . . 70,951 51,096 2,173 17,682 Other (If line 11g amount exceeds 10% of line 25, column (A) 1.963.677 1.806.091 98,118 59,468 amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 9,519 6,856 291 2,372 13 Office expenses 483,623 346,923 13,158 123,542 461,888 14,149 14 Information technology . . . 332,628 115,111 15 Royalties . . 16 525,090 396,046 52,959 76,085 550,705 396,589 16,870 17 137,246 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 75,557 54,412 2,315 18,830 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 136,522 98,316 4,182 34,024 105,705 76,124 3,238 26,343 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) NEWSLETTER & PUBLISHING 645,981 392,064 54 253,863 PROFESSIONAL FEES 273,091 196,666 8,366 68,059 FARMERS/BMP PAYMENTS 262,446 165,194 97,252 d EQUIPMT/SOFTWARE & STOR 77,426 55,759 2,371 19,296 2,197 e All other expenses 8,816 6,349 270 25 Total functional expenses. Add lines 1 through 24e 11,418,865 8,223,270 349,799 2,845,796 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720) 2,157,899 1,581,883 576.016

Form 990 (2014)

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in	this Pa	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			207	1	229
	2	Savings and temporary cash investments			1,203,901	2	1,347,347
	3	Pledges and grants receivable, net			3,104,979	3	1,581,686
	4	Accounts receivable, net			87,303	4	79,304
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Paschedule L	art II d	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers		6		
8	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			18,424	9	42,420
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D					
	b	Less accumulated depreciation	10b	596,364	788,372	10 c	892,123
	11	Investments—publicly traded securities			3,582,356	11	3,698,552
	12	Investments—other securities See Part IV, line 11			16,632,948	12	13,316,708
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets		-		14	
	15	Other assets See Part IV, line 11			1,393,755	15	1,050,222
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			26,812,245	16	22,008,591
	17	Accounts payable and accrued expenses			957,017	17	856,429
	18	Grants payable				18	
	19	Deferred revenue			174,716	19	356,231
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of Sch	edule [21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali					
超		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.	-		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	37,113
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa D	rt X of		921,090	25	938,588
	26	Total liabilities. Add lines 17 through 25		-	2,052,823	26	2,188,361
Ф Ф		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.					
Ĭ	27	Unrestricted net assets			16,237,669	27	12,745,201
<u>평</u>	28	Temporarily restricted net assets			5,483,424	28	4,036,700
=	29	Permanently restricted net assets	3,038,329	29	3,038,329		
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere ►	and			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Ŋet	33	Total net assets or fund balances			24,759,422	33	19,820,230
2	34	Total liabilities and net assets/fund balances			26,812,245	34	22,008,591
	•				-		Form 990 (2014)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	•			F		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,:	161,699		
2	Total expenses (must equal Part IX, column (A), line 25)	2			118,865		
3	Revenue less expenses Subtract line 2 from line 1	3					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			759,422		
5	Net unrealized gains (losses) on investments	5			521,280		
6	Donated services and use of facilities	6		-2,0	121,200		
7	Investment expenses						
8	Prior period adjustments	7					
9	9 Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9			-60,746		
Day	t XII Financial Statements and Reporting	10		19,8	320,230		
Pai	Check if Schedule O contains a response or note to any line in this Part XII				. 区		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis	wed on					
h	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	Yes			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate	25	103			
_	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes			

Additional Data

Software ID:

Software Version:

EIN: 52-1190211

Name: AMERICAN FARMLAND TRUST

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	319,488	including grants of \$) (Revenue \$)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors									1		
(A) Name and Title	(B) A verage hours per week (list any hours for related	er more than one box, unless st person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Office	Ke, emplojee	Highest compensated employee	Former	2,2333 113337	2,2333 113337	related organizations	
(1) BARTON THOMPSON JR	3 00	х		Х				0	0	0	
CHAIR (1) JOHN HARDIN	3 00										
VICE CHAIR		x		х				0	0	0	
(2) WILLIAM COHAN	3 00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		, , ,							
TREASURER		X		Х				0	0	0	
(3) MIRANDA M KAISER	3 00	x		х				0	0	0	
CHAIR (UNTIL DEC 14) (4) AG KAWAMURA	1 00										
DIRECTOR		х						0	0	0	
(5) WILLIAM BOEHM	1 00	,,									
DIRECTOR		X						0	0	0	
(6) ELIZABETH JONES DIRECTOR	1 00	×						0	0	0	
(7) NANCY HIRSHBERG	1 00	х						0	0	0	
DIRECTOR (8) EA'MON O'TOOLE	1 00										
DIRECTOR		X						0	0	0	
(9) GRANT WINTHROP	1 00	х						0	0	0	
DIRECTOR (10) MEL COLEMAN JR	1 00							_	_		
DIRECTOR		х						0	0	0	
(11) ELIZABETH BECK	1 00	x						0	0	0	
DIRECTOR (12) DENNIS WOLFF	1 00										
DIRECTOR		X						0	0	0	
(13) TRUMAN SEMANS	1 00	x						0	0	0	
DIRECTOR (14) THOMAS GALLO	1 00										
DIRECTOR		X						0	0	0	
(15) LAURIE LANDEAU	1 00	х						0	0	0	
DIRECTOR (16) CRAIG MCNAMARA	1 00							_	_	_	
DIRECTOR		Х						0	0	0	
(17) JEAN-MARI PELTIER	1 00	x						0	0	0	
DIRECTOR (18) ANDREW MCELWAINE	35 00										
PRESIDENT & CEO				Х				219,677	0	28,305	
(19) KATHIE LWANGA	35 00			х				63,817	0	11,583	
EXEC ASST/SECRETARY (20) RICK MONK	18 00										
ASST SECRETARY				Х				0	0	0	
(21) RICHARD LUKENS	35 00			х				122,651	0	6,061	
VP, FINANCE & ADMIN (22) SUSAN SINK	35 00						\vdash				
VP OF DEVELOPMENT					Х			202,749	0	18,647	
(23) JAMES DAUKAS	35 00					x		138,537	0	30,735	
VP OF PROGRAMS (24) JULIA FREEDGOOD	35 00										
ASSIST VP PROGRAMS						x		116,149	0	20,924	
	_ [1	·		<u> </u>	1	1	1	1	1	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) ALICE SORENSEN ASST VP, PROGRAM & RES	35 00					х		130,402	0	18,321
(1) EDWARD THOMPSON CA STATE DIR ASSOC	35 00					х		129,611	0	26,207

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493084001146

OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

Name of the organization AMERICAN FARMLAND TRUST

Employer identification number

52-1190211

Pai	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this i	oart.) See instructio	ns.
The o	rganı	zation is not a private fo	oundation beca	auseıtıs (Forlines 1	through 11, ch	eck only one b	ox)	_
1	\sqcap	A church, convention	of churches, o	r association of churc	hes described i	n section 170(b)(1)(A)(i).	
2	Γ	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)			
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1)(A)(iii).	
4	Г	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	escribed in se	ction 170(b)(1)(A)(iii). Enter the
		hospital's name, city,						
5	Γ	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	r operated by	a governmental unit d	escribed in
		section 170(b)(1)(A)((iv). (Complet	e Part II)				
6	\sqcap	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1)(A)(v).	
7	굣	An organization that n				om a governme	ental unit or from the g	eneral public
	_	described in section 1						
8	<u> </u>	A community trust des						
9		An organization that n						
		receipts from activitie						
		its support from gross	investment ir	ncome and unrelated b	usıness taxable	income (less	section 511 tax) from	businesses
		acquired by the organi	zatıon after Ju	ıne 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)	
10	Г	An organization organi	ized and opera	ited exclusively to tes	t for public safe	ty See sectio	n 509(a)(4).	
11	Г	An organization organi						
		one or more publicly s						
а	$\overline{}$	the box in lines 11a th Type I. A supporting o	-			_		
u	'	supported organization						
		organization You mus				,		
b	Γ	Type II. A supporting						
		management of the su			same persons t	hat control or i	manage the supported	organization(s) You
_	_	must complete Part I\			n anaratad in a	annastian with	and functionally into	arated with its
С	1	Type III functionally i supported organization						Jiated With, its
d	Г	Type III non-function						anızatıon(s) that ıs
		not functionally integra					ement and an attentiv	eness requirement
	_	(see instructions) You						TTT 6
е	ı	Check this box if the o integrated, or Type III					s a Type I, Type II, T	ype III functionally
f		Enter the number of su						
g		Provide the following in						
9		. To true the following h		out the pupperton orga	241.01.(0)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the ord	nanızatıon	(v) A mount of	(vi) A mount of
		organization	,	organization	listed in your	•	monetary support	other support (see
				(described on lines	docume	nt?	(see instructions)	ınstructions)
				1-9 above or IRC				
				section (see instructions))				
				mstructions,,	Yes	No		
					1.63	140		
Total								
			_			0		

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ection A. Public Support	•	•		,					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20)14	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,882,062	6,250,775	9,565,650	7,170,759	6,	,635,514	37,504,760		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit									
4 5	Total. Add lines 1 through 3 The portion of total contributions	7,882,062	6,250,775	9,565,650	7,170,759	6,	,635,514	37,504,760		
J	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							6,213,744		
6	(f) Public support. Subtract line 5 from line 4							31,291,016		
-56	ection B. Total Support		<u> </u>	<u> </u>						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total		
7	Amounts from line 4	7,882,062	6,250,775	9,565,650	7,170,759	6,	635,514	37,504,760		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	453,577	533,256	471,845	625,117	613,074		2,696,869		
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 VI)	45,348	37,229	21,589	49,099		48,633	201,898		
11	Total support Add lines 7 through 10							40,403,527		
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12		551,002		
13	First five years. If the Form 990 is organization, check this box and st	op here	<u> </u>							
	ection C. Computation of Pub Public support percentage for 2014			11 (5)						
14				11, column (I))		14		77 450 %		
15	Public support percentage for 2013	•	•			15		76 380 %		
	33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the	alifies as a public	ly supported orgai	nization				► ▼		
17a	box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.									
b	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part VI how the organiza	nization meets the	e "facts-and-circu	ımstances" test,	check this box ar	nd stop h	ere.	▶ ┌		
	supported organization				-			, ▶∟		
18	Private foundation. If the organizations	tion did not check	a box on line 13,	16a, 16b, 17a, o	or 17b, check this	box and	see	▶ □		

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
EXPLANATION OF OTHER INCOME	LIST RENTAL INCOME - 2010 AMOUNT \$ 17,314 2011 AMOUNT \$ 4,906 2012 AMOUNT \$ 2,375 2013 AMOUNT \$ 17,744 2014 AMOUNT \$ 12,712 RECAPTURED EXPENSES - 2010 AMOUNT \$ 24,336 2011 AMOUNT \$ 19,106 2012 AMOUNT \$ 6,233 2013 AMOUNT \$ 22,303 2014 AMOUNT \$ 18,818 OTHER INCOME - 2010 AMOUNT \$ 3,698 2011 AMOUNT
	\$ 13,217 2012 AMOUNT \$ 12,981 2013 AMOUNT \$ 9,052 2014 AMOUNT \$ 17,103

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493084001146

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN FARMLAND TRUST 52-1190211 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 0 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes □ No Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A	Complete if the orga	nization is exempt under	section 501(c)(3) a	and filed Form 5768	(election
	under section 501(h	1)).			

Check	▶ □	if the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address,	EIN,
		expenses	and share of excess lobbying expenditures)	

B Check ► T if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	16,340	
c	Total lobbying expenditures (add lines 1a and 1i	o)	16,340	
d	Other exempt purpose expenditures		8,485,778	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	8,502,118	
f	Lobbying nontaxable amount Enter the amount f	575,106		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	143,777	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) Lobbying nontaxable amount 487,732 504,316 560,690 575,106 2,127,844 Lobbying ceiling amount 3,191,766 (150% of line 2a, column(e)) 156,554 54,640 21,538 16,340 Total lobbying expenditures 249,072 Grassroots nontaxable amount 121,933 126,079 140,173 143,777 531,962 Grassroots ceiling amount 797,943 (150% of line 2d, column (e)) 8,779 12,162 28,693 Grassroots lobbying expenditures

(b) Amount	No
Amount	No
-	
-	
or section)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493084001146

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public Inspection

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Name of the organization **Employer identification number** AMERICAN FARMLAND TRUST 52-1190211 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) ✓ Protection of natural habitat Preservation of a certified historic structure ▼ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 44,995 00 Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located ▶____ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>storic</u>	<u>cal Tr</u>	easu	res, or O	the	<u>r Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck a	iny of t	the follo	owing that a	are a	significant use	ofits	
а	Public exhibition		d	Γ	Loan	or exch	nange progi	ams			
b	Scholarly research		е	Γ	Other	r					
C	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	w they	furthe	er the o	rganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit										–
Dor	assets to be sold to raise funds rather than to the transfer to be sold to raise funds rather than to the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold to raise funds rather than the transfer to be sold									┌ Yes	☐ No
Pal	Part IV, line 9, or reported an ar						i aliswele	u i	es to roillis	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets r		┌ Yes	
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	wing ta	able		_				
									An	nount	
C	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21,	for es	crow	rcusto	dıal accou	nt lıa	bility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expl	anatıo	n has	been p	rovided in I	art)	×III		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)	Prior ye		b (c) Tw			hree years back	(e) Four	years back
1a	Beginning of year balance	20,215,304			84,538		17,290,706		16,396,509		16,935,297
Ь	Contributions	35,000		1,2	49,860		3,590,000				1,250,256
С	Net investment earnings, gains, and losses	-322,464		2,1	81,857		2,360,273		3,138,072		201,200
d	Grants or scholarships										
e	Other expenditures for facilities	2,912,580		4.0	00,951		2,456,441		2,243,875		1,990,244
_	and programs	_,:,: -		-,-			_, ,		_,,_		
f	Administrative expenses End of year balance	17,015,260		20.2	15,304		20,784,538	 	17,290,706		16,396,509
g	,	· · ·	//			- /- \\ l-		1	17,230,700		
2	Provide the estimated percentage of the cur	rent year end baland 77850%	ze (III	ie Ig,	colum	ın (a)) n	ieid as				
а	Board designated or quasi-endowment	77 830 70									
Ь	Permanent endowment ► 17 860 %										
С	remporarily restricted endowment	90 %									
a -	The percentages in lines 2a, 2b, and 2c sho	•				4 4 -	4	J C	Al		
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	tnat a	re nei	a ana a	amınıstere	a tor	tne	Yes	s No
	(i) unrelated organizations								3a		No
	(ii) related organizations								3a(ii)	No
b	If "Yes" to 3a(II), are the related organization	•							🛚 зі	b	
4	Describe in Part XIII the intended uses of the						Lbr				
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		tne o	rganı	ızatıoı	n answ	rered Yes	to to	Form 990, Pa	art IV,	line
	Description of property	10.) Cost o	r other stment)	(b)Cost or basis (oth		(c) Accumulate depreciation	d (d)	Book value
	Land			+							
	Buildings										
	Leasehold improvements						658	3,344	254,3	16	404,028
	Equipment),143	342,0		488,095
	Other						1	,	, _		,
	I. Add lines 1a through 1e (Column (d) must e			ımn (E	3), line	10(c).)		•			892,123
	, , , , , , , , , , , , , , , , , , , ,		,	,-		· /-/) (Form	990) 2014

See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests (3)O ther		
(A) MUTUAL FUNDS	13,316,708	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	13,316,708	
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizatio	n answered 'Ves' to Form 990	Part IV, line 11d See Form 990, Part X, line 15
(a) Descr		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.	anization answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
SPLIT-INTEREST AGREEMENTS PAYABLE	244,410	
DEFERRED RENT AND LEASE INCENTIVES DEPOSITS	692,853	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	+	

Part		Revenue per Audited Financial Stat swered 'Yes' to Form 990, Part IV, line 1		nts With Revenue	per R	Leturn Complete if
1		her support per audited financial statements			1	6,479,673
2	Amounts included on line 1 i	but not on Form 990, Part VIII, line 12				
а) on investments	2a	-2,621,280		
b	= -	ffacilities	2b	, ,	1	
c		nts	2c		1	
d)	2d	-60,746	1	
e	Add lines 2a through 2d				2e	-2,682,026
3	J				3	9,161,699
4		190, Part VIII, line 12, but not on line 1			Ť	7,202,000
a		cluded on Form 990, Part VIII, line 7b.	4a	Ī		
b	·)	4b		1	
c	Add lines 4a and 4b	•			4c	0
5		nd 4c. (This must equal Form 990, Part I, line			5	9,161,699
Part		Expenses per Audited Financial Sta				
		nswered 'Yes' to Form 990, Part IV, line				
1	Total expenses and losses p	er audited financial statements			1	11,418,865
2	Amounts included on line 1 b	out not on Form 990, Part IX, line 25				
а	Donated services and use of	facilities	2a			
b	Prior year adjustments .		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d .				2e	0
3	Subtract line 2e from line 1				3	11,418,865
4	Amounts included on Form 9	90, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b	4a			
ь)	4b		1	
c	Add lines 4a and 4b .		-		4c	0
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, Part I, lin	e 18)		5	11,418,865
Part	XIII Supplemental Ir					, ,
ınforr	nation Return Reference	Explanation				·
PART	II, LINE 5	AFT'S POLICY IS TO MONITOR EACH O ISSUE OR CIRCUMSTANCE REGARDING FREQUENT VISITS AFT HAS ALSO ADO MANNER IN WHICH AFT DETERMINES A EASEMENTS AFT CONTINUALLY EVALU TO DETERMINE THE APPROPRIATE MO ENSURE THAT THE CONSERVATION PU	A PA PTED ND EI JATES NITO	RTICULAR PROPERTY A VIOLATIONS POLI NFORCES VIOLATION E EACH EASEMENT ON RING AND INSPECTIO	WARF CYTH SOFO ACA NNEE	RANTS MORE AT ADDRESSES THE CONSERVATION SE-BY-CASE BASIS EDS REQUIRED TO
PART	II, LINE 9	IT IS THE ORGANIZATION'S POLICY, WEXTINGUISH IN PERPETUITY THE DEVE CONSEQUENTLY, ALL SUCH EASEMENT DEVELOPMENT RIGHTS ARE NOT SO THE BECAUSE IT IS MANAGEMENT'S OPINITIS COST FOR THESE EASEMENTS ANY EASEMENT TO A QUALIFIED ENTITY AND PROTECTION FUND	ELOPN SARI REATE ON TH PRO	MENT RIGHTS ON THE E VALUED AT ONE DOI ED HAVE ALSO BEEN V HAT THE ORGANIZATI CEEDS FROM THE SAL	UNDE LAR ALUE ON W E OF	RLYING PROPERTY EASEMENTS WHOSE D AT ONE DOLLAR ILL NOT RECOVER A CONSERVATION
PART	V, LINE 4	THE ORGANIZATION IS COMMITTED TO PROGRAM OF INVESTMENTS TO PRESE OF THE FUND SO AS TO PROVIDE A ST. CURRENT INCOME FOR ANNUAL OPERA OBJECTIVE IS TO ATTAIN A MINIMUM CONSUMER PRICE INDEX (AFTER MANA PRIMARY MEASURE OF THE ORGANIZA BLENDED BENCHMARK BASED ON ITS TO BJECTIVES, THE ORGANIZATION INTRIGOROUS IN THE DISCIPLINES THEY LEVELS OF RISK AND WHO AVOID SPECTERM FINANCIAL TRENDS OR MOMENT DISTRIBUTION OF FUND EARNINGS TO SPENDING POLICY AND IS MANAGED OF DISTRIBUTIONS COMPRISE INTEREST FINANCE COMMITTEE PLANS FOR THE LIQUIDATING INVESTMENTS AT AN UNPRIMARILY IN LIQUID SECURITIES, INDEAD	RVE A ABLE ATING RATE AGEMI TION TARGE ENDS UTILI CULAT UM IN THE ON A T AND SE DIS NFAVO CLUD	AND ENHANCE THE RE AND, IN REAL TERMS, NEEDS THE ORGANI OF RETURN OF 5% PL ENT FEES) OVER AN IN 'S INVESTMENT PERFO TO SELECT INVESTM ZE TO PRODUCE RETU TION EXPLAINED OR R N SPECIFIC ECONOMI OPERATING BUDGET I OTAL RETURN BASIS DIVIDENDS PLUS SOM STRIBUTIONS TO AVO ORABLE TIME THE FUI	ALPU CONS ZATIC US TH NVEST N IN ENT M JRNS ATIO C SEC IS BAS IN M IE APF ID TH ND SH	RCHASING POWER STANT STREAM OF ON'S INVESTMENT HE CHANGE IN THE MENT CYCLE THE NCE WILL BE A PURSUING THESE MANAGERS WHO ARE AT ACCEPTABLE NALIZED BY SHORT- TORS SED ON THE OST YEARS, PRECIATION THE HE NECESSITY OF ALL BE INVESTED
		AND COMMINGLED INVESTMENT FUND				
	XI, LINE 2D - OTHER STMENTS	CHANGE IN VALUE OF SPLIT-INTEREST	r agr	EEMENTS -60,746		
						

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

Indicate whether the organization raised funds through any of the following activities. Check all that apply

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

DLN: 93493084001146

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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.

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

Inspection

Internal Revenue Service Name of the organization

AMERICAN FARMLAND TRUST

✓ Mail solicitations

Phone solicitations

▼ In-person solicitations

▼ Internet and email solicitations

Employer identification number

52-1190211

e Solicitation of non-government grants

Solicitation of government grants

Special fundraising events

Part I	Fundraising Activities. Complete if the organization answere	d "Yes	" to Form	990,	Part IV,	lıne	17.	Form	990-EZ
	filers are not required to complete this part.								

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1 EIDOLON COMMUNICATIONS 15 MAIDEN LANE SUITE 1401 NEW YORK, NY 10038	DIRECT MAIL	Yes	No No	1,387,323	222,400	1,164,923
2						
3						
4						
5						
6						
7						
8						
9						
10						
			.	1,387,323	222,400	1,164,923

AL, AK, AR, CA, CT, DC, CO, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC,

registration or licensing

TN, UT, VA, WA, WV, WI, MO, TX

Pa	rt I	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	tion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported les 1 and 6b. List
		3 1 3	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
φΛΦ	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ဟ	5	Noncash prizes				
suse	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
ᇫ	9	Other direct expenses .				
	10	Direct expense summary Add line	es 4 through 9 in colum	n (d)		()
	11	Net income summary Subtract lir				
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than
		\$15,000 on Form 990-EZ, lin	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) billigo	bingo/progressive bingo		col (a) through col
<u>~</u>	1	Gross revenue				
နှင့် မေ	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	✓ Yes	Г Yes% Г No	│ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, c	column (d)		
9	E n	ter the state(s) in which the organiza	tion conducts gaming a	ctivities		
а		the organization licensed to conduct		•		Г _{Yes} Г _{No}
b	If"	'No," explain				
10a b		ere any of the organization's gaming l	icenses revoked, suspe	ended or terminated during		

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	,,		Г _{Yes} Г	— No
13	Indicate the percentage of gaming acti		1 1	,	
а	The organization's facility		13a		%
b	An outside facility				%
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records		
	Name ▶				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
154				┌ Yes 「	– _{No}
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the		
С	If "Yes," enter name and address of the	e third party			
	Name ►				
	Address 🏲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$		······		
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes} [Γ _{No}
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent		
	ın the organization's own exempt activi		·		
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		

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DLN: 93493084001146

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

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

Open to Public Inspection

Name of the organization AMERICAN FARMLAND TRUST

Employer identification number

52-1190211

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee ▼ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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), 501(c)(4), and 501(c)(29) 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			
а	The organization?	5a		No
	Any related organization?	5b		No
_	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	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		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 ANDREW MCELWAINE, PRESIDENT & CEO	(i) (ii)	219,677 0	0	0	4,796 0	23,954 0	248,427 0	0
2 SUSAN SINK, VP OF DEVELOPMENT	(i) (ii)	195,249 0	7,500	0	9,967	9,324	222,040	0
3 JAMES DAUKAS, VP OF PROGRAMS	(i) (ii)	138,537	0	0	7,525 0	26,614	172,676 0	0
4 EDWARD THOMPSON, CA STATE DIR ASSOC	(i) (ii)	129,611 0	0	0	6,543	21,358	157,512 0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference **Explanation**

Schedule J (Form 990) 2014

DLN: 93493084001146

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Open to Public Inspection

nount of tax incurred	on (b) F	ed "Yes" or Relationshi person a		Part IV, line		(c)(29 or Form	orgaı 990-	EZ, Part	V, line	40b (d) Corr Yes	rected?	
ete if the organization of disqualified person	on (b) F	ed "Yes" or Relationshi person a	n Form 990, p between d	Part IV, line	25a or 25b, o	or Form	990-	EZ, Part	V, line	(d) Cori		
of disqualified perso	on (b) F	Relationshi person a	p between c	ısqualıfıed						(d) Cori		
		person a			(c) Desc	ription	or tra	nsaction				
nount of tax incurre	d by organ									Tes	NO	
nount of tax incurre	d by organ	uzation ma							L			
nount of tax incurre	d by organ	zation ma										
d/or From Inte	rested P	ersons.	nbursed by t	the organizati	on	 		▶ \$		anızatıor		
(b) Relationship	(c) urpose of	(d) Loan or from t	to he	(e)O riginal principal amount	(f) Balance due		default? Ap		oproved agr board or		(i)Written greement?	
		То	From			Yes	No	Yes	No	Yes	No	
	\$	fiting In	terested		art IV, line 2				Purpos			
•	d/or From Inte organization answe ount on Form 990, P	d/or From Interested Porganization answered "Yes" ount on Form 990, Part X, line (b) Relationship with organization Purpose of	d/or From Interested Persons. organization answered "Yes" on Form 99 ount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan or from the organization organization organization	d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part ount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan forganization?	d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a, count on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan or from the organization? (c) (d) Loan to or from the organization?	d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, ount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan Purpose of loan organization? (c) Purpose of loan organization? (d) Loan to principal due amount	d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV ount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan organization? (c) (d) Loan to principal due defaute organization? (e) Original principal due defaute organization?	d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 2 ount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? (e) Original principal due default?	### d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if ount on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan (c) Purpose of loan Organization? (e) Original principal due default? Approximation Approximation Approximation Organization? Approximation Approximation Approximation Organization Approximation Appro	d/or From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization on Form 990, Part X, line 5, 6, or 22 (b) Relationship with organization Purpose of loan Corporation (c) Purpose of loan Porm 10	mount of tax, if any, on line 2, above, reimbursed by the organization	

Part IV Business Transactions I Complete if the organization			e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sha of organiz revent	: :atıon's
				Yes	No
(1) RICK MONK	ASSISTANT SECRETARY TO AFT AND COUNSEL FOR KALBIAN HAGERTY	, i	MR MONK IS ASSISTANT SECRETARY OF AFT, AND IS ALSO COUNSEL AT KALBIAN HAGERTY, A LAW FIRM HELD ON RETAINER BY AFT DURING THE YEAR, KALBIAN HAGERTY PROVIDED SERVICES TO AFT, OF WHICH 71% WERE PROVIDED BY MR		No

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

Return Reference	Explanation		

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Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493084001146

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Noncash Contributions

Inspection

Name	of	the	org	anı	ızat	101
AMERIC	:AN	FAR	MLA	ND	TRU	JST

Employer identification number

				1 3 2	-1190211			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		_	nts
1	Art—Works of art							
2	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household							
6	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	19	144,992	FMV			
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts			5 4 9 9	ENAL /			
	Other►(NT SUPPLIES)	X	1	6,198	-M∨			
	Other►(X	1	4,650	FMV			
	D & BEVERAGE)		_	,,,,,				
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received by th				a			
	for which the organization completed F	form 8283,	Part IV, Donee Acknowle	dgement Z	7		. I	
20-	During the year, did the organization	racawa by	contribution any proporty	conarted in Dart I lines 1	through 20 that		Yes	No
3Ua	it must hold for at least three years fr							
	for exempt purposes for the entire ho			, and winch is not required	i to be used			
			'			30a		No_
	If "Yes," describe the arrangement in Does the organization have a gift acc		licy that requires the revie	w of any non-standard co	ntributions?	31		Νo
	Does the organization hire or use thir							
J∠ā	contributions?	•		· · · · · · · ·		32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			
	describe in Part II							
	·							

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

DLN: 93493084001146

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

Name of the organization AMERICAN FARMLAND TRUST **Employer identification number**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE	
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS SUBMIT A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS FOLLOWING THE FAL L BOARD MEETING THE STATEMENTS ARE SENT TO THE AFT GENERAL COUNSEL FOR REVIEW ANY CONFLI CTS ARE REPORTED TO AFT ALL EMPLOYEES ARE NOTIFIED ANNUALLY OF THE CONFLICT OF INTEREST P OLICY 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 EXECUTIVE COMMITTEE FOR APPROVI NG ANY COMPENSATION ARRANGEMENTS WITH DISQUALIFIED PERSONS AS DEFINED UNDER THE INTERNAL R EVENUE CODE (GENERALLY SENIOR MANAGEMENT, PERSONS WHO, AT ANY TIME DURING THE PRIOR 5-YEAR S, WERE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE ORGANIZATI ON OR PERSONS RELATED) THE COMMITTEE FUNCTIONS AS DE FACTO COMPENSATION COMMITTEE IN ADDI TION TO ITS OTHER RESPONSIBILITIES THE COMMITTEE IS COMPRISED OF OUTSIDE, DISINTERESTED DIFFERENCE AND KNOWLEDGE NECESSARY TO REVIEW AND EVALUAT ETHE COMPARABILITY OF COMPENSATION DATA OBTAINED FOR THE COMMITTEE THE COMMITTEE DETERMI NES, PRIOR TO EACH YEARS WINTER BOARD MEETING, WHICH 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 AND ARRANGEMENTS E NITERED INTO BY AFT WITH ALL DISQUALIFIED PERSONS (THESE INCLUDE ALL COMPENSATION AND ARRANGEMENTS E NITERED INTO BY AFT WITH ALL DISQUALIFIED PERSONS (THESE INCLUDE ALL COMPENSATION AND BENE FITS, INCLUDING SALES OR OTHER TRANSFERS OF PROPERTY) THE COMMITTEE GENERALLY UTILIZES IN FORMATION FROM STANDARD COMPENSATION SURVEYS IN CONDUCTING ITS EVALUATION THE COMMITTEE D COMMENTS ITS PROCEEDINGS WITH WRITTEN RECORDS, SETTING FORTH THE TERMS OF THE COMMITTEE D COMMENTS FROM THE DATE THEY WERE APPROVED THE RECORDS INCLUDE THE NAMES OF THE COMMITTEE, HOW THE DATE THEY WERE APPROVED THE RECORDS INCLUDE THE NAMES OF THE COMMITTEE, HOW THE DATE THEY WERE APPROVED THE RECORDS INCLUDE THE NAMES OF THE COMMITTEE, HOW THE DATA WAS OBTAINED, AND THE ACTIONS TAKEN WITH RESPECT TO CONSI DERATION OF COMPENSATION TRANSACTIONS BY ANY ONE WHO IS OTHERWISE A MEMBER OF THE COMMITTEE. JULT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION OR ARRANGEMENT THIS DOCUMENTATIO
FORM 990, PART VI, SECTION C, LINE 19	AFTER THE DECISION IS MADE OR (B) THE DATE 60 DAYS AFTER THE DATE OF APPROVAL THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON OUR WEBSITE OR BY WR ITTEN REQUEST THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST
FORM 990, PART IX, LINE 11G	CONSULTANTS/TEMPS PROGRAM SERVICE EXPENSES 1,806,091 MANAGEMENT AND GENERAL EXPENSES 98, 118 FUNDRAISING EXPENSES 59,468 TOTAL EXPENSES 1,963,677
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -60,746
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR