Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, Check if applicable: C Name of organization D Employer identification number Address change AMERICAN FARMLAND TRUST Name change 52-1190211 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (202) 331-73001150 CONNECTICUT AVENUE, NW 600 46,882,172. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20036 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOHN F. PIOTTI Yes X No for subordinates? SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.FARMLAND.ORG **H(c)** Group exemption number K Form of organization: X Corporation Association Other > L Year of formation: 1980 M State of legal domicile: DC Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF AMERICAN FARMLAND Activities & Governance TRUST IS TO SAVE THE LAND THAT SUSTAINS US BY PROTECTING FARMLAND, if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 158 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 30,353,771. 35,484,625. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,150. 4,990. Program service revenue (Part VIII, line 2g) 644,275. 1,126,438. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 101,108. 122,335. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 734,548. 31,104,144. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,109,104. 1,785,727. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 10,597,090. 12,658,798. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 548,155. 589,478. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 13,006,028. 7,098,717. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 22,132,720. 26,260,377. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,843,767. 14,601,828. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year Por **End of Year** 46,332,584. 63,889,323. 20 Total assets (Part X, line 16) 8,713,861. 6,553,323. 21 Total liabilities (Part X, line 26) 旨存 37,618,723. 57,336,000. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Ashley Bovino 6/6/2022 Signature of officer Sign ASHLEY BOVINO, CFO AND VP OF FINANCE & ADMIN. Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature rank H. Smith 06/06/22 ₽00639053 FRANK H. SMITH Paid self-employed Firm's name MARCUM, LLP Firm's EIN ▶ 11-1986323 Preparer Firm's address 1899 L STREET, NW, SUITE 850 Use Only Phone no. (202) 227-4000 WASHINGTON, DC 20036 X Yes May the IRS discuss this return with the preparer shown above? See instructions

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF AMERICAN FARMLAND TRUST IS TO SAVE THE LAND THAT
	SUSTAINS US BY PROTECTING FARMLAND, PROMOTING SOUND FARMING PRACTICES,
	AND KEEPING FARMERS ON THE LAND. IN OUR 41-YEAR HISTORY, AMERICAN
	FARMLAND TRUST HAS HELPED TO PROTECT MORE THAN 6.9 MILLION ACRES OF
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	<u> </u>
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 13,144,059. including grants of \$1,260,800.) (Revenue \$1,150.)
ти	STATE, LOCAL AND FEDERAL PROGRAMS -
	ALTHOUGH 2021 WAS OFTEN DIFFICULT DUE TO THE ONGOING PANDEMIC, THE YEAR
	ALSO BROUGHT MANY SUCCESSES IN THE EFFORT TO GIVE FARMERS AND RANCHERS
	THE HELP THEY NEED TO STEWARD THE LAND THAT SUSTAINS AMERICA. HERE IS A
	SAMPLING OF AMERICAN FARMLAND TRUST ACHIEVEMENTS.
	EXPANDING OUR IMPACT IN THE SOUTHEAST AND SOUTHWEST
	WE LAUNCHED NEW PROGRAMS AND RAISED FUNDING FOR EXCITING NEW
	OPPORTUNITIES, INCLUDING \$1.6 MILLION FOR THE KENTUCKY COMMERCIAL RYE
	COVER CROP PROJECT TO EXPAND THE DEVELOPMENT, PRODUCTION, AND SALE OF
	KENTUCKY RYE. WE ALSO SECURED FUNDING FOR "FARMS UNDER THREAT: 2040"
4b	(Code:) (Expenses \$2,662,394. including grants of \$) (Revenue \$)
	PUBLIC EDUCATION -
	ADVIOLATED A DES ELECTIONS CON PROCEDUMS AND DOLLECTED THAT CALLE DADMI AND
	ADVOCATE - AFT FIGHTS FOR PROGRAMS AND POLICIES THAT SAVE FARMLAND,
	SUPPORT FARMERS AND ENHANCE OUR ENVIRONMENT.
	EDUCATE - AFT EDUCATES THE PUBLIC ABOUT OUR NATION'S FARMS, FARMLAND
	AND FARMERS.
	INNOVATE - AFT PIONEERS CUTTING-EDGE TECHNIQUES THAT PROTECT FARMLAND
	AND PROTECT NATURAL RESOURCES.
	INVESTIGATE - AFT CONDUCTS RESPECTED RESEARCH AS THE FOUNDATION OF OUR
4c	
	COMMUNICATIONS AND MEDIA OUTREACH -
	AFT CONTINUOUSLY ENGAGES THE PUBLIC THROUGH OUR DIRECT COMMUNICATIONS
	WITH OUR MEMBERS, VARIOUS PUBLICATIONS AND MEDIA OUTREACH.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,425,991 • including grants of \$ 520,640 •) (Revenue \$ 2,208 •)
4e	Total program service expenses ► 18,191,273.
	Form 990 (2020)

Form 990 (2020) AMERICAN FARMLAND TRUST Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-	- 21	
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			, .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		l x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
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			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
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		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

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Form 990 (2020) AMERICAN FARMLAND TRUST
Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0.5	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30		
٥,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2020) AMERICAN FARMLAND TRUST

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

Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2a 158 158 58 X Note: If the sum of lines 14 and 28 is greater than 250, you may be required to a yilly deep instructions). 3a If the organization have united abusiness gross is someous (51,000 or more during the year) 3a If the organization have united abusiness gross is someous (51,000 or more during the year) 3a If Yes, I has it filled a form 980°F for this year? If Yes 10 line 30, provide an explanation or Schedule O. 3b If Yes, I has it filled a form 980°F for this year? If Yes 10 line 30, provide an explanation or Schedule O. 3b If Yes, I have the harms of the foreign country by the If Yes, I have the harms of the foreign country by the If Yes, I have the harms of the foreign country by the If Yes, I have the harms of the foreign country by the If Yes, I have the harms of the foreign country by the If Yes, I have the harms of the foreign country by the If Yes, I have the harms of the foreign country by the If Yes, I have the harms of the foreign country by the If Yes, I have the harms of the foreign country by the If Yes, I have the harms of the foreign country by the If Yes, I have the harms of the foreign country by the If Yes, I have the harms of the foreign Bank and Financial Accounts (FBAR) 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any orothicutions that were not tax deductable as characted combinations? 5b If Yes, I will be organization in explanation file Foreign 886.77 6c If Yes If If I we organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit and the organizations are present than the service of the property or which the service of the property or organization solicit and the organizations are present than the property organization solicit and the organization file organizat		i (continued)				
their for the calendary year ending with or within the year covered by this return 2a	0-	Fatantha annahan of annalances was acted as Fama M.O. Transportital of Mana and Tay Otata sports	l I		Yes	No
b If a least one is reported on line 2a, did the organization fle all required federal employment tax returns? Note: If the sum of lines Is and 2s in greater than 50, you may be required to _e/is (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it field a Form 980-T for this year? If "Yo- to lire 30, provide an organization of Schodule 0 3ch 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 business and the register of the substitutions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5ch If "Yes," in the file or a prohibited tax shelter transaction at any time during the tax year? 5ch University of the sold any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5ch If "Yes," in the 5a or 50, did the organization that It was or is a party to a prohibited tax shelter transaction? 5ch If "Yes," in the 5a or 50, did the organization that It was or is a party to a prohibited tax shelter transaction? 5ch If "Yes," in the sold the organization in Foreign Bank and Financial Accounts (FBAF). 5ch If "Yes," in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of antirable contributions? 5ch If "Yes," in the organization notify the donor of the value of the goods or services provided? 5ch If "Yes," in the organization notify the donor of 575 made partly as a contribution and partly for goods and services provided to the page of the organization received and, exchange, or otherwise dispose of tangible personal property for which it was required to the ferma flower page of the value of the goods or services provided? 7ch If Wes," indicate the number of Forms 8282 flied during the year 7d If If the organi	Za		158			
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife, (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes, "has it filed a Form 980-T for this year" "No" to bir 80, provide an explanation on Schedule O ab I array 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 accounts)? 4a X b If Yes, "enter the name of the foreign country Feb. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of the organization that twas or is a party to a prohibited stax shelter transaction? 5b IX c If Yes, "do the organization and the organization file Form 88881? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? organizations that may receive deductible contributions under section 170(c). 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? organization seed and payment in excess of \$7s made party as a contribution and party for goods and services provided to 10 the payor? 7c If Yes, "did the organization notity the donor of the value of the goods or services provided? 7d Organization seed and payment in excess of \$7s made party as a contribution and party for goods and services provided to the payor? 7a If Yes, "did the organization notity the donor of the value of the goods or services provided? 7b If Yes, "did the organization receive any funds, directly or indirectly, to pay premiume on a personal benefit contract? 7c IX g If the organization received any funds, di	h		•	2h	x	
3a IX b If "Yes," indicate the number of Forms 822° find the organization have unrelated business gross income of \$1,000 or more during the year? 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 of foreign country. 5a li "Yes," inche find prequirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a If "Yes to line \$5 or \$5, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "So If "Yes to line \$5 or \$5, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes to line \$5 or \$5, did the organization the from 8886"? 6a Doss the organization have annual gross necepits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If	b			20		
b If Yes, *has it filed a Form 990 T for this year? If *No* to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b If Yes, *enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes' to line Sa or Sb, did the organization file Form 8888-17? 6b Did any staable party notify the organization file Form 8888-17? 6c 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? 6c Does the organization shall many receive deductible contributions under section 17(bc). 6c Did the organization shall many receive deductible contributions under section 17(bc). 6c Did the organization shall many receive deductible contributions under section 17(bc). 6c Did the organization several payment in exess of SF made party as a contribution and party for goods and services provided to the payor? 7a X 7b Did the organization receive a power in exess of SF made party as a contribution and party for yoods and services provided to the payor? 7b If Yes, "indicate the number of Forms 82822 filed during the year 6 Did the organization receive any power power to the value of this pools of services provided? 7c Did the organization received an ountbut of or qualified intellectual property, of the organization free Payment	За			3a		х
4a A any time during the calendary 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 accounts? 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 aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes", did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions. 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or the value of the goods or services provided? 7 Did the organization state was not the donor of the value of the goods or services provided? 7 Did the organization transparent in excess of \$75 made party is a contribution and party for pods and services provided to the payor? 7 Did the organization state and payor the value of the goods or services provided? 7 Did the organization receive a pay premium; directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution or qualified intellectual proper						
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. If Eve, "complete Form 4720, Schedule O.	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization and file Form 4720, Schedule O.	а					
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.				
	16	•	income?	16		X
		If "Yes," complete Form 4720, Schedule O.		-	000	(0.2.5.

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	7		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
_	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the			<u> </u>		 -
3				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filod?			X
						X
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X
6	Did the organization have members or stockholders?			6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_		₩
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		,			3,7
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		**	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		1	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a			
	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			.00		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· ·			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, FL, G	A.H	I.IL.KS.K	7 , MD	, MA	, MT
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					
.5	for public inspection. Indicate how you made these available. Check all that apply.	550	. (5556511 551 (6)(6	Jo only	, availa	
		C	abadula (C)			
10	X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd finan	cial	
19		i iiiiCt (or interest policy, at	iu iiiiali	icial	
20	statements available to the public during the tax year.	ko o:-	d rooprdo			
20	State the name, address, and telephone number of the person who possesses the organization's boo ASHLEY BOVINO $-$ (202) $331-7300$	ks an	u records -			
		C	20036			
	CONTROL OF THE TANK OF THE CONTROL O	,	40030	Γ	ո 990	(0000)
U32006	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES			rorr	ロンンひ	(2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not cl , unles cer an	ss per	ition more rson is	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN F. PIOTTI	37.50	1						266 002	•	46.064
PRESIDENT & CEO	27 50			Х				366,923.	0.	46,864.
(2) JOHN LARSON	37.50	-			,,			011 400	0	20 504
SENIOR VICE PRESIDENT	27 50				Х			211,400.	0.	38,504.
(3) ASHLEY BOVINO, CFO AND VP OF	37.50	-		37				207 500	0	20 476
FINANCE & ADMIN.	27 50			Х				207,500.	0.	29,476.
(4) BETH SAUERHAFT	37.50	1						166 000	0	26 250
VICE PRESIDENT OF PROGRAMS (5) DAVID HAIGHT	37.50					Х		166,000.	0.	26,258.
(5) DAVID HAIGHT VICE PRESIDENT OF PROGRAMS	37.30	1				x		140,000.	0.	22 101
(6) MINI AGGARWAL	37.50					^		140,000.	0.	32,184.
FINANCE CONTROLLER	37.30	1				X		146,500.	0.	22,956.
(7) TIMOTHY FINK	37.50							140,500.	0.	22,330.
POLICY DIRECTOR	37.30	1				x		150,000.	0.	15,297.
(8) RICK MONK, VICE PRESIDENT	37.50							130,000.	•	13,2376
AND GENERAL COUNSEL	3,130	1		х				147,000.	0.	15,100.
(9) NICHOLAS HERMAN	37.50								•	
VICE PRESIDENT OF DEVELOPMENT		1				х		125,000.	0.	27,335.
(10) KATHIE LWANGA	37.50							,	-	,
SECRETARY				Х				76,650.	0.	16,573.
(11) JOHN HARDIN	3.00							·		•
CHAIR		Х		Х				0.	0.	0.
(12) GRANT WINTHROP	1.00									
VICE CHAIR - AS OF 10/2020		Х		Х				0.	0.	0.
(13) LAURIE LANDEAU, VICE CHAIR	3.00									
- UNTIL 10/2020, DIRECTOR		Х		Х				0.	0.	0.
(14) ROBERT E. EGERTON JR.	3.00									
TREASURER		Х		Х				0.	0.	0.
(15) LILLIAN (EBONIE) ALEXANDER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) WILLIAM BOEHM	1.00									
DIRECTOR	1	Х						0.	0.	0.
(17) EMILY BROAD LEIB	1.00	_						_	_	_
DIRECTOR		X			l		l	0.	0.	0.

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Form 990 (2020) AMERICAN	FARMLAN	ΙD	TR	US	Т				52-1190	211	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	(F	;)
Name and title	Average	(do			ition more		nne	Reportable	Reportable	Estim	ated
	hours per	box,	, unles	ss per	son is	s both	n an	compensation	compensation	amou	nt of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	oth	
	(list any	rector						the	organizations	comper	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)	from	
	organizations	ustee	trust		9	Suedi		(W-2/1099-MISC)		organi and re	
	below	ual tr	tional		ploye	t con	_			organiz	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			Organiz	ations
(18) LYNN CLARKSON	1.00	=	=	0	포	工业	Т.				
DIRECTOR		Х						0.	0.		0.
(19) HELENE DILLARD	1.00										
DIRECTOR		Х						0.	0.		0.
(20) OTTO DOERING	1.00										
DIRECTOR		Х						0.	0.		0.
(21) GINA GALLO	1.00										
DIRECTOR		Х						0.	0.		0.
(22) JENNIE TURNER GARLINGTON	1.00										
DIRECTOR		Х						0.	0.		0.
(23) RALPH GROSSI	1.00										
DIRECTOR		Х						0.	0.		0.
(24) CANNON MICHAEL	1.00										
DIRECTOR		Х						0.	0.		0.
(25) JAMES MOSELEY	1.00										
DIRECTOR		Х						0.	0.		0.
(26) EA'MON O'TOOLE	1.00										
DIRECTOR		Х						0.	0.		0.
1b Subtotal							>	1,736,973.	0.	270,	547.
c Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	1,736,973.	0.	270,	547.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable		
compensation from the organization										1	23
									ſ	Ye	s No
3 Did the organization list any former officer,			-	-	-		_	•	•		77
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from the	ne organization	7:	

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
PRODUCTIONS SOLUTIONS, INC., P.O. BOX	DIRECT MAIL	
26168, OKLAHOMA CITY, OK 73126-0618	PRODUCTION	1,568,082.
RED RIVER MANAGED		
P.O. BOX 78622, PHILADELPHIA, PA 19178-6622	COMPUTER SERVICES	320,834.
EIDOLON COMMUNICATIONS, 15 MAIDEN LANE,		
SUITE 1401, NEW YORK, NY 10038-5113	DIRECT MAIL	253,206.
CONSERAVATION SCIENCE PARTNERS, 11050		
PIONEER TRL, #202, TRUCKEE, BRITISH COL.,	CONSULTING DYNAMICS	233,375.
INCITE AUTOMATION		
1800 FLEET STREET, BALTIMORE, MD 21231	CONSULTING DYNAMICS	115,290.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 10		
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

orm 990 AMERICAN F	ARMLAN	D	TR	<u>US</u>	Т_				52-119	0211
Part VII Section A. Officers, Directors, Truste	ees, Key Em	nplo	yees	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cł	neck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	٥٢				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d emp		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	related	ee or	stee			nsate		(** 27 1000 141100)		and related
or	rganizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itutio	cer	Key employee	hest c	Former			
	line)	lnd	Inst	Officer	Key	Hig	Fon			
27) MANYA RUBINSTEIN	1.00									
IRECTOR		Х						0.	0.	0.
28) BARTON (BUZZ) THOMPSON JR.	1.00									
IRECTOR - UNTIL 10/2020		X						0.	0.	0.
_										
			$\vdash \vdash$							
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<u> </u>										
otal to Part VII, Section A, line 1c										

Form 990 (2020) AMERICA
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 9	Federated campaigns 1a	14,459.				
anta		1 9	293,901.				
رج <u>ج</u>			275,701.				
Ţ\$,							
Contributions, Gifts, Grants and Other Similar Amounts			010,307.				
ns, Sim		• • •	010,307.				
er i	Ť	All other contributions, gifts, grants, and	C1 CE0E0				
현된		***	6165958.				
d d	_		1881280.	25404625			
<u>0 g</u>	h	Total. Add lines 1a-1f		35484625.			
			Business Code	1 150	1 1 5 0		
9	2 a	CONFERENCES	900099	1,150.	1,150.		
e <u>v</u> i	b						
Sen	c						
am eve	c						
Program Service Revenue	e						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,150.			
	3	Investment income (including dividends, interes					
		other similar amounts)		624,475.			624,475.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	-				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Not rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a 10646763	(, 55.				
		Less: cost or other basis					
a	L	and sales expenses					
her Revenue	_	Gain or (loss) 76 501,963.					
eve				501,963.			501,963.
Æ		Net gain or (loss)	·····	301,303.			301,303.
	8 a	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b	2,824.				
	C	Net income or (loss) from sales of inventory		2,208.	2,208.		
ا ي			Business Code				
o ii	11 a	SUBLEASE INCOME	531390	60,235.			60,235.
ane	b	MISCELLANEOUS	900099	57,596.			57,596.
Miscellaneous Revenue	c	GAIN ON DISP OF ASSETS	900099	2,296.			2,296.
Λisα B	c	All other revenue					
_	e	Total. Add lines 11a-11d	>	120,127.			
	12	Total revenue. See instructions		36734548.	3,358.	0.	1246565.

032009 12-23-20

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	856,245.	856,245.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	929,482.	929,482.		
2	Grants and other assistance to foreign	323,1021	723,1020		
3	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5					
3	Compensation of current officers, directors, trustees, and key employees	1,269,367.	870,109.	213,040.	186,218
6	Compensation not included above to disqualified		0.10,000		
·	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,392,588.	6,048,971.	163,999.	1,179,618
8	Pension plan accruals and contributions (include	.,352,300	0,010,011	_00,000.	_,_,,,,
5	section 401(k) and 403(b) employer contributions)	825,572.	670,279.	21.939.	133,354
9	Other employee benefits	2,409,418.	1,935,054.	21,939. 91,610.	382,754
10		761,853.	609,922.	31,416.	120,515
11	Payroll taxes Fees for services (nonemployees):	70170331	003,3220	31/1101	120/313
а	Management				
b	Legal	89,820.	53,439.	36,381.	
	Accounting	46,923.	33,1331	46,923.	
	Lobbying	45,100.	45,100.	10,5200	
e	Professional fundraising services. See Part IV, line 17	589,478.	13/1001		589,478
f	Investment management fees	54,464.		54,464.	303,110
g	Other. (If line 11g amount exceeds 10% of line 25,	01,101		0 = 7 = 0 = 0	
9	column (A) amount, list line 11g expenses on Sch 0.)	2,132,052.	2,092,974.	39,078.	
12	Advertising and promotion	267,966.	219,655.	18,914.	29,397
13	Office expenses	1,891,304.	1,869,904.	19,972.	1,428
14	Information technology	158,247.	144,725.	5,294.	8,228
15	Royalties				
16	Occupancy	659,259.	537,614.	83,261.	38,384
17	Travel	145,262.	101,048.	1,481.	42,733
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	467,263.	325,041.	23,458.	118,764
20		38,400.	323,041.	38,400.	110,704
20 21	Payments to affiliates	50,400		33, 400	
22	Depreciation, depletion, and amortization	161,820.	114,550.	32,357.	14,913
22 23	Insurance	52,325.	42,892.	3,693.	5,740
24 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If	32,323	12,002.	2,033.	27720
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	621 105	F05 130	426	115 (11
	NEWSLETTER & PUBLISHING	621,185.	505,138.	436.	115,611
b	LAND CLOSING COST	149,848.	122,832.	10,577.	16,439
c d	MEMBERSHIP & DUES	117,479.	96,299.	8,292.	12,888
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,132,720.	18,191,273.	944,985.	2,996,462
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	-	-	-	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	2,750,555.	2,206,715.	0.	543,840
	12-23-20			·	Form 990 (202

032010 12-23-20

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to any line i	n this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		490,115.	1	1,028,336.
	2	Savings and temporary cash investments		59,149.	2	62,457
	3	Pledges and grants receivable, net		13,245,676.	3	12,650,437
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former office				
		trustee, key employee, creator or founder, substantial contrib				
		controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (
		under section 4958(f)(1)), and persons described in section 49	958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		0.	8	37,653
As	9	Prepaid expenses and deferred charges		183,743.	9	211,511
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 1	7,434,460.			
	b	Less: accumulated depreciation 10b	829,223.	1,644,414.		16,605,237
	11	Investments - publicly traded securities		28,300,642.	11	30,970,193
	12	Investments - other securities. See Part IV, line 11		2,288,361.	12	2,254,966
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		120,484.	15	68,533
	16	Total assets. Add lines 1 through 15 (must equal line 33)		46,332,584.	16	63,889,323
	17	Accounts payable and accrued expenses		4,176,113.	17	1,804,257
	18	Grants payable			18	
	19	Deferred revenue	23,344.	19	70,320	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sch	edule D		21	
S	22	Loans and other payables to any current or former officer, dire	ector,			
i≝		trustee, key employee, creator or founder, substantial contrib	utor, or 35%			
Liabilities		controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third part		3,910,015.	23	4,200,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to rela	ted third			
		parties, and other liabilities not included on lines 17-24). Com	plete Part X			
		of Schedule D		604,389.	25	478,746
	26	Total liabilities. Add lines 17 through 25		8,713,861.	26	6,553,323
"		Organizations that follow FASB ASC 958, check here	X			
Š		and complete lines 27, 28, 32, and 33.		15 506 510		20 20 622
<u>la</u>	27	Net assets without donor restrictions	17,736,510.		32,968,630	
Ba	28	Net assets with donor restrictions	19,882,213.	28	24,367,370	
S E		Organizations that do not follow FASB ASC 958, check he	re ▶			
Ē		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other		20 610 000	31	EU 226 000
$\frac{8}{2}$	32	Total net assets or fund balances		37,618,723.	32	57,336,000
	33	Total liabilities and net assets/fund balances		46,332,584.	33	63,889,323

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36	,73	4,5	48.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	,13	2,7	20.
3	Revenue less expenses. Subtract line 2 from line 1	3	14	,60	1,8	28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37	,61	8,7	23.
5	Net unrealized gains (losses) on investments	5	5	,14	8,8	44.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-3	3,3	95.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	57	,33	6,0	00.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN FARMLAND TRUST

Employer identification number 52-1190211

Pa	rt I	Reason for Public C	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.		
he	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	一	A medical research organiza						the hospital's name.	
		city, and state:	i	,				,	
5		An organization operated for	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental unit describe	ed in	
Ŭ	ш	section 170(b)(1)(A)(iv). (C		lege of armierous, emiles	. о, оролаг	-			
6		A federal, state, or local gov		ontal unit described in	coction 17	70(h)(1)(A)	(v)		
	X	, ,	· ·				• •	aublia dagaribad in	
′	21	An organization that normal	-	iliai part of its support i	rom a gove	Hillenian	unit or from the general p	Jublic described in	
_		section 170(b)(1)(A)(vi). (Co	•	4VAV-1) (Olata D					
8	Н	A community trust describe							
9	Ш	An agricultural research org				-	-	-	
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	or	
		university:							
10		An organization that normal							
		activities related to its exem		•			• •	-	
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	om busines	ses acquii	red by the organization a	ifter June 30, 1975.	
		See section 509(a)(2). (Cor	nplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or	
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	or section (509(a)(2).	See section 509(a)(3). (Check the box in	
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting	
		organization. You must c	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with its	s supporte	d organization(s), by hav	ving	
		control or management of	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,	
		its supported organization					• •		
d		Type III non-functionally						zation(s)	
		that is not functionally into					· · · · · · · · · · · · · · · · · · ·	* *	
		requirement (see instructi	-		-		='		
е		Check this box if the orga	•	•	•				
		functionally integrated, or					31		
f	Ente	r the number of supported o	• •	, , , , , , , , , , , , , , , , , , , ,	0 0				
g		ride the following information		d organization(s).					
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
ota									

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Part II 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14430685.	15600174.	11714471.	30353771.	35484625.	107583726
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	14430685.	<u> 15600174.</u>	11714471.	30353771.	35484625.	107583726
5	The portion of total contributions						
	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 (f)						15324190.
	Public support. Subtract line 5 from line 4.						92259536.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	14430685.	<u> 15600174.</u>	11714471.	30353771.	<u>35484625.</u>	107583726
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	302,475.	119,089.	455,245.	787,827.	684,710.	2349346.
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.)	23,515.	34,897.	80,594.	60,235.	57,596.	256,837.
	Total support. Add lines 7 through 10						110189909
	Gross receipts from related activities,	•	,			12	72,949.
13	First 5 years. If the Form 990 is for the	-			<u>.</u>		. —
800	organization, check this box and stop						>
	ction C. Computation of Publi			(0)			83.73 %
	Public support percentage for 2020 (I					14	0.4.0=
	Public support percentage from 2019					15	
Ioa	33 1/3% support test - 2020. If the content have The organization qualifies						
h	stop here. The organization qualifies 33 1/3% support test - 2019. If the o						
D		•		•		•	
170	and stop here. The organization qual 10% -facts-and-circumstances test						
11 a	and if the organization meets the fact	_					
	meets the facts-and-circumstances te						▶ □
h	10% -facts-and-circumstances test	· ·	•			 17a and line 15 is	
J	more, and if the organization meets the	•				•	10/0 01
	organization meets the facts-and-circle						
18	Private foundation. If the organization		-		•		······································
	in organization	c a i	10, 10	, , , OI 17 k	, DON U		

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T		T
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				1		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		•	•		
C	check this box and stop here						>
	etion C. Computation of Publi					145	
	Public support percentage for 2020 (li	, (,,	,	· · · · · · · · · · · · · · · · · · ·		15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	%
				no 13 column (f)\		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3 3 1/3% support tests - 2020. If the					18 32 1/3% and line 1	7 is not
198							. .
j.	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9с 10a 10b

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Par	t IV Supporting Organizations (continued)			
	_		Yes	No
11	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		i
Sect	tion 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		
Sect	tion 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 line 2, above, 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		
Sec	tion 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 instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 line 2a, above, 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	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		i

Schedule A (Form 990 or 990-EZ) 2020

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	ion 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		
Sect	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 AMERICAN FARMLAND TRUST 52-1190211 Page 8 Part VI 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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: RECAPTURED EXPENSES

2020 AMOUNT: \$ 0.

12,922.

7,240.

1,586.

1,413.

OTHER INCOME

2016 AMOUNT: \$

2017 AMOUNT: \$

2018 AMOUNT: \$

2019 AMOUNT: \$

10,593. 2016 AMOUNT: \$

2017 AMOUNT: \$ 27,657.

2018 AMOUNT: \$ 45,059.

2019 AMOUNT: \$ 58,822.

2020 AMOUNT: \$ 57,596.

CGA VALUATION

2016 AMOUNT: \$

2017 AMOUNT: 0.

2018 AMOUNT: \$ 33,949.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

AM	ERICAN FARMLAND TRUST	52-1190211								
rganization type (check one):										
Filers of:	lers of: Section:									
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization									
Form 990-PF	501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.								
General Rule										
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's									
Special Rules										
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that described in section 501(c)(3) filing Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from								
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	ientific,								
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled manager the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>								
	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its Form 990-EZ or on its For Part IV, line 2, of its F									

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

AMERICAN FARMLAND TRUST

52-1190211

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,470,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>3,956,921</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 2,659,790.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZiF + 4	\$ 2,006,586.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 2,000,609.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,219,000</u> .	Person X Payroll

Employer identification number Name of organization

AMERICAN FARMLAND TRUST 52-1190211

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 7	Name, address, and ZIP + 4	\$ 1,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$ <u>839,124.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	### Total contributions \$ 903,593.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AMERICAN FARMLAND TRUST

52-1190211

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FARM		
		\$ 7,470,000.	01/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	RANCH		
		\$ 2,659,790.	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	PROPERTY		
		\$839,124.	08/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	PROPERTY AND EQUIPMENT		
		\$\$73,992.	01/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
200450 44 05		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** AMERICAN FARMLAND TRUST 52-1190211 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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," on 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," on 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) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	AMERICA	<u>N FARMLAND TRUST</u>			52-1190211
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> \$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				\(0\)
	art I-C Complete if the org				
	Enter the amount directly expended	, , ,	·		
2	Enter the amount of the filing organ				
•	exempt function activities				
3	Total exempt function expenditures				
4	line 17b Did the filing organization file Form				
5	Enter the names, addresses and en				
Ŭ	made payments. For each organiza	• •		-	
	contributions received that were pro	•			•
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020						190211 Page 2			
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under									
section 501(h)).									
A Check ▶ ☐ if the filing organiza	ation belongs t	o an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,			
expenses, and shar	re of excess lo	bbying e	xpenditures).						
B Check ▶ ☐ if the filing organiza	ation checked	box A an	d "limited control" pro	visions apply.					
	ts on Lobbyir ditures" mear	• .	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to influ	uence public o	pinion (c	rassroots lobbving)		0.				
b Total lobbying expenditures to influ	•		, ,,		52,822.				
c Total lobbying expenditures (add li	-				52,822.				
d Other exempt purpose expenditure					21,490,420.				
e Total exempt purpose expenditure					21,543,242.				
f Lobbying nontaxable amount. Enter					1,000,000.				
If the amount on line 1e, column (a) o			bying nontaxable ame						
Not over \$500,000			he amount on line 1e.						
Over \$500,000 but not over \$1,000	0.000		0 plus 15% of the exce	ess over \$500.000.					
Over \$1,000,000 but not over \$1,5		· /	0 plus 10% of the exce						
Over \$1,500,000 but not over \$17,		\$225,000 plus 5% of the excess over \$1,500,000.							
Over \$17,000,000		\$1,000,000.							
	•								
g Grassroots nontaxable amount (en	nter 25% of line	∋ 1f)			250,000.				
h Subtract line 1g from line 1a. If zer	o or less, ente	er -0-			0.				
i Subtract line 1f from line 1c. If zero					0.				
j If there is an amount other than ze	ro on either lir	ne 1h or l	ine 1i, did the organiza	tion file Form 4720					
reporting section 4911 tax for this						Yes No			
(Some organizations th	hat made a se	ection 50	raging Period Under 01(h) election do not l ate instructions for lin	nave to complete all o	of the five columns be	low.			
	Lobbyir	ng Exper	ditures During 4-Yea	r Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 201	7	(b) 2018	(c) 2019	(d) 2020	(e) Total			
2a Lobbying nontaxable amount	703,	443.	896,487.	1,000,000.	1,000,000.	3,599,930.			
b Lobbying ceiling amount (150% of line 2a, column(e))						5,399,895.			
c Total lobbying expenditures	37,	627.	70,556.	52,712.	52,822.	213,717.			
d Grassroots nontaxable amount	175,	861.	224,122.	250,000.	250,000.	899,983.			
e Grassroots ceiling amount (150% of line 2d, column (e))						1,349,975.			

Schedule C (Form 990 or 990-EZ) 2020

487.

f Grassroots lobbying expenditures

487.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

The lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 2art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	No 5), or sec		ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 2art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), or sec	etion	
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501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	5), or sec	ction	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Yes	N
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	1	1.00	
answered "Yes." 1 Dues, assessments and similar amounts from members	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
a Current year	2a		
b Carryover from last year	I		
c Total			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
expenditure next year?			
expenditure next year?	4		
Taxable amount of lobbying and political expenditures (See instructions) art IV Supplemental Information	4 5		

Schedule C (Form 990 or 990-EZ) 2020

11550606 150872 196170

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN FARMLAND TRUST

Employer identification number 52-1190211

Pai	art I Organizations Maintainiı	ng Donor Advised Funds or 0	Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on			
		(a) Dor	or advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (du			
3	Aggregate value of grants from (during	year)		
4	Aggregate value at end of year			
5	Did the organization inform all donors a	nd donor advisors in writing that the	assets held in donor advised fu	nds
	are the organization's property, subject	to the organization's exclusive legal	control?	Yes No
6	Did the organization inform all grantees	, donors, and donor advisors in writin	g that grant funds can be used	only
	for charitable purposes and not for the	penefit of the donor or donor advisor	, or for any other purpose confe	erring
Pai	art II Conservation Easement	 Complete if the organization answ 	vered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements I			
	Preservation of land for public us	e (for example, recreation or education	on) X Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the org	anization held a qualified conservatio	n contribution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а				4= 400 00
b	,			
С				2c 0
d				
	listed in the National Register			2d 0
3	Number of conservation easements mo	dified, transferred, released, extingui	shed, or terminated by the orga	nization during the tax
_	year ▶U			
4	Number of states where property subje		•	
5	Does the organization have a written po			X Yes No
_	violations, and enforcement of the cons	******	ations and enfavoing concernat	
6	Staff and volunteer hours devoted to m 1978	onitoring, inspecting, nandling of viol	ations, and emorcing conservat	lon easements during the year
7	Amount of expenses incurred in monitor	ring inspecting handling of violation	s and onforcing conservation o	accoments during the year
′	► \$ 124,667.	ring, inspecting, nandling of violation	s, and emorcing conservation e	easements during the year
8	Does each conservation easement repo	orted on line 2(d) above satisfy the rec	quirements of section 170(h)(/)(f	R)(i)
Ü		* *		
9	In Part XIII, describe how the organizati	on reports conservation easements in		
Ū	balance sheet, and include, if applicable	•	·	
	organization's accounting for conservat	,		nat accombcc and
Pai		ng Collections of Art, Histori	cal Treasures, or Other	Similar Assets.
	Complete if the organization ans	wered "Yes" on Form 990, Part IV, lir	ne 8.	
1a	If the organization elected, as permitted	under FASB ASC 958, not to report	in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other simi	ar assets held for public exhibition, e	ducation, or research in further	ance of public
	service, provide in Part XIII the text of the	ne footnote to its financial statements	that describes these items.	·
b	If the organization elected, as permitted	under FASB ASC 958, to report in it	s revenue statement and balance	ce sheet works of
	art, historical treasures, or other similar	assets held for public exhibition, edu	cation, or research in furtherand	ce of public service,
	provide the following amounts relating	o these items:		
	(i) Revenue included on Form 990, Pa	rt VIII, line 1		• \$
	(ii) Assets included in Form 990, Part			
2	If the organization received or held world			
	the following amounts required to be re	ported under FASB ASC 958 relating	to these items:	
а	Revenue included on Form 990, Part VI	II, line 1		• \$
b	Assets included in Form 990, Part X			> \$
LHA	For Paperwork Reduction Act Notice	see the Instructions for Form 990.		Schedule D (Form 990) 2020

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



Par	t III Organizations Maintaining C	ollections of Art	, Historical T	reasures, o	r Other	Similar	Assets	(continu	red)
3	Using the organization's acquisition, accession	on, and other records	s, check any of th	e following tha	t make si	gnificant us	se of its	•	,
	collection items (check all that apply):								
а	Public exhibition	d	Loan or e	kchange progr	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further	the organization	on's exen	npt purpose	e in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, historical tre	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's o	collection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizat	ion answered	"Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year								
	Distributions during the year								
f						1f			
2a	Did the organization include an amount on Fo					ity?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on	Part XIII				
Par						10.			
	·	(a) Current year	(b) Prior year	(c) Two yea		(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance	31,152,447.	28,594,550	28,32	3,394.	16,50	7,681.	15,6	53,310.
	Contributions	1,331,444.	2,422,839	68	9,053.	10,47	7,311.		
	Net investment earnings, gains, and losses	6,219,209.	901,954	. 61	9,722.		0,163.	2,9	73,090.
	Grants or scholarships								
	Other expenditures for facilities								
	and programs	821,937.	766,896	1,03	7,619.	1,01	1,761.	2,1	.18,719.
f	Administrative expenses	,	•			·		,	
	End of year balance	37,881,163.	31,152,447	28,59	4,550.	28,32	3,394.	16,5	07,681.
2	Provide the estimated percentage of the curre			•		•	•		<u> </u>
	Board designated or quasi-endowment	83.9180	%	(4)) 40.					
	Permanent endowment ► 8.0210	%	_,,						
	0.0610								
_	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	tion that are held	and administe	red for th	e organizat	ion		
-	by:	55.5 5. u. 5 5. gu _ u		a		5 5. ga <u>_</u> a.		5	es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R	?					
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		. Part IV. line 11a.	See Form 990). Part X.	line 10.			
	Description of property	(a) Cost or o		st or other		ccumulated	4	(d) Book	value
	2000 inputer of property	basis (investm		s (other)	1 ' ′	preciation	1	(u) Doon	value
1a	Land	1 - 2					1	5,866	.516.
	Buildings							-,,,,,,	,
	Leasehold improvements		5	22,517.		362,07	5.	160	,442.
	Equipment	I		38,741.	<u> </u>	97,30			,439.
	Other			06,686.	-	369,84			,840.
	. Add lines 1a through 1e. (Column (d) must ee							6,605	
· Jta		<u> uai FUIII 990, Fäll /</u>	<u>, colullit (D), III10</u>	100./				- , 500	<u>, </u>

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 AMERICAN FA. Part VII Investments - Other Securities.	RMLAND TRUST	52	-1190211 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		I1c. See Form 990, Part X, line 13.(c) Method of valuation: Cost or end	of your market value
(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	÷ 15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CHARITABLE GIFT ANNUITIES	PAYABLE		100,075.
(3) DEFERRED RENT AND LEASE IN	NCENTIVES		378,296.
(4) SECURITY DEPOSITS			375.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	.	478,746.

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

Schedule D (Form 990) 2020

	TXI Reconciliation of Revenue per Audited Financial Statemen	nts With	n Revenue per Re	turn.	rage
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
1	Table and the second of the se			1	41,994,747.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	5,148,844.		
b	Donated services and use of facilities		5,148,844. 196,390.		
С	Recoveries of prior year grants		•		
d		1	-30,571.		
	Add lines 2a through 2d			2e	5,314,663.
3	Subtract line 2e from line 1			3	36,680,084.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,464.		
b	6 (5		01,101	-	
				4c	54 464.
				5	54,464. 36,734,548.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	h Expenses per F		n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		xpoccc pc		
_	· · · · · · · · · · · · · · · · · · ·			1	22,277,470.
1	Total expenses and losses per audited financial statements				22,211,410.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	106 300		
a	Donated services and use of facilities		196,390.	-	
b	Prior year adjustments				
С	Other losses		2 024		
d	, , , , , , , , , , , , , , , , , , , ,	2d	2,824.		100 014
е	Add lines 2a through 2d			2e	199,214.
3	Subtract line 2e from line 1			3	22,078,256.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		- 4 4 6 4		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,464.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	54,464.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	22,132,720.
Pa	rt XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1	b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional info	rmation.		
PAF	RT II, LINE 5:				
AF:	T'S POLICY IS TO MONITOR EACH OF ITS EASEME	NTS I	EVERY YEAR,	UNL	ESS AN
ISS	SUE OR CIRCUMSTANCE REGARDING A PARTICULAR	PROPI	ERTY WARRANT	S M	ORE
FRE	QUENT VISITS. AFT HAS ALSO ADOPTED A VIOLA	TIONS	FOLICY THA	ТА	DDRESSES
THE	E MANNER IN WHICH AFT DETERMINES AND ENFORC	ES V	OLATIONS OF		
COL	SERVATION EASEMENTS. AFT CONTINUALLY EVALU	ATES	EACH EASEME	NT	ON A
<u> </u>	TODAY THE CONTINUED DATE	11110			011 11
CAS	SE-BY-CASE BASIS TO DETERMINE THE APPROPRIA	ጥE MC	NTTORING AN	т п	NSPECTION
<u> </u>	on bi chon bhois to building the mittorian	111111	MIIOMINO IM		NDI ECTION
NFI	EDS REQUIRED TO ENSURE THAT THE CONSERVATION	וווס וא	POSES OF TH	म म	ΔΩΕΜΈΝΤ
14171	TO THE CONSERVATION TO THE THE CONSERVATION	TA LOI	TODED OF IT	ند ند	AD DITON 1
ΔRI	UPHELD.				
	1 OTHERD.				

PART II, LINE 9:

IT IS AFT'S POLICY, WHEN ACQUIRING OR ACCEPTING AN EASEMENT, TO EXTINGUISH

IN PERPETUITY THE DEVELOPMENT RIGHTS ON THE UNDERLYING PROPERTY.

CONSEQUENTLY, ALL SUCH EASEMENTS ARE VALUED AT ONE DOLLAR. EASEMENTS WHOSE

DEVELOPMENT RIGHTS ARE NOT SO TREATED HAVE ALSO BEEN VALUED AT ONE DOLLAR

BECAUSE IT IS MANAGEMENT'S OPINION THAT THE ORGANIZATION WILL NOT RECOVER

ITS COST FOR THESE EASEMENTS. ANY PROCEEDS FROM THE SALE OF A CONSERVATION

EASEMENT TO A QUALIFIED ENTITY ARE MAINTAINED IN THE ORGANIZATION'S

FARMLAND PROTECTION FUND.

PART V, LINE 4:

AFT IS COMMITTED TO A LONG-TERM APPROACH WITH A BALANCED PROGRAM OF

INVESTMENTS TO PRESERVE AND ENHANCE THE REAL PURCHASING POWER OF THE FUND

SO AS TO PROVIDE A STABLE AND, IN REAL TERMS, CONSTANT STREAM OF CURRENT

INCOME FOR ANNUAL OPERATING NEEDS.

PART X, LINE 2:

AFT EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED SEPTEMBER

30, 2021, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE

RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS

TAX-EXEMPT STATUS.

PART XI LINE 2D - OTHER ADJUSTMENTS:

TAKT AI, DINE 2D OTHER ADOUDTMENTS:	
CHANGE IN VALUE ON SPLIT INTEREST AGREEMENTS	-33,395.
COST OF GOODS SOLD	2,824.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-30,571.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	

Schedule D (Form 990) 2020

2,824.

COST OF GOODS SOLD

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

Jame	of the	organization	

AMERICAN FARMLAND TRUST

Employer identification number

52-1190211 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants X Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) EIDOLON COMMUNICATIONS - 15 Yes No MAIDEN LANE, SUITE 1401, NEW Х DIRECT MAIL 1,728,350 297,963 1,430,387. GIVEBRIDGE - 525 W. MONROE STREET, SUITE 900, CHICAGO IN-PERSON SOLICITATION Х 247,058 291,515 -44,457. 1,975,408 589 478. 1 385 930. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM NY, NC, ND, OH, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

		Fundraising Events. Complete if the of fundraising event contributions and ground areas.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Φ			(event type)	(event type)	(total number)	351. (6)/
Revenue						
Rev	1	Gross receipts				
	2	Loop: Contributions				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
တ္ထ	3	Noncasti prizes				
Sue	6	Rent/facility costs				
Direct Expenses						
ect I	7	Food and beverages				
١						
	8	Entertainment				
	9	Other direct expenses	21 1 (1)			
	10	Direct expense summary. Add lines 4 through	. ,		_	
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 om om	1000, 1 41111, 1110 10, 01	Toportou moro triari	
			(a) Diama	(b) Pull tabs/instant	(a) Oth an aramina	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
쁘	1	Gross revenue				
ses	2	Cash prizes				
Sug	3	Noncash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
盲						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		>	
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line r	from line 1, column (a)			1
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac	_			Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
b	If "	Yes," explain:				
	_					
	_					
					·	rm 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-E	Z) 2020 AMERICAN FARM	ILAND TRUST		52-1	190211	Page 3
11 Does the organization con	duct gaming activities with nonmer	mbers?			Yes	☐ No
•	or, beneficiary or trustee of a trust, ming?	•		•	Yes	☐ No
13 Indicate the percentage of						
a The organization's facility					13a	%
					13b	%
14 Enter the name and addre	ss of the person who prepares the	organization's gaming	/special events boo	oks and records:		
Name >						
Address >						
15a Does the organization have	e a contract with a third party from	whom the organizatio	n receives gaming	revenue?	. Yes	☐ No
b If "Yes." enter the amount	of gaming revenue received by the	e organization > \$		and the amount		
	d by the third party ►\$			_		
c If "Yes," enter name and a						
Name >						
Address ►						
16 Gaming manager informat	on:					
Name >						
Gaming manager compon	sation > \$					
Gaming manager compens	φ					
Description of services pro	vided					
Director/officer	Employee	Independent co	ontractor			
17 Mandatory distributions:						
_	d under state law to make charitabl					
	ense?				Yes	□□ NO
	utions required under state law to activities during the tax year		exempt organizati	ons or spent in the		
	Information. Provide the expla		art I. line 2b. colum	nns (iii) and (v): and Par	t III. lines 9. 9	9b. 10b.
	17b, as applicable. Also provide an				,	, , , , ,
		,				
SCHEDULE G, PART	I, LINE 2B, LIST	OF TEN HIG	HEST PAID	FUNDRAISERS	:	
(I) NAME OF FUND	RAISER: EIDOLON C	OMMUNICATIO	NS			
(I) ADDRESS OF F	UNDRAISER: 15 MAI	DEN LANE, S	<u>UITE 1401,</u>	, NEW YORK,	<u>NY 10</u>	038
(I) NAME OF FUND	RAISER: GIVEBRIDG	E				
(I) ADDRESS OF F	UNDRAISER:					
525 W. MONROE ST	REET, SUITE 900,	CHICAGO, IL	60681			

Schedule G	(Form 990 or 990-EZ)	AMERICAN FARMLAND	TRUST	52-1190211 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation _(continued)		
-				
-				
_				Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2020 Open to Public

Inspection

Employer identification number Name of the organization 52-1190211 AMERICAN FARMLAND TRUST Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) LIVINGSTON COUNTY SOIL & WATER CONSERVATION DISTRICT - 11 MEGAN DRIVE, SUITE 2 - GENESEO, NY COVER CROP INNOVA 0 RESEARCH&ED 14454 501(C)(3) 47,008. RAPP CENTER FOR EDUCATION P.O. BOX 35 SPERRYVILLE, VA 22740 501(C)(3) 20,000 0. RAPPAHANNOCK COUNTY PILOT CORNELL COOPERATIVE EXTENSION 232 PLAZA ROAD GREATER HUDSON VALLEY KINGSTON, NY 12401 16-1159507 501(C)(3) 16,600 0. FARMLINK NTWK PLEASURE VIEW FARM 578 BETHLEHEM ROAD PLEASUREVILLE KY 40057 47-1650898 501(C)(3) 14 900 0. RYE COMMERCIALIZATION MIMS, INC. 6908 BURKSVILE ROAD 75-1433130 501(C)(3) ALBANY, KY 42602 13,750 0. RYE COMMERCIALIZATION DALE W MEDLEY FARM 1398 MCLAIN RDOAD SPRINGFIELD, KY 40069 501(C)(3) 13 750 0 RYE COMMERCIALIZATION 23. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) Liiv	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
DRBCE LANGLEY FARM							
3248 TAYLORSVILLE ROAD							
SHELBYVILLE, KY 40065	83-4580697	501(C)(3)	13,750.	0.			RYE COMMERCIALIZATION
ARNOLD & ARNOLD, INC.							
599 ARNOLD D ROAD							
CAMPBELLSVILLE, KY 42718	62-1840292	501(C)(3)	13,750.	0.			RYE COMMERCIALIZATION
MASON LANE LLC							
P.O. BOX 7907							
LOUISVILLE, KY 40257	46-2389346	501(C)(3)	13,750.	0.			RYE COMMERCIALIZATION
·			·				
SPRINGHILL FAMILY FARM LLC							
3964 STREET ROUT 2206							
CLINTON, KY 42031		501(C)(3)	13,750.	0.			RYE COMMERCIALIZATION
PA DEPARTMENT OF AGRICULTURE							
2301 N. CAMERON STREET							
HARRISBURG, PA 17110	23-6003099	N/A	10,000.	0.			SOIL HEALTH PRACTICES
COMMUNITY ALLIANCE							
4001 LEAVENWORTH STREET							
OMAHA, NE 68105	47-0741392	501(C)(3)	10,000.	0.			STATE POLICY/SMART GROWT
AGRICULTURAL STEWARDSHIP							
ASSOCIATION, INC 2531 STATE							GREATER HUDSON VALLEY
ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	8,000.	0.			FARMLINK NTWK
,			, ,	-			
FARM CREDIT EAST, ACA							
240 SOUTH ROAD							
ENFIELD, CT 06082	06-0800610	501(C)(3)	8,000.	0.			FARMER GRANTS
CORNELL UNIVERSITY							
616 THURSTON AVENUE							GREATER HUDSON VALLEY
ITHACA, NY 14853	15-0532082	501(C)(3)	7,500.	0.			FARMLINK NTWK

Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
HUDSON VALLEY AGRIBUSINESS							
507 WARREN STREET							GREATER HUDSON VALLEY
HUDSON, NY 12534-2415	75-3225637	501(C)(3)	7,500.	0.			FARMLINK NTWK
,			,				
GLYNWOOD CENTER FOR REGIONAL							
P.O. BOX 157							GREATER HUDSON VALLEY
COLD SPRING, NY 10516	72-0940558	501(C)(3)	7,423.	0.			FARMLINK NTWK
FARM CREDIT EAST							
4363 FEDERAL DRIVE							
BATAVIA, NY 14020	45-4746916	501(C)(3)	6,250.	0.			FARMER GRANTS
COLUMBIA LAND CONSERVANCY, INC.							
49 MAIN STREET							GREATER HUDSON VALLEY
CHATHAM, NY 12037	22-2757332	501(C)(3)	5,800.	0.			FARMLINK NTWK
SARATOGA PLAN							
112 SPRING STREET, ROOM 202							GREATER HUDSON VALLEY
SARATOGA SPRINGS, NY 12866	14-1706013	501/C\/3\	5,800.	0.			FARMLINK NTWK
Similodi Birlindb, Ni 12000	14 1700013	301(0)(3)	3,000.	0.			I MANDINK WINK
WESTCHESTER LAND TRUST							
403 HARRIS ROAD							GREATER HUDSON VALLEY
BEDFORD HILLS, NY 10507	13-3507910	501(C)(3)	5,800.	0.			FARMLINK NTWK
·							
RUSSELLVILLE URBAN GARDENING							
PROJECT - P.O. BOX 904 -							
RUSSELVILLE, KY 42276	26-3728580	501(C)(3)	5,050.	0.			FARMER GRANTS
ERICKSON, WEBB, SCOLTON & HAJDU							
P.O. BOX 414							
LAKEWOOD, NY 14750	16-0977711	501(C)(3)	5,006.	0.			FARMER GRANTS

Schedule I (Form 990)

Schedule I (Form 990) 2020 AMERICAN FARMLA	ND TRUST				52-1190211	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
GRANTS TO FARMERS	76	875,444.	0.			
SUB-AWARDS TO FARMERS	28	54,038.	0.			
Part IV Supplemental Information. Provide the information recommendation of the information recommendation of the information recommendation.	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
TRAVEL STIPENDS ARE PROVIDED AFTER	THE PART	'ICIPANTS A	ATTENDED TH	E MEETING.		
AWARDS TO FARMERS ARE PROVIDED AFT	ER THE WO	RK HAS BEE	EN COMPLETE	D INCLUDING		
EVALUATION FROM PARTICIPANTS. FOR	SUB-AWARD	S WE REQUI	RE GRANTEE	S TO PROVIDE		
BOTH INTERIM AND FINAL REPORTS ON	THE USE C	F AWARDED	FUNDS TO E	NSURE THAT		
FUNDS ARE USED IN A MANNER CONSIST	ENT WITH	THE GRANT	PURPOSE.			

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

AMERICAN FARMLAND TRUST

Employer identification number

52-1190211

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		$oxed{oxed}$
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		\perp
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		<u> </u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(6)(1)(0)	reported as deferred on prior Form 990	
(1) JOHN F. PIOTTI	(i)	366,923.	0.	0.	28,500.	18,364.	413,787.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JOHN LARSON	(i)	206,400.	5,000.	0.	20,140.	18,364.	249,904.	0.	
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ASHLEY BOVINO, CFO AND VP OF	(i)	207,500.	0.	0.	20,750.	8,726.	236,976.	0.	
FINANCE & ADMIN.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) BETH SAUERHAFT	(i)	166,000.	0.	0.	16,600.	9,658.	192,258.	0.	
VICE PRESIDENT OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DAVID HAIGHT	(i)	140,000.	0.	0.	14,000.	18,184.	172,184.	0.	
VICE PRESIDENT OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) MINI AGGARWAL	(i)	146,500.	0.	0.	14,650.	8,306.	169,456.	0.	
FINANCE CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) TIMOTHY FINK	(i)	150,000.	0.	0.	14,873.	424.	165,297.	0.	
POLICY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) RICK MONK, VICE PRESIDENT	(i)	147,000.	0.	0.	14,700.	400.	162,100.	0.	
AND GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) NICHOLAS HERMAN	(i)	125,000.	0.	0.	12,500.	14,835.	152,335.	0.	
VICE PRESIDENT OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(i)								
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	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020





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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization AMERICAN FARMLAND TRUST Employer identification number 52-1190211

Par	t I 1	ypes of Property								
			(a)	(b)	(c)			(d)		
			Check if	Number of contributions or	Noncash contri amounts repor			od of determin		
			applicable		Form 990, Part VI		noncasn	contribution ar	mounts	3
1	Art - Wo	rks of art			,					
2		torical treasures								
3		ctional interests								
4		nd publications								
5		and household goods								
6		d other vehicles								
7		nd planes								
8		ual property								
9		es - Publicly traded								
10		es - Closely held stock								
11		es - Partnership, LLC, or								
••	trust inte									
12		erests es - Miscellaneous								
13		d conservation contribution -								
10		structures								
14		d conservation contribution - Other	Х	5	11,881	280.	FMV			
15		ate - Residential				,				
16		ate - Commercial								
17		ate - Other								
18		ples								
19		ventory								
20		nd medical supplies								
21										
21 22		ny								
22 23		al artifacts								
		c specimens								
24 25	Other	ogical artifacts								
26	Other	'								
	Other	'								
27		`								
<u>28</u> 29	Other	of Forms 8283 received by the organiz	totion during	the tax year for a	 					
29		h the organization completed Form 828	-	•		29				
	IOI WITIC	it the organization completed Form 626	oo, Part V, D	onee Acknowledge	ement				Yes	No
20-2	During t	he year, did the organization receive by	, contributio	n any proporty ron	orted in Part Lline	s 1 throug	h 28 that it		163	140
Sua		ld for at least three years from the date								
		purposes for the entire holding period?		•	·			30a		Х
h	•	describe the arrangement in Part II.						30a		
		e organization have a gift acceptance p	olicy that re	acuires the review o	of any nonstandar	d contribut	ions?	31		Х
31 322		e organization hire or use third parties of								
JZd	contribu				· ·			32a		Х
h		describe in Part II.						32a		
33	,	ganization didn't report an amount in co	olumn (c) for	r a type of property	for which column	(a) is choo	kad			
55		e in Part II.	G.G.I.II. (G) 101	a type of property	TOT WITHOUT CONTINUE	(a) is criec	mou,			
НΔ		aperwork Reduction Act Notice, see:	the Instruct	tions for Form 990)		Sch	edule M (Forn	n 990)	2020

Part	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.																				
SCHE	EDUI	EM,	PART	ı,	COI	JUM	IN (в):													
THE	ORC	ANIZ	ZATION	I RE	PORT	'S	THE	NUM	BER	OF	CON	TRIE	BUTI	ONS	IN	PAR	г I,	C	COLU	MN	
(B)																					

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN FARMLAND TRUST

Employer identification number 52-1190211

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTING SOUND FARMING PRACTICES AND KEEPING FARMERS ON THE LAND. DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, FARMLAND AND RANCHLAND ACROSS THE NATION. PROGRAM SERVICE ACCOMPLISHMENTS: PART III, LINE 4A, MAPPING PROJECTS TO HIGHLIGHT FARMLAND LOSS IN SOUTH CAROLINA AND AND THROUGH OUR WOMEN FOR THE LAND INITIATIVE, WE WORKED WITH THE BLACK FAMILY LAND TRUST TO ENGAGE AFRICAN AMERICAN WOMEN FARMERS IN NORTH CAROLINA AND KENTUCKY, WHERE WE FOUND A GROUNDSWELL OF INTEREST IN FARMLAND STEWARDSHIP AND PRESERVATION. GETTING SERIOUS ON SOIL HEALTH IN THE MIDWEST BY REPLENISHING LIFE IN THE SOIL, FARMERS CAN IMPROVE THEIR OPERATIONS AND THEIR ENVIRONMENTAL FOOTPRINT. IN ILLINOIS AND OTHER STATES, WE HELPED FARMERS ADOPT CONSERVATION CROPPING SYSTEMS TO RESTORE THE SOILAND PROMOTED PROGRAMS THAT MAKE SUCH SUCCESSES POSSIBLE. ILLINOIS' FALL COVERS FOR SPRING SAVINGS COVER CROP PREMIUM DISCOUNT PROGRAM, FOR DOUBLED IN SIZE FROM LAST YEAR. BY OFFERING A SIMPLE \$5 DISCOUNT ON CROP INSURANCE PREMIUMS FOR EVERY ACRE PLANTED IN COVER ILLINOIS PROVIDES A SMALL BUT MEANINGFUL REWARD FOR THE EXTRA WORK THAT FARMERS DO TO PROTECT HEALTHY SOILS AND IMPROVE WATER QUALITY.

ADVANCING FARMLAND PROTECTION IN WASHINGTON STATE

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

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number

Name of the organization 52-1190211 AMERICAN FARMLAND TRUST FOR SEVERAL YEARS, AMERICAN FARMLAND TRUST AND PARTNERS HAVE WORKED TO BUILD A FUND TO HELP LAND TRUSTS PROTECT WASHINGTON FARMLAND. IN A HUGE WIN FOR AGRICULTURAL COMMUNITIES, A NEW PROGRAMFARMLAND PROTECTION AFFORDABILITY AND INVESTMENT (FARMPAI)OFFERS LOW-INTEREST LOANS FOR LAND TRUSTS TO PURCHASE FARM PROPERTIES AT HIGH RISK OF DEVELOPMENT, PROTECT THEM WITH EASEMENTS, AND SELL THEM TO BEGINNING FARMERS AND RANCHERS. ADMINISTERED BY THE WASHINGTON STATE HOUSING FINANCE COMMISSION, THE PROGRAM WILL PRIORITIZE PROJECTS THAT FACILITATE LAND ACCESS FOR HISTORICALLY UNDERSERVED FARMERS AND RANCHERS. BUILDING A BRIGHTER FUTURE FOR UNDERSERVED FARMERS FARMING IS HARD WORK AND RISKY. IN PARTNERSHIP WITH TILLAMOOK CREAMERY, A FARMER-OWNED CO-OP, WE LAUNCHED THE BRIGHTER FUTURE FUND TO HELP FARMERS DEAL WITH FORCES LIKE THE COVID-19 PANDEMIC, CHANGING MARKETS, AND CLIMATE CHANGE. A MAJOR COMMITMENT OF THE PROGRAM IS TO SUPPORT A WIDE RANGE OF FARMERS, ESPECIALLY THOSE HAVING TROUBLE ACCESSING LAND, CAPITAL, AND RESOURCES. IN THE FIRST ROUND, MORE THAN \$2.5 MILLION IN GRANTS WERE AWARDED TO 2,000 FARMERS, PROVIDING HELP WHEN IT WAS NEEDED MOST, ESPECIALLY TO FARMERS WHO FACE ENDURING BARRIERS IN OUR AGRICULTURAL SYSTEM. A SECOND ROUND OF AWARDEES WILL BE ANNOUNCED IN THE SPRING OF 2022. SUPPORTING WOMEN FARMERS AND LANDOWNERS

IN 2021, MORE WOMEN ROSE TO LEADERSHIP ROLES IN AGRICULTURE THAN EVER BEFORE. AT THE SAME TIME, WOMEN ON FARMS AND RANCHES FACED IMMENSE CHALLENGES, AS MOUNTING CLIMATE IMPACTS, A PANDEMIC, AND ECONOMIC DISRUPTIONS ADDED TO ALREADY INTENSE DEMANDS. OUR WOMEN FOR THE LAND INITIATIVE EMPOWERED WOMEN TO EMBRACE CONSERVATION BY HOSTING FREE

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** 52-1190211 AMERICAN FARMLAND TRUST LEARNING CIRCLESSOME IN-PERSON AND SOME ONLINETO SHARE RESOURCES ON PRACTICES AND PROGRAMS THAT SUPPORT SOIL HEALTH, CLEAN WATER, CLIMATE RESILIENCE, FARM VIABILITY, AND LAND PROTECTION. ACHIEVING WINS FOR CALIFORNIA AGRICULTURE DURING AN ONGOING DROUGHT, CLIMATE CRISIS, AND PANDEMIC RECOVERY, CALIFORNIA MADE SUBSTANTIAL AND MUCH-NEEDED COMMITMENTS TO CONSERVATION AND FOOD SYSTEMS. AMONG OTHER POLICY VICTORIES, AMERICAN FARMLAND TRUST WORKED TO ADVANCE SEVERAL KEY BILLS, INCLUDING ASSEMBLY BILL 350, WHICH HELPS FARMERS IN DROUGHT-PRONE AREAS DEVELOP MANAGEMENT PLANS TO CONSERVE WATER RESOURCES. AMERICAN FARMLAND TRUST AND PARTNERS ALSO ADVANCED AB 125, A BLUEPRINT FOR A BOND MEASURE THAT MAKES KEY INVESTMENTS IN DISADVANTAGED COMMUNITIES, SOCIALLY DISADVANTAGED FARMERS AND RANCHERS, TRIBES, FARMWORKERS, AND REGIONAL FOOD ECONOMIES. INVESTING IN NEW YORK FARMING THE PAST YEAR WAS CHALLENGING, BUT THE FUTURE LOOKS BRIGHTER THANKS TO STRONG INVESTMENTS IN NEW YORK PROGRAMS THAT PROTECT FARMLAND, ADDRESS CLIMATE CHANGE, BRING A NEW GENERATION ONTO THE LAND, AND PROVIDE KIDS WITH HEALTHY FOOD. KEY WINS ADVOCATED FOR BY AMERICAN FARMLAND TRUST INCLUDE RECORD FUNDING FOR FARMLAND FOR A NEW GENERATION NEW YORK,

GIVING TARGETED ASSISTANCE TO NEW ENGLAND FARMERS

WHICH MATCHES NEW AND BEGINNING FARMERS WITH RETIRING FARMERS. IN

ADDITION, THE STATE'S ENVIRONMENTAL PROTECTION FUND INCLUDED \$18

ALSO WAS ALLOCATED TO HELP SCHOOLS SERVE LOCALLY GROWN FOOD.

MILLION TO HELP FARMERS PERMANENTLY PROTECT THEIR LAND AND \$4.5 MILLION

FOR THE CLIMATE RESILIENT FARMING GRANTS PROGRAM. MORE THAN \$11 MILLION

Name of the organization

Employer identification number

AMERICAN FARMLAND TRUST 52-1190211 IN 2021, AMERICAN FARMLAND TRUST'S NEW ENGLAND FARMER MICROGRANTS PROGRAM PROVIDED 28 FARMERS FROM ACROSS THE REGION WITH A TOTAL \$132,000 IN CASH GRANTS TO EXPAND THEIR FARM PRODUCTION, ADDRESS ACCESS TO LAND, AND PLAN FOR THE FUTURE OF THEIR FARMS. THE FUNDING COULD NOT HAVE COME AT A MORE CRITICAL TIME FOR FARMERS IN NEW ENGLAND AS THEY STRUGGLED WITH A CHANGING MARKETPLACE, LABOR ISSUES, AND SUPPLY CHAIN CHALLENGES RELATED TO COVID-19, AS WELL AS CROP LOSSES DUE TO EXTREMELY WET WEATHER. IN 2022, OVER 100 GRANTS OF UP TO \$5,000 EACH WILL BE AWARDED, WITH 80 PERCENT OF THE FUNDS DEDICATED TO HELPING LIVESTOCK OPERATIONS ADOPT REGENERATIVE AGRICULTURE AND SOIL HEALTH PRACTICES. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAMS. COLLABORATE - AFT BUILDS COALITIONS TO ACHIEVE LARGE-SCALE SOLUTIONS AND LASTING CHANGE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS EXPENSES \$ 1,408,235. INCLUDING GRANTS OF \$ 512,172. REVENUE \$ 2,208. FARMER RELIEF FUND EXPENSES \$ 17,756. INCLUDING GRANTS OF \$ 8,468. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FEDERAL FORM 990 IS PREPARED BY MARCUM, LLP AND THEN THE DRAFT VERSION OF THE FEDERAL FORM 990 IS REVIEWED AND VERIFIED BY THE CONTROLLER. THE DRAFT FEDERAL FORM 990 IS ALSO DISTRIBUTED TO AFT'S AUDIT COMMITTEE AS WELL

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** AMERICAN FARMLAND TRUST 52-1190211 AS THE ENTIRE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SUBMIT A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS FOLLOWING THE FALL BOARD MEETING. THE STATEMENTS ARE SENT TO THE AFT GENERAL COUNSEL FOR REVIEW. ANY CONFLICTS ARE REPORTED TO AFT. ALL EMPLOYEES ARE NOTIFIED ANNUALLY OF THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO REPORT ANY CONFLICT TO THE GENERAL COUNSEL. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS HAS DELEGATED RESPONSIBILITY TO THE EXECUTIVE COMMITTEE FOR APPROVING ANY COMPENSATION ARRANGEMENTS WITH DISQUALIFIED PERSONS AS DEFINED UNDER THE INTERNAL REVENUE CODE (GENERALLY SENIOR MANAGEMENT, PERSONS WHO, AT ANY TIME DURING THE PRIOR 5-YEARS, WERE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE ORGANIZATION OR PERSONS RELATED). THE COMMITTEE FUNCTIONS AS DE FACTO. COMPENSATION COMMITTEE IN ADDITION TO ITS OTHER RESPONSIBILITIES. THE COMMITTEE IS COMPRISED OF OUTSIDE, DISINTERESTED DIRECTORS WHO POSSESS THE BUSINESS EXPERIENCE AND KNOWLEDGE NECESSARY TO REVIEW AND EVALUATE THE COMPARABILITY OF COMPENSATION DATA OBTAINED FOR THE COMMITTEE. THE COMMITTEE DETERMINES 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, THE COMMITTEE EVALUATES AND APPROVES THE COMPENSATION ARRANGEMENTS ENTERED INTO BY AFT WITH ALL DISQUALIFIED PERSONS. (THESE INCLUDE ALL

Schedule O (Form 990 or 990-EZ) 2020 Page 2 **Employer identification number** Name of the organization 52-1190211 AMERICAN FARMLAND TRUST COMPENSATION AND BENEFITS, INCLUDING SALES OR OTHER TRANSFERS OF PROPERTY.) THE COMMITTEE GENERALLY UTILIZES INFORMATION FROM STANDARD COMPENSATION SURVEYS IN CONDUCTING ITS EVALUATION. THE COMMITTEE DOCUMENTS ITS PROCEEDINGS WITH WRITTEN RECORDS, SETTING FORTH THE TERMS OF THE COMPENSATION ARRANGEMENTS APPROVED AND THE DATE THEY WERE APPROVED. THE RECORDS INCLUDE THE NAMES OF THE COMMITTEE MEMBERS PRESENT AND WHO VOTED; THE COMPARABILITY DATA OBTAINED AND RELIED UPON BY THE COMMITTEE; HOW THE DATA WAS OBTAINED; AND THE ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF COMPENSATION TRANSACTIONS BY ANYONE WHO IS OTHERWISE A MEMBER OF THE COMMITTEE, BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION OR ARRANGEMENT. THIS DOCUMENTATION IS PREPARED BY THE LATER OF (A) THE NEXT MEETING OF THE COMMITTEE OCCURRING AFTER THE DECISION IS MADE OR (B) THE DATE 60 DAYS AFTER THE DATE OF APPROVAL. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN UT, VA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: AFT'S FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE AVAILABLE ON ITS WEBSITE OR BY WRITTEN REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

-33,395.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE ON SPLIT INTEREST AGREEMENTS