

**UNITED STATES DEPARTMENT OF AGRICULTURE**

Farm Service Agency  
Washington, DC 20250

**Notice PL-282**

**For:** State and County Offices

**2019 Payment Limitation and Payment Eligibility Policy Changes**

**Approved by:** Deputy Administrator, Farm Programs



**1 Overview**

**A Background**

The Agriculture Improvement Act of 2018 (2018 Farm Bill) changes payment limitations and payment eligibility provisions in 7 CFR Part 1400 and 5-PL. 7 CFR Part 1400 and 5-PL are being revised to incorporate these changes.

**B Purpose**

This notice provides 5-PL policy changes, guidance for implementation, and revised forms. A new agency handbook will be released at a future date. Policy and software training will also be provided.

The policy changes in this notice are effective for the 2019 fiscal, calendar, or program year, as applicable.

**Disposal Date**

October 1, 2019  
4-30-19

**Distribution**

State Offices; State Offices relay to County Offices

## Notice PL-282

### 2 Changes to Payment Limitation by FSA/CCC Program

#### A Applicability

The 2018 Farm Bill changes the payment limitations for certain FSA/CCC programs. The following table illustrates the applicable payment limitation, by program, beginning in the 2019 program year, crop year, or calendar year, as applicable.

<b>Payment or Benefit Limitation (Effective Beginning in 2019)</b>	<b>Limitation per Person or Legal Entity per Crop, Program, or Fiscal Year</b>
Price Loss Coverage (PLC) and Agriculture Risk Coverage (ARC) payments (other than peanuts) <u>1/</u>	\$125,000
PLC and ARC payments (peanuts) <u>1/</u>	\$125,000
CRP <u>2/</u>	\$50,000
ECP (per disaster event) <u>3/</u>	\$500,000
NAP <u>4/</u>	\$125,000/\$300,000
LFP <u>5/</u>	\$125,000
Conservation Stewardship Program (CSP)	\$200,000
EQIP	\$450,000
Agricultural Management Assistance Program (AMA)	\$50,000
EFRP (per disaster event)	\$500,000

- 1/ The 2018 Farm Bill decouples the combined \$125,000 payment limitation for PLC, ARC from LDP, and Market Loan Gains (MLG) for covered commodities and peanuts.

Beginning with crop year 2019, LDP's and MLG's are no longer subject to payment limitation or payment eligibility provisions, including "actively engaged in farming" and "cash-rent tenant" provisions for covered commodities and peanuts.

ARC and PLC payments are subject to a combined annual limitation of \$125,000.

- 2/ The 2018 Farm Bill provides that the \$50,000 payment limitation or AGI provisions do not apply to rural water districts or associations for land that is enrolled in CRP for protecting a wellhead.
- 3/ The 2018 Farm Bill increases the ECP payment limitation from \$200,000 per event to \$500,000 per disaster event.
- 4/ The 2018 Farm Bill provides a separate maximum payment limitation of \$125,000 on NAP payments for losses to crops with catastrophic coverage, and a \$300,000 maximum payment limitation on NAP payments for losses to crops with buy-up coverage.
- 5/ The 2018 Farm Bill removes the \$125,000 limitation applicable to ELAP payments beginning in 2019.

The 2018 Bipartisan Budget Act removes the \$125,000 payment limitation applicable to LIP effective January 1, 2017, and subsequent years, and removes the \$125,000 payment limitation applicable to TAP effective January 1, 2017, and subsequent years.

### **3 Changes to the Definition of Family Member**

#### **A Redefined Definition of Family Member**

The 2018 Farm Bill expands the definition of family member to include first cousin, niece, and nephew. The addition of first cousin, niece, and nephew to the definition will be considered in all 5-PL determinations where applicable, beginning with FY 2019 or the 2019 program year, including:

- substantive change, such as adding family members to a farming operation according to 5-PL, paragraphs 74 through 78
- family members in a joint operation according to 5-PL, subparagraph 213 C
- applicability of rules that apply to joint operations comprised of non-family members according to 5-PL, Part 4, Section 3.5.

**Note:** Adding niece and nephew will include recognizing the affiliations of aunt and uncle.

#### **B 2019 Determinations Requiring COC Action**

COC determinations involving the definition of family member are continuous and roll over from year to year. County Offices will review current determinations of record where the definition of family member was referenced.

For determinations that may be affected by the change in the family member definition, the producer(s) will need to update their farm operating plan in Business File with the new family member relationship using “other changes” according to 3-PL (Rev. 2). COC will make a new determination on CCC-903 and update Business File and Subsidiary.

State Offices will provide County Offices with 2 reports that will aid in identifying:

- joint operations with substantive change determinations recorded in 2019 Business File
- joint operations comprised of non-family members recorded in 2019 Business File.

**4 2019 AGI Provisions**

**A \$900,000 AGI Limitation Remains Unchanged**

The 2018 Farm Bill did not change the \$900,000 AGI limitation eligibility for certain FSA/CCC or NRCS programs.

The current version of CCC-941 updates the years referenced. See Exhibit 1.

County Offices will begin using the updated CCC-941 immediately, but may accept certifications of AGI on the previous version.

The updated CCC-941 can be used to file certifications of AGI for all years 2011 through 2023.

County Offices will continue to update AGI certifications filed on CCC-941 using the “Adjusted Gross Income – 2014 Farm Bill” section in Subsidiary, according to 3-PL (Rev. 2), paragraph 26 for all subsidiary years 2011 through 2023. The title of this section in Subsidiary will be revised to reflect the 2014 Farm Bill and the 2018 Farm Bill changes.

County Offices will continue to mail CCC-941’s to IRS using the normal operating procedures.

AGI compliance letters will be updated with a revision of 5-PL.

**B AGI Waiver**

The 2018 Farm Bill provides that the \$900,000 limitation may be waived on a case-by-case basis for protection of environmentally sensitive land of special significance that would be protected because of the waiver.

Applicability of the waiver is limited to Conservation Program payments or benefits under Title II of the 2018 Act, Title II of the 2002 Act, Title II of the 2008 Act, or Title XII of the 1985 Act.

Additional information about requesting a waiver will be provided by FSA’s Conservation Division.

## 5 Updated Forms

### A Updated Payment Limitation and Payment Eligibility Forms

The following table provides a list of updated forms and a short description of the changes.

The updated forms will be used beginning with 2019 and subsequent years for payment limitation and payment eligibility determinations. The updated forms and instructions are available on FSA's public website at [https://www.fsa.usda.gov/programs-and-services/payment-eligibility/actively\\_engaged/index](https://www.fsa.usda.gov/programs-and-services/payment-eligibility/actively_engaged/index).

Prior versions of these forms will be used for determinations related to program years 2008 through 2018.

Form Number	Description of Changes
CCC-941 (Exhibit 1)	Updated to include language applicable to the 2014 Farm Bill and 2018 Farm Bill. This version can be used by producers to certify compliance with AGI provisions beginning in program year 2011 and until legislation changes the applicable rules.
CCC-902I and Instructions (Exhibit 2) CCC-902I Short Form and Instructions (Exhibit 3)	The manual and automated versions have been updated to include language applicable to the 2018 Farm Bill.
CCC-902 Continuation and Instructions (Exhibit 4)	The manual version has been updated to include language applicable to the 2018 Farm Bill.
CCC-902E and Instructions (Exhibit 5) CCC-902E Continuation and Instructions (Exhibit 6)	The manual and automated versions of CCC-902E Instructions have been updated to include changes to the definition of family member. The questions within the Parts sections of CCC-902E Continuation have been rearranged to match CCC-902E Instructions.
CCC-901 and Instructions (Exhibit 7)	The manual version has been updated to include language applicable to the 2018 Farm Bill.
CCC-903 (Exhibit 8)	Updated to include a section for entering the applicable program year of the determination.

### B Updated CCC-902 in Business File

The automated version of CCC-902 will be updated to include first cousin, niece, nephew, aunt, and uncle in the drop-down list to select family member relationship according to 3-PL (Rev. 3), paragraph 523.

**6 Action**

**A State Office Action**

State Offices will:

- immediately notify County Offices of the contents in this notice
- contact Paul Hanson, Program Manager, for questions about this notice by either of the following:
  - e-mail to **paul.hanson@usda.gov**
  - telephone at 202-720-4189.

**B County Offices Action**

County Offices will:

- review the changes in payment limitation and payment eligibility policy provided in this notice
- publicize the changes through all available sources
- issue determinations for 2019 consistent with changes provided in this notice
- review and update current determinations of record for non-family joint operations using the change in the family member definition
- provide written notification to producers affected by a change in determinations of eligibility as a result of the policy changes
- contact the State Office with any questions about this notice.

**C Required Outreach Action**

State Office Outreach:

- SED's will ensure County Offices conduct outreach on new provisions and record as required in Outreach Tracking Information System (OTIS) to support the State's outreach Goal #5
- SOC's will work with State Office staff to ensure that all State and partner organizations, including tribal governments, are contacted and informed of AGI, payment limitations, and the new definition of family member as amended in the 2018 Farm Bill.

**6 Action (Continued)**

**C Required Outreach Actions (Continued)**

County Office Outreach:

CED's and COOC's will ensure outreach actions regarding these provisions are conducted and recorded in OTIS to support Goal #5. Once outreach materials are made available County Offices will utilize materials to:

- inform producers of the policy changes
- promote the program provisions outside of the service center.

All other requirements for outreach can be found in 22-AO.

**D Recording Outreach Activities in OTIS**

All eligible outreach activities will be entered into OTIS recording the appropriate FSA program.

**Example:** Select PL for Payment Limitations, AGI for Average Gross Income Outreach, etc.

Questions regarding conducting outreach and recording activities in OTIS should be sent to [fsaoutreach@wdc.usda.gov](mailto:fsaoutreach@wdc.usda.gov).

# CCC-941, Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information

The following is an example of CCC-941.

<p>This form is available electronically.</p> <p><b>CCC-941</b> U.S. DEPARTMENT OF AGRICULTURE (01-24-19) Commodity Credit Corporation</p> <p><b>AVERAGE ADJUSTED GROSS INCOME (AGI) CERTIFICATION AND CONSENT TO DISCLOSURE OF TAX INFORMATION</b></p>		<p>1. Return completed form to:</p> <p>(Name and address of FSA county office or USDA Service Center)</p>						
<p><b>NOTE:</b> The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (Pub. L. 99-198), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Executive Orders identified in the System of Records Notice for USD APFA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.</p> <p><b>Paperwork Reduction Act (PRA) Statement:</b> This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(o)(2)(B). The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. <b>PLEASE RETURN COMPLETED FORM TO FSA AT THE ABOVE ADDRESS.</b></p>								
<p>2. Name and Address of Individual or Legal Entity (Including Zip Code)</p> <p>(Use the same name and address as used for the tax return specified in Part B.)</p>	<p>3. Taxpayer Identification Number (TIN) (Social Security Number for Individual; or Employer Identification Number for Legal Entity)</p>							
<p><b>PART A – CERTIFICATION OF AVERAGE ADJUSTED GROSS INCOME</b></p>								
<p>4. The program year for payment eligibility</p> <p>A. 20 <input type="text"/> Enter the year for which program benefits are requested. The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. For example, the 3-year period for the calculation of the average AGI for 2019 would be the taxable years of 2017, 2016 and 2015.</p>								
<p>5. I certify that the average adjusted gross income of the individual or legal entity in Item 2 (for the year included in Item 4) was:</p> <p>A. <input type="checkbox"/> Less than (or equal to) \$900,000</p> <p>B. <input type="checkbox"/> More than \$900,000</p>								
<p><b>PART B – CONSENT TO DISCLOSURE OF TAX INFORMATION</b></p> <p>Pursuant to 26 U.S.C. §6103, I hereby authorize the Internal Revenue Service (IRS) to review the following items of "return information" (as defined in 26 U.S.C. §6103(b)(2)) from the returns (as specified below) of the individual or legal entity identified in Item 2 for the taxable years indicated in Item 4:</p> <table border="0"> <tr> <td>Form 1040 and 1040NR filers: farm income or loss; adjusted gross income</td> <td>Form 1120, 1120A, 1120C filers: charitable contributions, taxable income</td> </tr> <tr> <td>Form 1041 filers: farm income or loss, charitable contributions, income distribution deductions, exemptions, adjusted total income; total income</td> <td>Form 1120S filers: ordinary business income</td> </tr> <tr> <td>Form 1065 filers: guaranteed payments to partners, ordinary business income</td> <td>Form 990T: unrelated business taxable income</td> </tr> </table> <p>I understand the IRS will review these items of return information in order to perform calculations, the results of which I authorize to be disclosed to officers and employees of the United States Department of Agriculture (USDA) for use in determining the individual's or legal entity's eligibility for specified payments for various commodity and conservation programs. The calculations performed by the IRS use a methodology prescribed by the USDA. In addition, I am aware that the USDA may use the information received for compliance purposes related to this eligibility determination, including referrals to the Department of Justice.</p> <p>Specially, the IRS will disclose to the USDA the individual's or legal entity's name and TIN, and inform the USDA if, pursuant to its calculations, the average Adjusted Gross Income (AGI) is above or below eligibility requirements as prescribed by the Agricultural Act of 2014 or Agricultural Improvement Act of 2018. The IRS will also disclose to the USDA the type of return from which the information used for the calculations was obtained.</p> <p>If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the specified return has not been filed, for any of the taxable years indicated, the IRS may disclose that it was unable to locate a return, or that a return was not filed, for those years, whichever is applicable.</p> <p><b>An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.</b></p> <p>By signing this form:</p> <ul style="list-style-type: none"> <li>- I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;</li> <li>- I certify that all information contained within this certification is true and correct; and is consistent with the tax returns filed with the IRS;</li> <li>- I agree to authorize CCC to obtain tax data from the IRS for AGI compliance verification purposes by filing this form;</li> <li>- I am aware that without this consent to disclosure, the returns and return information of the individual or legal entity identified in Item 2 are confidential and are protected by law under the Internal Revenue Code;</li> <li>- I certify that I am authorized under applicable state law to execute this consent on behalf of the legal entity identified in Item 2 (for legal entity only).</li> </ul>			Form 1040 and 1040NR filers: farm income or loss; adjusted gross income	Form 1120, 1120A, 1120C filers: charitable contributions, taxable income	Form 1041 filers: farm income or loss, charitable contributions, income distribution deductions, exemptions, adjusted total income; total income	Form 1120S filers: ordinary business income	Form 1065 filers: guaranteed payments to partners, ordinary business income	Form 990T: unrelated business taxable income
Form 1040 and 1040NR filers: farm income or loss; adjusted gross income	Form 1120, 1120A, 1120C filers: charitable contributions, taxable income							
Form 1041 filers: farm income or loss, charitable contributions, income distribution deductions, exemptions, adjusted total income; total income	Form 1120S filers: ordinary business income							
Form 1065 filers: guaranteed payments to partners, ordinary business income	Form 990T: unrelated business taxable income							
<p>6. Signature (By)</p>	<p>7. Title/Relationship of the Individual if Signing in a Representative Capacity for a legal entity</p>	<p>8. Date (MM-DD-YYYY)</p>						

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8399. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.asc.usda.gov/complaint\\_filing\\_cust.html](http://www.asc.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.



# CCC-941, Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information (Continued)

CCC-941 (01-24-19)

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## GENERAL INFORMATION ON AVERAGE ADJUSTED GROSS INCOME – PART A

Individuals or legal entities that receive benefits under most programs administered by CCC cannot have incomes that exceed a certain limit set by law. For entities, both the entity itself, and its members cannot exceed the income limitation. If a member, whether an individual or an entity, of an entity exceeds the limitation, payments to that entity will be commensurately reduced according to that member's direct or indirect ownership share in the entity. (All members of the entity must also submit this form to verify income the limitation is met.)

**Adjusted Gross Income** is the individual's or legal entity's IRS-reported adjusted gross income consisting of both farm and nonfarm income. A three-year average of that income will be computed for the three years of the relevant base period identified on the first page of this form to determine eligibility for the applicable program year. Individuals or legal entities with average **adjusted gross income** greater than \$900,000 shall be ineligible for all payments and benefits under the commodity, price support, disaster assistance, and conservation programs.

## HOW TO DETERMINE ADJUSTED GROSS INCOME (AGI)

**Individual** – Internal Revenue Service (IRS) Form 1040 filers, specific lines on that form represent the adjusted gross income and the income from farming, ranching, or forestry operations.

**Trust or Estate** – the adjusted gross income is the total income and charitable contributions reported to IRS.

**Corporation** – the adjusted gross income is the total of the final taxable income and any charitable contributions reported to IRS.

**Limited Partnership (LP), Limited Liability Company (LLC), Limited Liability Partnership (LLP) or Similar Entity** – the adjusted gross income is the total income from trade or business activities plus guaranteed payments to the members as reported to the IRS.

**Tax-exempt Organization** – the adjusted gross income is the unrelated business taxable income excluding any income from non-commercial activities as reported to the IRS.

## HOW TO DETERMINE AVERAGE ADJUSTED GROSS INCOME

The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. This table shows examples for applicable years to be used in determining average AGI.

IF the crop year is...	THEN... Average AGI will be based on the following years....
2019	2017, 2016, and 2015
2020	2018, 2017, and 2016
2021	2019, 2018, and 2017
2022	2020, 2019, and 2018
2023	2021, 2020, and 2019

## GENERAL INFORMATION ON CONSENT TO DISCLOSURE OF TAX INFORMATION – PART B

This consent allows IRS's access to, and use of, certain items of return information to perform calculations, using a methodology prescribed by the USDA, that will assist USDA in its verification of a program participant's compliance with the adjusted gross income (AGI) limitations necessary for participation in, and receipt of, commodity, conservation, price support or disaster program benefits. This consent also permits the USDA to receive certain items of return information for its eligibility determination.

This consent authorizes the disclosure of these items of return information for only the time period specified. Each item of information requested on this form is needed for the IRS to (1) locate, and verify, your tax information; (2) perform the requisite Average AGI calculations; and (3) provide the USDA with the legal entity's name and Taxpayer Identification Number (TIN), the type of return from which the specified items were located for use in the calculation, and whether or not the average AGI is above or below eligibility requirements. The IRS will not provide the USDA with any of the items specified on this consent form that it uses to perform the calculations or the average AGI figure.

This form can only be signed by the person authorized under state law to sign this consent for the legal entity identified in Item 2. **An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.**

## INSTRUCTIONS FOR COMPLETION OF CCC-941

Item No./Field name	Instruction
1. Return Completed Form To	Enter the name and address of the FSA county office or USDA service center where the completed CCC-941 will be submitted.
2. Person or Legal Entity's Name and Address	Enter the person's or legal entity's name and address for commodity, conservation, price support, or disaster program benefits. <b><i>Enter the name and address as it appeared on the IRS tax returns filed for the taxable years specified in Item 4.</i></b>
3. Taxpayer Identification Number	In the format provided, enter the <b>complete</b> taxpayer identification number of the person or legal entity identified in Item 2. <b><i>This will be either a Social Security Number or Taxpayer Identification Number.</i></b>
4. Program Year	Enter the year for which program benefits are being requested. The program year entered determines the 3-year period used for the calculation of the average adjusted gross income (AGI) for payment eligibility and the years for which this consent allows access to tax information.
5. Average Adjusted Gross Income	Select the box next to the response that describes the <b>average adjusted gross income</b> for the applicable 3-year period for the program year entered in Item 4. <b><i>Select only one response.</i></b>
6. Signature	Read the acknowledgments, responsibilities and authorizations, <b><i>before</i></b> affixing your signature. <b><i>Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority.</i></b>
7. Title/Relationship	Enter title or relationship to the legal entity identified in Item 2.
8. Date	Enter the signature date in month, day and year. <b><i>This form must be returned to FSA within 90 days of the signature date for the consent to be valid.</i></b>

## CCC-902I, Farm Operating Plan for an Individual, and Instructions

The following is an example of CCC-902I and instructions.

<b>CCC-902I</b> (04-16-19)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation		1. County	3. Program Year
<b>FARM OPERATING PLAN FOR AN INDIVIDUAL</b>				2. State	
For "actively engaged in farming" and other payment eligibility and limitation determinations.					
<i>This form is to be completed by, or on behalf of, an individual who is seeking benefits from the Farm Service Agency (FSA) as an <b>individual</b> (and not as part of an entity) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the individual who receives program benefits <b>directly</b> using the social security number identified in Part A. This form also collects information about entities engaged in farming in which the individual has an interest. Such entities must complete a CCC-902E if they are requesting program benefits. Payment eligibility for the individual is based upon the contribution level of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the individual identified in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.</i>					
<b>PART A – BASIC INFORMATION</b>					
1. Individual's Name and Address (Include Zip Code)				2. Social Security Number (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)	
<b>PART B - ADDITIONAL INFORMATION</b>					
1. Is this individual a U.S. citizen? <input type="checkbox"/> YES. Go to Item 4A <input type="checkbox"/> NO. Go to Item 2		2. Is this individual an alien lawfully admitted into the U.S.? <input type="checkbox"/> YES, must present a Resident Alien Card (I-551). <input type="checkbox"/> NO		3. FOR COUNTY FSA USE ONLY (Was a Resident Alien Card, I-551 shown?) <input type="checkbox"/> YES <input type="checkbox"/> NO	
4A. Is this individual under 18 years of age as of June 1 of the program year that is specified in Item 3? <input type="checkbox"/> NO. Go to Part C <input type="checkbox"/> YES, continue with Item 4B				4B. Enter Date of Birth (MM-DD-YYYY)	
5. Enter the name, address, and social security number of parent or guardian:					
A. Parent's or Guardian's Name		B. Parent's or Guardian's Address		C. Social Security Number of Parent or Guardian (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)	
D. Does this individual maintain a separate household from parent or guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO					
6. List the direct and indirect interests in all farming operations of this individual's parents or guardians:					
A. Parent's or Guardian's Name		B. Name of Farming Interest		C. Tax ID Number of Farming Interest (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)	
D. County and State Where Farming Interest is Located					

MINORS

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

## CCC-902I, Farm Operating Plan for an Individual, and Instructions (Continued)

CCC-902I (04-16-19) Name of Individual (as identified in Part A): \_\_\_\_\_ Page 2 of 4

INSTRUCTIONS FOR PARTS C THROUGH H. Only include information for the individual identified in Part A. Do not include information for any farming interests listed in Part B, Item 7.

**PART C - LAND**

1. **Land:** Enter the following information for ALL land farmed by the individual identified in Part A and not as part of an entity.  
*If land is cash leased from an individual or entity with an interest in the crop or crop proceeds, include the rental rate in \$/acre Column F; otherwise enter "cash."*

A. Farm No.	B. Location (County and State)	C. Check As Applicable			D. Name of Individual or Entity Whom Land is Leased to and/or From (Includes names of landowners and landlords)	E. Acres Owned or Leased	F. Rental Rate \$ per Acre or % of Crop Share	G. Check here if same land interest was held last year
		Owned	Leased To	Leased From				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

For additional space for land, complete CCC-902 Continuation and attach to this form. Check here ☐ if attached.**PART D - CAPITAL SOURCES and USES**

1. Indicate the source of all farming capital for the individual identified in Part A for the farms listed in Part C. (Check all that apply.)

☐ Non-borrowed capital      ☐ Private loans/credit      ☐ FSA program payments  
☐ Commercial loans/credit      ☐ Other: \_\_\_\_\_

2. Will contributions of capital, farming equipment or land be acquired as a result of a loan or credit arrangement?

☐ YES go to Item 3      ☐ NO go to Part E

3. Will such loan or credit be acquired from, guaranteed by, co-signed by, or secured by another individual or entity that has an interest in the farming operation identified in Part A? (Such interest may be as a landowner or another tenant.)

☐ YES. Complete Items 3A through 3E      ☐ NO. Go to Part E.

A. Type of Contribution	B. Name of Loan or Credit Source	C. Guarantor's Name	D. Credit Source or Guarantor's Affiliation or Interest in the Farming Operation	E. Percent of Total Capital
				%
				%

**PART E - EQUIPMENT (All percentages are based on annual rental values.)**

1. **Owned Equipment:** Enter the percent of ALL equipment owned by the individual identified in Part A that will be used on the farms listed in Part C? If the individual specified in Part A does not own any of the equipment used in the farming operation, enter 0%. \_\_\_\_\_ %

2. **Leased Equipment:** Enter the following information for ALL leased equipment to be used by the individual identified in Part A on the farms listed in Part C. If leased equipment is not used in this farming operation, enter 0%.

A. Percent of Total Equipment Used by the Individual	B. Name of Party/Entity Equipment is Leased From	C. Type of Equipment Leased	D. Does the Party/Entity the equipment is leased from have an interest in this farming operation?
%			<input type="checkbox"/> YES <input type="checkbox"/> NO
%			<input type="checkbox"/> YES <input type="checkbox"/> NO
%			<input type="checkbox"/> YES <input type="checkbox"/> NO

3. **Lease agreements:** If Item 2D is "YES," copies of lease agreement and documentation may be required for compliance purposes. GO TO Part F.

## CCC-902I, Farm Operating Plan for an Individual, and Instructions (Continued)

CCC-902I (04-16-19) Name of Individual (as identified in Part A): \_\_\_\_\_ Page 3 of 4

**PART F - CUSTOM SERVICES**

1. Will custom services be utilized by the individual identified in Part A on the farms listed in Part C?

☐ NO. Go to Part G ☐ YES, complete Items 1A through 1D of this Part.

A. Type of Services	B. Farm Number(s)	C. Number of Acres	D. Name of Provider

**PART G – LABOR**

For the farms listed in Part C, enter the information for contributions of active personal labor which will be provided by the individual identified in Part A, hired laborers; or by others:

Type	Amount
1. <b>Active personal labor.</b> Enter the percentage or hours to be provided by the individual identified in Part A. If the individual identified in Part A performs 1,000 or more hours of labor for this farming operation, enter "1,000" hours.	% hrs
2. <b>Hired labor.</b> Enter the percentage or hours of labor that will be hired.	% hrs
A. Will any of the hired labor originate from the same source as leased equipment shown in Part E? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.	
B. Will any of the hired labor be included in the custom farming services shown in Part F? <input type="checkbox"/> NO <input type="checkbox"/> YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.	
3. <b>Other labor.</b> Enter the percentage of labor to be donated by family members or others. (No payment will be owed).	%

**PART H – MANAGEMENT (The total percentage shown in Items 1 through 3 must equal 100%)**

For the farms listed in Part C, enter the estimated percent of the individual's total management responsibility and the type of managerial duties required which will be provided by the individual identified in Part A, by hired persons or entities, or by others who are not hired.

**1. Active personal management:**A. Enter the estimated percent of the active personal management to be provided by the individual identified in Part A: \_\_\_\_\_ %  
B. List the type of managerial duties/activities to be personally performed by the individual identified in Part A:**2. Hired management:**A. Enter the estimated percent of hired management: \_\_\_\_\_ %  
B. Describe any paid management services provided by someone other than the individual identified in Part A:**3. Other management:**A. Enter the estimated percent of other management: \_\_\_\_\_ %  
B. Describe any non-compensated management duties/activities provided by someone other than the individual identified in Part A:**PART I – CERTIFICATION**

*I certify that all the information entered on this document and any supporting documentation is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form, I acknowledge that:*

- all supporting documentation has been submitted as required.
- I have read and understand all definitions and requirements on Page 4.
- all information contained on this form will be considered in effect continuously unless changes or revisions are submitted.
- it is my responsibility to timely notify FSA in writing of any changes in the farming, ranching or forestry operation, or financial status that may affect these representations.
- evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and that I will take all necessary actions to provide such materials to FSA if requested.

1. Signature (By)	2. Title/Relationship of the Individual Signing in Representative Capacity	3. Date (MM-DD-YYYY)
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## CCC-902I, Farm Operating Plan for an Individual, and Instructions (Continued)

CCC-902I (04-16-19)

Page 4 of 4

## DEFINITIONS

The following definitions apply to Form CCC-902I.

1. **ACTIVELY ENGAGED IN FARMING** – means providing both: 1) significant contributions of capital, equipment, or land, or combination thereof to the farming operation; and 2) significant contributions of active personal labor or active personal management, or a combination thereof, to the farming operation as described. Further, for a person or legal entity to be considered actively engaged in farming for program payment purposes, the contributions of the person or legal entity must be at-risk and commensurate with the person's or legal entity's claimed share of the profit and loss of the farming operation. Failure to meet these requirements will result in the determination of ineligibility for payments under programs specified in 7 CFR Part 1400.
2. **INTEREST IN A FARMING OPERATION** – a person or legal entity is considered to have an interest in a particular farming operation if the person or legal entity owns or rents land to or from that farming operation; has an interest in the agricultural commodities produced on the operation; or is a member of a joint operation that either owns or rents land to or from the farming operation, or has an interest in the agricultural commodities produced on that operation.
3. **JOINT OPERATION** - is a general partnership, joint venture, or similar organization.
4. **PERSON** – is a natural person (an individual) and does not include a legal entity.
5. **ACTIVE PERSONAL LABOR** – a person is considered to be providing active personal labor with respect to a farming operation if that person is directly and personally providing physical activities necessary to conduct the farming operation, including land preparation, planting, cultivating, harvesting, and marketing of agricultural commodities. Other qualifying physical activities include establishing and maintaining conserving covers and those physical activities necessary for livestock production for the farming operation.
6. **ACTIVE PERSONAL MANAGEMENT** – a person is considered to be providing active personal management with respect to a farming operation if that person is directly and personally providing the general supervision and direction of activities and labor involved in the farming operation; or providing services (whether performed on-site or off-site) reasonably related and necessary to the farming operation. The management activities must be critical to the profitability of the farming operation and performed under one or more of the following categories: 1) Capital which includes arranging financing and managing capital; acquiring equipment; acquiring land and negotiating leases; managing insurance and participating in USDA programs; 2) Labor which includes hiring and managing of hired labor; 3) Agronomics and marketing which includes selecting crops and making planting decisions; acquiring and purchasing of crop inputs; managing crops and making harvesting decisions; pricing and marketing of crop production.
7. **CAPITAL** – with respect to a farming operation is the funding provided by a person or legal entity to the farming operation in order for such operation to conduct farming activities. To be considered a countable contribution for a person or legal entity, the capital must have been derived from a fund or account separate and distinct from that of any other person or entity involved in such operation. Countable capital does not include the value of any labor or management which is contributed to the farming operation. A capital contribution may be a direct non-borrowed (out-of-pocket) input of a specified sum or an amount borrowed by the person or entity. Capital does not include advance program payments.
8. **CONTRIBUTION** – with respect to a farming operation is the provision of land, capital or equipment assets, and providing active personal labor, or active personal management to the farming operation in exchange for, or the expectation of, deriving benefits based solely on the success of the farming operation.
9. **CUSTOM SERVICES** – with respect to a farming operation is the hiring of a contractor or vendor that is in the business of providing such specialized services to perform services for the farming operation in exchange for the payment of a fee for such services performed.
10. **ENTITY** - is a corporation, joint stock company, limited liability company, association, limited partnership, limited liability partnership, irrevocable trust, revocable trust, estate, charitable organization, or other similar organization including any such organization participating in the farming operation as a partner in a general partnership, participant in a joint venture, a grantor of a revocable trust, or as a participant in a similar organization.
11. **EQUIPMENT** – with respect to a farming operation is the machinery and implements needed to conduct activities of the farming operation including machinery and implements used for land preparation, planting, cultivating, harvesting or marketing crops. Equipment also includes machinery and implements needed to establish and maintain conserving covers.
12. **FAMILY MEMBER** – a person is considered to be a family member of another person in the farming operation if that person is related to the other person as a lineal ancestor, lineal descendant, sibling, 1st cousin, niece, nephew, spouse, or otherwise by marriage. This relationship includes great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandchild, great grandchild, sibling, 1st cousin, niece, nephew, aunt, uncle or spouse of family member in the farming operation.
13. **FARMING OPERATION** - is a business enterprise engaged in the production of agricultural products which is operated by a person or a formal or informal entity which is eligible to receive payments, directly or indirectly.
14. **LAND** – with a respect to a contribution to a farming operation is farmland consisting of cropland, pastureland, wetland, or rangeland which meets the specific requirements of the applicable program for which payments or benefits are sought.
15. **SUPPORTING DOCUMENTATION** – is any information that supports the relevant representations made such as, but not limited to: articles of incorporation; corporate meeting minutes; stock certificates; organizational papers; trust agreement; last will or testament or a deceased individual; affidavit of heirship approved by Office of General Counsel; partnership agreement; property lease agreement; purchase agreement; land deed; lending security agreement; and financial statement.
16. All other terms utilized in this form shall be defined pursuant to 7 CFR Part 1400.

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to identify the farm operating plan data needed to determine an individual's eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

**Paperwork Reduction Act (PRA) Statement:** This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B). The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

## CCC-902I, Farm Operating Plan for an Individual, and Instructions (Continued)

## Instructions for CCC-902I

***FARM OPERATING PLAN FOR AN INDIVIDUAL***

This form is used to collect information about individuals that is used by FSA to determine eligibility for payments. This form is designed for individuals using a social security number and requesting program payments as an individual on their own farming operation.

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

***Complete items as indicated. Related definitions are provided on page 4 of the form to assist in form completion.***

***Items 1-3***

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1 County	Enter the name of the control county for the individual.
2 State	Enter the name of the state where this individual conducts their farming operation. GO TO Part A.
3 Program Year	Enter the program/crop year for which the information for this farming operation is being provided.

***Part A – Basic Information***

1 Individual's Name and Address	Enter the name and address, including zip code, of the individual.  If the individual conducts business using an assumed name, include the assumed name. (Example: John Doe, dba John Doe Grain Farms)
2 Tax Identification Number	Enter the social security or taxpayer ID number of the individual.  If the complete social security or taxpayer ID number is on file with FSA, only the last 4 digits are required. GO TO Part B.

## CCC-902I, Farm Operating Plan for an Individual, and Instructions (Continued)

Fld Name / Item No.	Instruction
<i>Part B – Additional Information</i>	
1 U.S. citizen	<p>Check the appropriate box to indicate citizenship status of the individual identified in Part A.</p> <p>If the individual identified in Part A is a U.S. citizen, check “YES” and GO TO Item 4A.</p> <p>If the individual identified in Part A is not a U.S. citizen, check “NO” and GO TO Item 2.</p>
2 Alien Status	<p>Check the appropriate box to indicate alien status of the individual identified in Part A.</p> <p>Check “YES” if the individual identified in Part A is an alien lawfully admitted to the U.S. and a Resident Alien Card, form I-551, was presented.</p> <p>Check “NO” if the individual identified in Part A is not a U.S. citizen and a Resident Alien Card, form I-551, is not presented.</p>
3 For County FSA Use Only	<p>This item will be completed by FSA.</p> <p>If the individual identified in Part A is not a U.S. citizen and form I-551 was not presented, the individual identified in Part A will be considered a foreign person for payment eligibility and payment limitation purposes.</p>
4A Individual Under 18...	<p>Check the appropriate box to indicate whether the individual identified in Part A is a minor as of June 1 of the Program Year entered above.</p> <p>Check “NO” if the individual identified in Part A was 18 years of age or older on June 1 and GO TO Part C.</p> <p>Check “YES” if the individual identified in Part A was younger than 18 years of age on June 1. Continue with Item 4 B.</p>
4B Date of Birth	<p>If the individual identified in Part A was younger than 18 years of age on June 1 of the program year, enter the month, day and year the individual identified in Part A was born.</p>
5A – 5C Parent or Guardian Information...	<p>If the individual identified in Part A is a minor, provide the following information about the individual’s parent or legal guardian:</p> <ul style="list-style-type: none"> <li>A) Parent’s or guardian’s name</li> <li>B) Parent’s or guardian’s address</li> <li>C) Last 4 digits of the parent’s or guardian’s social security or taxpayer ID number, if complete taxpayer ID number is on record with FSA.</li> </ul>

## CCC-902I, Farm Operating Plan for an Individual, and Instructions (Continued)

Fld Name / Item No.	Instruction
5D Separate Residences...	If the individual identified in Part A is a minor, check "YES" or "NO" to indicate whether the individual identified in Part A maintains a separate household from your parent or guardian.
6A – 6D Parent or Guardian's Farming Interests...	If the individual identified in Part A is a minor, provide the following information about the parent or guardian's interest in farming operations:  A) Parent's or guardian's name B) Name of parent's or guardian's farming interest C) Last 4 digits of the tax ID number of the farming interest, if the complete taxpayer ID number is already on record with FSA. D) County/state where the farming interest is located
Individual's Name	Enter the name of the individual identified in Part A at the top of the page.

**Part C – Land**

1A – 1G Land	<p>Enter the following information for ALL land that is operated by the individual identified in Part A:</p> <p>A) Farm number B) State and county where located C) Check the applicable box to show whether land is owned, leased to someone, or leased from and individual, entity, or joint operation D) Name of the individual, entity or joint operation to whom or from whom the land the land is leased E) Acres owned or rented on the farm F) The per acre amount of cash rent, or the percentage of the crop shared with the landlord</p> <p><b>Note: If land is cash leased from an unrelated individual or entity, enter "cash" in the Column F. If land is cash leased from an individual or entity with an interest in the crop or crop proceeds, include the rental rate in \$ per acre.</b></p> <p>G) Check the box if you had this same land interest in the prior crop year.</p> <p><i>If additional space is needed for land, complete and attach form CCC-902 Continuation. GO TO Part D.</i></p>
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**Part D – Capital Sources and Uses**

1 Sources of capital...	Indicate the sources of operating capital for the farming operation of individual identified in Part A. Check all the types of capital that apply. If "Other" is indicated, please specify.
2 Contributions	Check the applicable boxes to indicate whether capital, equipment or land contributed by the individual identified in Part A to this farming



## CCC-902I, Farm Operating Plan for an Individual, and Instructions (Continued)

Fld Name / Item No.	Instruction
of capital, land or equipment..	<p>operation was acquired as the result of a loan or credit arrangement.</p> <p>Check "YES" if the individual identified in Part A acquired contributions of capital, equipment or land through loans or credit arrangement, then GO TO Item 3.</p> <p>Check "NO" if the individual identified in Part A acquired contributions of capital, equipment or land through loans or credit arrangement, then GO TO Part E.</p>
3 If capital includes loans or credit arrangement...	<p>Check "NO", if the individual identified in Part A uses loans or credit to finance the individuals' farming operation or purchase of land or equipment, but such financing is NOT acquired from, guaranteed by, co-signed by, or secured by any other individual, joint operation or entity then GO TO Part E.</p> <p>Check "YES", if the individual identified in Part A uses loans or credit to finance the individuals' farming operation or to purchase land or equipment and such financing was acquired from, guaranteed by, co-signed by, or secured by another individual, a joint operation or an entity with an interest in the farming operation of the individual identified in Part A, and complete Items 3A – 3E.</p>
3A - 3E If capital includes loans or credit that are guaranteed or secured by others...	<p>For each type of loan or credit used to finance the farming operation of the individual identified in Part A, and which are acquired from, guaranteed by, co-signed by, or secured by another individual, a joint operation or an entity, provide the following:</p> <ul style="list-style-type: none"> <li>A) The type of capital contribution (loan, line of credit, cash advance)</li> <li>B) Name of the source of the loan or credit</li> <li>C) Name of the guarantor</li> <li>D) Affiliation of the credit source or guarantor with the individual conducting the farming operation</li> <li>E) Percent of total capital represented by each line entry</li> </ul>

**Part E – Equipment**

1 Owned Equipment	<p>Enter the percent of ALL equipment used in the farming operation which is owned by the individual identified in Part A.</p> <p>If the individual identified in Part A does not own any of the equipment used in the farming operation, enter 0%.</p>
2A – 2C Leased Equipment	<p>If the individual identified in Part A does not lease equipment used in this farming operation, enter 0% and GO TO Part F.</p>

## CCC-902I, Farm Operating Plan for an Individual, and Instructions (Continued)

Fld Name / Item No.	Instruction
	Enter information for ALL equipment used in the farming operation of the individual identified in Part A which is leased. For each type of equipment leased, enter the following:  A) Percent of total equipment leased B) Name of the party or entity from whom equipment is leased C) Type of equipment leased.
2D Leased equipment and interest in farming operation	If the individual identified in Part A leased equipment, indicate whether the equipment was leased from an individual or entity that has an interest in the farming operation of the individual identified in Part A.  Check "YES" if the equipment was leased from an individual or entity that has an interest in the farming operation of the individual identified in Part A.  Check "NO" if the equipment was not leased from an individual or entity that has an interest in the farming operation of the individual identified in Part A. GO TO Part F.
3 Lease Agreement	If the individual identified in Part A leased equipment from an individual or entity that has an interest in the farming operation identified in Part A, copies of lease agreements may be required for compliance purposes. GO TO Part F.
Individual's Name	Enter the individual identified in Part A at the top of the page.

**Part F – Custom Services**

1 Utilization of custom services...	Check "NO" if custom farming services will not be utilized in the farming operation of the individual identified in Part A, and GO TO Part G.  Check "YES" if custom farming services will be utilized in the farming operation of the individual identified in Part A, and complete all items in Part F.
1A – 1D Custom services will be utilized...	Utilization of custom services by the farming operation identified in Part A.  <b>Note:</b> Does not apply: <ul style="list-style-type: none"> <li>to services for chemical and fertilizer application;</li> <li>to the harvesting of crops, <u>OR</u></li> <li>if all the land in the farming operation is owned.</li> </ul> Provide the following information for all custom farming services utilized by the farming operation of the individual identified in Part A:  A) Type of custom service (including, but not limited to: tillage,

## CCC-902I, Farm Operating Plan for an Individual, and Instructions (Continued)

Fld Name / Item No.	Instruction
	planting, cultivating, chemical application, insect/pest scouting, etc.) B) Farm number(s) the service will be applied C) Total number of acres for which custom services will be used D) Name of the custom farming service provider

**Part G – Labor**

1 Active Personal Labor	Enter the percent or number of hours of active personal labor the individual identified in Part A will personally provide to the farming operation of the individual identified in Part A. <b>If the individual identified in Part A will provide 1,000 hours or more, write “1,000” hours.</b>
2 Hired Labor	Enter the percentage or number of hours of hired labor to be used in the farming operation of the individual identified in Part A.
2A Source of the hired labor and leased equipment...	Check “NO” if NONE of the hired labor for the farming operation of the individual identified in Part A originated from the source of leased equipment in Part E.  Check “YES” if ANY of the hired labor for the farming operation of the individual identified in Part A originated from the source of leased equipment in Part E.  <i>Acceptable documentation of equipment lease and hired labor agreements may be required for compliance purposes.</i>
2B Source of the hired labor and custom services...	Check “NO” if NONE of the hired labor for the farming operation of the individual identified in Part A was included in the custom farming services shown in Part F.  Check “YES” if ANY of the hired labor for the farming operation of the individual identified in Part A was included in the custom farming services shown in Part F.  <i>Acceptable documentation of custom services and hired labor agreements may be required for compliance purposes.</i>
3 Other Labor	Enter the percentage of the total hours required for the farming operation of the individual identified in Part A that is donated by family members or others, and which payment is not owned.

**Part H - Management** *(The total percentage shown in items 1 – 3 must equal 100%.)*

1A - 1B Active Personal Management	Enter the estimated percent of active personal management the individual identified in Part A personally provides to the farming operation.  Enter a brief description of the type of management duties the
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## CCC-902I, Farm Operating Plan for an Individual, and Instructions (Continued)

Fld Name / Item No.	Instruction
	individual identified in Part A performs.
2A- 2B Hired Management	Enter the estimated percent of hired management used by the farming operation of the individual identified in Part A.  Briefly describe the type of management duties someone else is hired to perform for the farming operation of the individual identified in Part A.
3A- 3B Other Management	Enter the estimated percent of other management used by the farming operation of the individual identified in Part A.  Enter any other person providing management without compensation for the farming operation of the individual identified in Part A. Briefly describe the management provided.

**Part I – Certification**

1 Signature (By)	The individual identified in Part A, or an authorized representative of the individual identified in Part A, shall sign the certification.  If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.
2 Title/ Relationship	If the individual identified in Part A signs the document, this field should be left blank.  If an authorized representative for the individual identified in Part A signs this document, use this field to show the individual's representative capacity. (For example, "agent" or "attorney-in-fact.")
3 Date	Enter the date the form was signed.

## CCC-902I, Short Form, Farm Operating Plan for an Individual, and Instructions

The following is an example of CCC-902I and instructions.

This form is available electronically. <span style="float: right;">(See Page 2 for Privacy Act Statement)</span>																		
<b>CCC-902I Short Form</b> <b>U.S. DEPARTMENT OF AGRICULTURE</b> (04-16-19) <b>Commodity Credit Corporation</b>	1. County _____ 2. State _____ 3. Program Year _____																	
<b>FARM OPERATING PLAN FOR AN INDIVIDUAL</b>																		
<b>For "actively engaged in farming" and other payment eligibility and limitation determinations.</b> <i>This form is to be completed by, or on behalf of, an individual who is seeking benefits from the Farm Service Agency (FSA) as an individual (and not as part of an entity or joint operation) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the individual who receives program benefits directly using the social security number identified in Part A. This form also collects information about entities engaged in farming in which the individual has an interest. Such entities must complete a CCC-902E if they are requesting program benefits. Payment eligibility for the individual is based upon the contribution level of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the individual identified in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.</i>																		
<b>PART A – PRODUCER INFORMATION</b>																		
1. Individual's Name and Address (Include Zip Code) _____	2. Social Security Number (If the social security number or taxpayer ID number is on file, only the last 4 digits are required) _____																	
<b>PART B – ADDITIONAL INFORMATION</b>																		
1. Is this individual a U.S. citizen? <input type="checkbox"/> YES. Go to Item 4 <input type="checkbox"/> NO. Go to Item 2	2. Is this individual an alien lawfully admitted into the U.S.? <input type="checkbox"/> YES, must present a Resident Alien Card (I-551). <input type="checkbox"/> NO	3. (Was a Resident Alien Card, I-551 shown?) <input type="checkbox"/> YES <input type="checkbox"/> NO																
<b>Minors</b> 4. Is this individual under 18 years of age as of June 1 of the program year that is specified in Item 3? <input type="checkbox"/> NO. Go to Part C <input type="checkbox"/> YES. Stop - Use CCC-902I																		
<b>PART C – LAND, CAPITAL &amp; EQUIPMENT (Attach form CCC-902 Continuation for additional land interests)</b>																		
1. Will the contributions of land, capital, or equipment for the farming operation identified in Part A be acquired as the result of a loan or credit arrangement from an individual or entity that has an interest in the farming operation identified in Part A? <input type="checkbox"/> NO. Go to Item 2 <input type="checkbox"/> YES. Stop - Use CCC-902I																		
2. Will custom services be utilized in the farming operation identified in Part A? <input type="checkbox"/> NO. Go to Item 3 <input type="checkbox"/> YES. Stop - Use CCC-902I																		
3. Enter the following information for ALL land farmed by the individual identified in Part A and not as part of an entity. <i>If land is cash leased from an individual or entity with an interest in the crop or crop proceeds, include the rental rate in \$/acre in Column F; otherwise enter "cash."</i>																		
A. Farm No.	B. Location (County and State)	C. Check As Applicable <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Owned</td> <td style="width: 33%;">Leased To</td> <td style="width: 33%;">Leased From</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Owned	Leased To	Leased From	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Name of Individual or Entity Whom Land is Leased to and/or From (Includes names of landowners and landlords)	E. Acres Owned or Leased	F. Rental Rate \$ per Acre/ % of Crop Share	G. Check here if same land interest was held last year
Owned	Leased To	Leased From																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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						<input type="checkbox"/>												
						<input type="checkbox"/>												
4. <b>Capital</b> - Indicate the source(s) of farming capital for the farming operation identified in Part A. (Check all that apply.) <input type="checkbox"/> Non-borrowed <input type="checkbox"/> Commercial loans/credit <input type="checkbox"/> Private loans/credit <input type="checkbox"/> FSA program payments <input type="checkbox"/> Other: _____																		
5. <b>Equipment</b> - Enter the percentages owned and/or leased to be used by the farming operation identified in Part A. C. If leased, does the party/entity the equipment is leased from have an interest in the farming operation identified in Part A? <input type="checkbox"/> YES <input type="checkbox"/> NO																		
					A. Owned _____%	B. Leased _____%												
<b>PART D - LABOR</b>																		
1. <b>Active personal labor.</b> Enter the percentage or hours to be provided by the individual identified in Part A: _____ % _____ hours																		
2. <b>Hired labor.</b> Enter the percentage or hours of labor that will be hired by the individual identified in Part A: _____ % _____ hours																		
3. Will any of the hired labor originate from the same source as the leased equipment in Part C <input type="checkbox"/> YES <input type="checkbox"/> NO.																		
<b>PART E - MANAGEMENT</b>																		
1. <b>Active personal management.</b> Enter the estimated percent of active personal management to be provided by the individual identified in Part A: _____ %																		
2. <b>Hired management:</b> Enter the estimated percent of management hired by the individual identified in Part A: _____ %																		
<b>PART F - CERTIFICATION</b>																		
<i>I certify that all the information entered on this document and any supporting documentation is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation.</i>																		
1. Signature of Producer (By) _____			2. Title/Relationship if Signing as Representative _____		3. Date (MM-DD-YYYY) _____													

CCC-902I, Short Form, Farm Operating Plan for an Individual, and Instructions (Continued)

CCC-902I Short Form (04-16-19)

Page 2 of 2

DEFINITIONS

The following definitions apply to Form CCC-902I Short Form.

1. **ACTIVELY ENGAGED IN FARMING** – means providing both: 1) significant contributions of capital, equipment, or land, or combination thereof to the farming operation; and 2) significant contributions of active personal labor or active personal management, or a combination thereof, to the farming operation as described. Further, for a person or legal entity to be considered actively engaged in farming for program payment purposes, the contributions of the person or legal entity must be at-risk and commensurate with the person's or legal entity's claimed share of the profit and loss of the farming operation. Failure to meet these requirements will result in the determination of ineligibility for payments under programs specified in 7 CFR Part 1400.
2. **INTEREST IN A FARMING OPERATION** – a person or legal entity is considered to have an interest in a particular farming operation if the person or legal entity owns or rents land to or from that farming operation; has an interest in the agricultural commodities produced on the operation; or is a member of a joint operation that either owns or rents land to or from the farming operation, or has an interest in the agricultural commodities produced on that operation.
3. **JOINT OPERATION** - is a general partnership, joint venture, or similar organization.
4. **PERSON** – is a natural person (an individual) and does not include a legal entity.
5. **ACTIVE PERSONAL LABOR** – a person is considered to be providing active personal labor with respect to a farming operation if that person is directly and personally providing physical activities necessary to conduct the farming operation, including land preparation, planting, cultivating, harvesting, and marketing of agricultural commodities. Other qualifying physical activities include establishing and maintaining conserving covers and those physical activities necessary for livestock production for the farming operation.
6. **ACTIVE PERSONAL MANAGEMENT** – a person is considered to be providing active personal management with respect to a farming operation if that person is directly and personally providing the general supervision and direction of activities and labor involved in the farming operation; or providing services (whether performed on-site or off-site) reasonably related and necessary to the farming operation. The management activities must be critical to the profitability of the farming operation and performed under one or more of the following categories: 1) Capital which includes arranging financing and managing capital; acquiring equipment; acquiring land and negotiating leases; managing insurance and participating in USDA programs; 2) Labor which includes hiring and managing of hired labor; 3) Agronomics and marketing which includes selecting crops and making planting decisions; acquiring and purchasing of crop inputs; managing crops and making harvesting decisions; pricing and marketing of crop production.
7. **CAPITAL** – with respect to a farming operation is the funding provided by a person or legal entity to the farming operation in order for such operation to conduct farming activities. To be considered a countable contribution for a person or legal entity, the capital must have been derived from a fund or account separate and distinct from that of any other person or entity involved in such operation. Countable capital does not include the value of any labor or management which is contributed to the farming operation. A capital contribution may be a direct non-borrowed (out-of-pocket) input of a specified sum or an amount borrowed by the person or entity. Capital does not include advance program payments.
8. **CONTRIBUTION** – with respect to a farming operation is the provision of land, capital or equipment assets, and providing active personal labor, or active personal management to the farming operation in exchange for, or the expectation of, deriving benefits based solely on the success of the farming operation.
9. **CUSTOM SERVICES** – with respect to a farming operation is the hiring of a contractor or vendor that is in the business of providing such specialized services to perform services for the farming operation in exchange for the payment of a fee for such services performed.
10. **ENTITY** - is a corporation, joint stock company, limited liability company, association, limited partnership, limited liability partnership, irrevocable trust, revocable trust, estate, charitable organization, or other similar organization including any such organization participating in the farming operation as a partner in a general partnership, participant in a joint venture, a grantor of a revocable trust, or as a participant in a similar organization.
11. **EQUIPMENT** – with respect to a farming operation is the machinery and implements needed to conduct activities of the farming operation including machinery and implements used for land preparation, planting, cultivating, harvesting or marketing crops. Equipment also includes machinery and implements needed to establish and maintain conserving covers.
12. **FAMILY MEMBER** – a person is considered to be a family member of another person in the farming operation if that person is related to the other person as a lineal ancestor, lineal descendant, sibling, 1st cousin, niece, nephew, spouse, or otherwise by marriage. This relationship includes great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandchild, great grandchild, sibling, 1st cousin, niece, nephew, aunt, uncle or spouse of family member in the farming operation.
13. **FARMING OPERATION** - is a business enterprise engaged in the production of agricultural products which is operated by a person or a formal or informal entity which is eligible to receive payments, directly or indirectly.
14. **LAND** – with a respect to a contribution to a farming operation is farmland consisting of cropland, pastureland, wetland, or rangeland which meets the specific requirements of the applicable program for which payments or benefits are sought.
15. **SUPPORTING DOCUMENTATION** – is any information that supports the relevant representations made such as, but not limited to: articles of incorporation; corporate meeting minutes; stock certificates; organizational papers; trust agreement; last will or testament or a deceased individual; affidavit of heirship approved by Office of General Counsel; partnership agreement; property lease agreement; purchase agreement; land deed; lending security agreement; and financial statement.
16. All other terms utilized in this form shall be defined pursuant to 7 CFR Part 1400.

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to identify the farm operating plan data needed to determine an individual's eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

**Paperwork Reduction Act (PRA) Statement** This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B). The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

## CCC-902I, Short Form, Farm Operating Plan for an Individual, and Instructions (Continued)

**Instructions for CCC-902I Short Form*****FARM OPERATING PLAN FOR AN INDIVIDUAL***

This form is used to collect information about individuals that is used by FSA to determine eligibility for payments.

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

***Complete items as indicated. Related definitions are provided on page 2 of the form to assist in form completion.***

***Items 1-3***

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1 County	Enter the name of the county where you farm. If your farm in more than one county, enter the name of the county that has been designated as your control county.
2 State	Enter the name of the state where you farm.
3 Program Year	Enter the crop year for which this certification applies.

***Part A – Producer Information***

1 Participant's Name and Address	Enter the name and address, including zip code, of the individual.  If the individual conducts business using an assumed name, include the assumed name. (Example: John Doe, dba John Doe Grain Farms)
2 Tax Identification Number	Enter the social security or taxpayer ID number of the individual.

## CCC-902I, Short Form, Farm Operating Plan for an Individual, and Instructions (Continued)

Fld Name / Item No.	Instruction
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**Part B – Additional Information**

1 Is this individual a U.S. citizen?	<p>Check the appropriate box to indicate the individual's citizenship status. If the individual identified in Part A is a U.S. citizen, check "YES and GO TO Item 4.</p> <p>If the individual identified in Part A is not a U.S. citizen, check "NO" and GO TO Item 2.</p>
2 Is this individual an alien lawfully...	<p>Check the appropriate box to indicate the individual's alien status.</p> <p>-Check "YES" if the individual identified in Part A is an alien lawfully admitted to the U.S. and the individual must present a Resident Alien Card, form I-551.</p> <p>-Check "NO" if in the individual identified in Part A is not a U.S. citizen and the individual did not present a Resident Alien Card, form I-551.</p>

**Item 3 completed by FSA.**

4 Minors	<p>Check the appropriate box to indicate whether the individual identified in Part A was a minor as of June 1 of the Program Year entered above.</p> <p>-Check "NO" if the individual identified in Part A was 18 or older on June 1 and GO TO Part C.</p> <p>-Check "YES" if the individual identified in Part A was younger than 18 on June 1. STOP. The CCC-902I must be used rather than the Short Form.</p>
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**Part C – Land, Capital and Equipment**

1 Contributions of land, capital or equipment...	<p>Check the appropriate box to indicate whether the contributions of land, capital of equipment of the individual identified in Part A will be acquired as the result of a loan or credit arrangement from an individual or entity that has an interest in the farming operation of the individual identified in Part A.</p> <p>-Check "NO" if the contributions of land, capital or equipment of the individual identified in Part A will be not acquired as the result of a loan or credit arrangement from an individual or entity with an interest in the farming operation. GO TO Item 2.</p> <p>-Check "YES" if the contributions of land, capital, and equipment of the individual identified in Part A will be acquired as the result of a loan or credit arrangement from an individual or entity with an interest in the farming operation. STOP. The CCC-902I must be completed.</p>
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## CCC-902I, Short Form, Farm Operating Plan for an Individual, and Instructions (Continued)

Fld Name / Item No.	Instruction
2 Custom Services	<p>Utilization of custom services by the farming operation identified in Part A.</p> <p><b>Note:</b> Does not apply:</p> <ul style="list-style-type: none"> <li>• to services for chemical and fertilizer application;</li> <li>• to the harvesting of crops, <u>OR</u></li> <li>• if all the land in the farming operation is owned.</li> </ul> <p>-Check "NO" if custom services will not be utilized by the farming operation identified in Part A. GO TO Item 3.</p> <p>-Check "YES" if custom services will be utilized by the farming operation identified in Part A. STOP. The CCC-902I must be completed.</p>
3A – G Land	<p>Enter the following information for ALL land that is operated by the individual identified in Part A:</p> <p>A) Farm number B) State and county where located C) Check the applicable box to show whether land is owned, leased to someone, or leased from someone D) Name of the individual, entity or joint operation to whom or from whom the land the land is leased E) Acres owned or leased on the farm F) The per acre amount of cash rent, or the percentage of the crop shared with the landlord</p> <p><b>Note:</b> If land is cash leased from an unrelated individual or entity, enter "cash" and in Column F. If land in cash leased from someone with an interest in the crop or crop proceeds, include the rental rate per acre in \$ per acre.</p> <p>G) Check the box if you had this same land interest in the prior crop year</p> <p>If additional space is needed for land, complete and attach form CCC-902 Continuation.</p>
4 Capital	<p>Indicate the source(s) of farming capital that will be used in the farming operation of the individual identified in Part A for the year specified in Program Year.</p> <p>Check all that apply.</p> <p>If "other" is indicated, please specify.</p>
5 A-C Equipment	Of the total equipment to be used in the farming operation of the individual identified in Part A, enter the percentages of the equipment

## CCC-902I, Short Form, Farm Operating Plan for an Individual, and Instructions (Continued)

Fld Name / Item No.	Instruction
	<p>that are owned and/or leased by the individual identified in Part A.</p> <p>-Enter the percentage that is owned in Item A. -Enter the percentage that is leased in Item B.</p> <p>If any equipment used in the farming operation of the individual identified in Part is leased, indicate whether the equipment is leased from an individual or entity that has an interest in the farming operation.</p> <p>-Check "YES" if the leased equipment to be used in the farming operation of the individual identified in Part A was leased from a party/entity with an interest in the farming operation.</p> <p>-Check "NO" if the leased equipment to be used in the farming operation of the individual identified in Part A was leased from a party/entity that has no interest in the farming operation of the individual identified in Part A. GO TO Part D.</p>

**Part D – Labor**

1 Active personal labor	Enter the percent or number of hours of active personal labor the individual identified in Part A personally provides to the farming operation.
2 Hired labor	Enter the percentage or number of hours of hired labor used in the farming operation of the individual identified in Part A.
3 Will any of the hired labor...	<p>If NONE of the hired labor for the farming operation of the individual identified in Part A originated from the source of leased equipment in Part E, check "NO".</p> <p>If ANY of the hired labor for the operation of the individual identified in Part A originated from the source of leased equipment in Part C, check "YES." Acceptable documentation to prove such relationship may be required for compliance purposes. GO TO Part E.</p>

**Part E – Management** *(The total percentage shown in items 1 and 2 must equal 100%)*

1 Active personal management	Enter the estimated percent of active personal management the individual identified in Part A personally provides to the farming operation.
2 Hired management	Enter the estimated percent of hired management to be used in the farming operation of the individual identified in Part A. GO TO Part F.

**Part F – Certification**

1	The individual identified in Part A, or an authorized representative of the
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## CCC-902I, Short Form, Farm Operating Plan for an Individual, and Instructions (Continued)

Fld Name / Item No.	Instruction
Signature (By)	individual identified in Part A, shall sign the certification.  If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.
2 Title/ Relationship	If the individual identified in Part A signs the document, this field should be left blank.  If an authorized representative for the individual identified in Part A signs this document, use this field to show the individual's representative capacity. (For example, "agent" or "attorney-in-fact.")
3 Date	Enter the date the form was signed.

## CCC-902, Continuation, Continuation Sheet for Leased or Owned Land, and Instructions

The following is an example of CCC-902 Continuation and instructions.

**This form is available electronically.**

<b>CCC-902 Continuation U.S. DEPARTMENT OF AGRICULTURE</b> (04-16-19) <b>Commodity Credit Corporation</b>  <b>CONTINUATION SHEET FOR LEASED OR OWNED LAND</b>  ATTACH TO FORM <b>CCC-902I</b> <input type="checkbox"/> or <b>CCC902E</b> <input type="checkbox"/>	1. COUNTY
	2. STATE
	3. PROGRAM YEAR
	4. PARTICIPANT'S NAME

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting this information identified on this form is 7 CFR Part 1400, the Commodity Credit Charter Act (15 USC 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to identify the farm operating plan data needed to determine a person's or legal entity's eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the Systems of Records for USDA/FSA-2, Farms Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

**Paperwork Reduction Act (PRA) Statement:** This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B). The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

**PART C - LAND**

Enter the following information for ALL land you own and/or lease. If ALL land in this farming operation is owned and operated by you, enter the farm number. County and State, check "Owned," and enter the cropland acres.

1. FARM NO.	2. COUNTY(IES)	3. CHECK ONE			4. NAME OF PERSON OR LEGAL ENTITY WHOM LAND IS LEASED TO AND/OR FROM	5. ACRES	6. RENTAL RATE(S) \$ PER ACRE OR % CROP SHARE	7. CHECK IF YOU HAD THE SAME LAND INTEREST LAST YEAR
		OWNED	LEASED TO	LEASED FROM				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail, U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

**CCC-902, Continuation, Continuation Sheet for Leased or Owned Land, and Instructions  
(Continued)**

**Instructions For CCC-902 Continuation**

***CONTINUATION SHEET FOR LEASED OR OWNED LAND  
Attach to Form CCC-902I or CCC-902E***

This form is used as a continuation sheet when additional space is needed for the CCC-902I and CCC-902E to record all the land area in the farming operation.

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. To establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

***Complete Part A Items 1 through 4 and 1 through 7. Provide the identified information on the CCC-902 Continuation for each farm number recorded in Part A, Item 1. Attach this continuation sheet to the CCC-902I or the CCC-902E.***

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1 County	Enter the name of the county where the CCC-902, Farm Operating Plan is being filed.
2 State	Enter the name of the State in which the county is located where the CCC-902, Farm Operating Plan is being filed.
3 Program Year	Enter the program year for which payments and benefits are being requested.
4 Participant's Name	Enter the name of the person or legal entity specified on the CCC-902, Farm Operating Plan.

**CCC-902, Continuation, Continuation Sheet for Leased or Owned Land, and Instructions  
(Continued)**

<b>Fld Name / Item No.</b>	<b>Instruction</b>
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*PART C*

1 Farm No.	Enter the farm numbers for all the land owned or leased in this farming operation.
2 County(ies)	Enter the name of the county(ies) where the land in this farming operation is located.
3 Land owned, Leased to, Leased from	Enter a checkmark in the checkbox to indicate that the land is owned, leased to, or leased from.
4 Name of person whom land is leased to and/or from	Enter the name of the person or legal entity to whom the land is leased, or from whom the land is leased.
5 Cropland acres	Enter the amount of acres for each farm in the farming operation.
6 Rental rates in dollars per acre or percent of crop share	Enter either the dollar amount per acre if farm is cash rented, or the percentage of the crop provided or received if the farm is share rented.
7 Check if the same land interest land year	Enter a checkmark in the checkbox only if this land was part of the farming operation in the previous year.

## CCC-902E, Farm Operating Plan for an Entity, and Instructions

The following is an example of CCC-902E and instructions.

<b>CCC-902E</b> (04-16-19)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation		1. County  2. State		3. Program Year	
<b>FARM OPERATING PLAN FOR AN ENTITY</b>							
For "actively engaged in farming" and other payment eligibility/limitation determinations.							
This form is to be completed for an entity, including a joint operation, that is seeking benefits from the Farm Service Agency (FSA) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the entity that receives program benefits directly using the tax identification number listed in Part A. This form also collects information about the members of such entity. An individual who receives program benefits directly as an individual must complete a CCC-902I with respect to that individual's operation. Payment eligibility is based upon the contribution of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the entity listed in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.							
<b>PART A - ENTITY INFORMATION</b>							
1. Farming Entity's Name and Address (Include Zip Code)				2. Tax Identification Number (If the taxpayer identification Number is already on file with FSA, only the last 4 digits are required)			
				3. Date of Formation (MM-DD-YYYY)			
<b>PART B - TYPE OF OPERATION (Select only one)</b>							
1. Select appropriate type of operation that defines the entity identified in Part A:							
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> General Partnership</div> <div style="width: 33%;"><input type="checkbox"/> Limited Partnership</div> <div style="width: 33%;"><input type="checkbox"/> Estate</div> <div style="width: 33%;"><input type="checkbox"/> Indian Tribe</div> <div style="width: 33%;"><input type="checkbox"/> Joint Venture</div> <div style="width: 33%;"><input type="checkbox"/> Limited Liability Company</div> <div style="width: 33%;"><input type="checkbox"/> Charitable/Tax-exempt Organization</div> <div style="width: 33%;"><input type="checkbox"/> Sole Proprietorship/DBA</div> <div style="width: 33%;"><input type="checkbox"/> Revocable/Living Trust</div> <div style="width: 33%;"><input type="checkbox"/> Public School</div> <div style="width: 33%;"><input type="checkbox"/> Other: _____</div> <div style="width: 33%;"><input type="checkbox"/> Corporation</div> <div style="width: 33%;"><input type="checkbox"/> Irrevocable Trust</div> <div style="width: 33%;"><input type="checkbox"/> City, County or State-owned Entity</div> </div>							
2. Supporting documentation, such as articles of incorporation, revocable trust documents, partnership agreements, evidence of heirship, and operational authorities of all share-holders, members and partners, may be required to be submitted upon request to verify the legal status of the entity and the authority of its shareholders, members or partners to the satisfaction of CCC. Irrevocable trust documents are required to be provided to verify that the corpus of the trust does not provide for modification of interest by the grantor, or provide for transfer to the remainder beneficiary in less than 20 years from the date the trust is established.							
<b>PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any information in Part C)</b>							
1. <b>Members</b> - List all members/shareholders/beneficiaries/heirs/partners of the entity identified in Part A of this form:							
A. Name	B. Tax ID Number (Last 4 digits if already on file)	C. % Share	D. Position and Salary (If applicable)	E. Family Member Relationship* (If applicable)	F. Does this member have signature authority for the legal entity? (Yes or No)		
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO		
* <b>Family member means</b> great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandchild, great grandchild, sibling, 1 <sup>st</sup> cousin, niece, nephew, aunt, uncle of family member in the farming operation, spouse of family member in the farming operation.							
2. If the entity in Part A is an Estate or Trust, or if any member/shareholder is listed in Item 1 is an Estate or Trust, list the Executor, Administrator, or Grantor:							
A. Name of Estate or Trust				B. Name of Executor/Administrator/Grantor			
3. <b>Embedded Entities</b> - If any member/shareholder of the entity identified in Part A is an entity, a CCC-901, <b>Member's Information</b> , must also be completed and submitted concurrent with this CCC-902E. Additionally, a CCC-902E must be completed and submitted for each embedded entity.							
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check if CCC-901 is attached.           <input type="checkbox"/> Check if CCC-902E is attached for an embedded entity.         </div>							

## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

CCC-902E (04-16-19) Name of Entity (as identified in Part A): \_\_\_\_\_ Page 2 of 6

**4. Minor Members or Shareholders** – For any Member or Shareholder who is a minor, provide the following: ☐ N/A

A. Minor's Name	B. Date of Birth	C. Parent's or Guardian's Name	D. Parent's or Guardian's Address	E. Parent or Guardian's SSN or Tax ID Number (Last 4 digits if already on file)

**F. Separate Status of Minors:**

- (1) Is any minor a producer on a farm in which the parent or guardian has no interest? ☐ YES ☐ NO
- (2) Does any minor maintain a separate household from the parent or guardian and personally carry out farming Activities with respect to the minor's farming operation, including maintaining separate accounting? ☐ YES ☐ NO
- (3) Does any minor who is represented by a court-appointed guardian or conservator responsible for the minor a) live in a household other than the parents' household(s), and b) have a vested ownership in the farm? ☐ YES ☐ NO
- (4) If any minor with an interest in this farming operation can answer "YES" to Items F(1) through F(3), list that minor's name:

**5A. Citizenship Status** - Is each Member and Shareholder of the entity or joint operation identified in Part A, and any embedded entity identified in Part C a U.S. Citizen?

- ☐ YES, all members/shareholders are US Citizens - Go to Part D
- ☐ NO, one or more members/shareholders is not a US Citizen - Complete Item 5B

**5B. For each member or shareholder (direct or embedded) who is not a US Citizen, provide the following:**

(1) Name of Individual	(2) This individual has a valid Form I-551	FOR FSA USE ONLY	
		Form I-551 Presented to FSA	CCC Initials
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**PART D - SUMMARY OF CONTRIBUTIONS TO THE FARMING OPERATION****1. For the farming operation of the entity identified in Part A, what percentages of the overall inputs will be contributed directly by the Entity?**

Enter the following information for contributions to be made by the entity identified in Part A. These percentages should reflect the capital provided directly by the legal entity; land and equipment owned and/or cash leased by the legal entity and used in the farming operation; labor hired by the legal entity; and management hired by the legal entity. (Provide detailed information about these contributions in Items A through E.)

A. Capital	B. Land	C. Equipment	D. Hired Labor	E. Hired Management
%	%	%	%	%

**2. For the farming operation of the entity identified in Part A, what percentages of the following farm inputs will be contributed by the Members listed in PART C?**

Enter the following information for the contributions to be made by the members. These percentages should reflect any capital originating from members' funds rather than from the entity; land and equipment owned or obtained by the member(s) and contributed to this farming operation without compensation to the member(s); labor and management hired by the members for the entity; and labor and management performed personally by the member(s) for the benefit of the farming operation identified in Part A. (Provide information about these contributions in Items B through H).

A. Member's Name	B. Capital (Current Year) %	C. Land %	D. % of Owned Land	E. Equipment %	F. % of Owned Equipment	G. Labor (%)			H. Management (%)	
						Hired	Active Personal	Check if 1000 Hours	Hired	Active Personal
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		

For additional space, use and attach CCC-902E Continuation



## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

CCC-902E (04-16-19) Name of Entity (as identified in Part A): \_\_\_\_\_ Page 3 of 6

**PART E - LAND**

1. **Land:** Enter the following information for ALL land in the farming operation of the entity identified in Part A. *If land is cash leased from an individual or entity that has an interest in the crop or crop proceeds, include the rental rate in \$/acre in Column F; otherwise enter "cash."*  
(For additional space, complete CCC-902 Continuation and attach to this form)

A. Farm No. and Location (County and State)	B. Land Leased or Contributed By	C. Check as applicable			D. Name of Person or Entity Whom Land is Leased to and/or from (Includes names of landowners and landlords)	E. Acres Owned or Leased	F. Rental Rate \$ per Acre/ % or Crop Share	G. Check here if same land interest was held last year
		Owned	Leased To	Leased From				
Farm No.:								
Location:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Farm No.:								
Location:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Farm No.:								
Location:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Farm No.:								
Location:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
Farm No.:								
Location:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

**PART F - CAPITAL SOURCES and USES**

1. Indicate the source(s) of all farming capital for the entity identified in Part A? (Check ALL that apply.)

- ☐ Non-borrowed capital    ☐ Private loans/credit    ☐ FSA program payments from this crop year  
☐ Commercial loans/credit    ☐ Other: \_\_\_\_\_

2. Will contributions of capital, farming equipment or land be acquired as a result of a loan or credit arrangement?

- ☐ YES go to Item 3    ☐ NO go to Part G

3. Will such loan or credit be acquired from, guaranteed by, co-signed by, or secured by an individual, joint operation or entity that has an interest in the farming operation identified in Part A (Such interest may be as a landowner or other tenant)?

- ☐ YES. Complete Items 3(A) through 3(E)    ☐ NO. Go to Part G

A. Type of Contribution	B. Name of Loan or Credit Source	C. Guarantor's Name	D. Credit Source or Guarantor's Affiliation or Interest in the Farming Operation	E. Percent of Total Capital
				%
				%
				%

For additional space, use and attach CCC-902E Continuation

**PART G - EQUIPMENT (All percentages are based on annual rental values.)**

1. **Owned Equipment:** Enter the percent of ALL equipment owned by the farming operation of the entity identified in Part A that will be used on the farms identified in Part C by the entity: \_\_\_\_\_ %

2. **Leased Equipment:** Enter the following information for ALL leased equipment to be used in the farming operation of the entity identified in Part A. If leased equipment is not used in this farm operation, enter 0%.

A. Percent of Total Equipment Used in the Farming Operation	B. Name of Individual/Entity Equipment is Leased From	C. Type of Equipment Leased	D. Does the Individual/Entity the equipment is leased from have an interest in this farming operation?
%			<input type="checkbox"/> YES <input type="checkbox"/> NO
%			<input type="checkbox"/> YES <input type="checkbox"/> NO
%			<input type="checkbox"/> YES <input type="checkbox"/> NO

3. **Lease Agreements:** If item 2D is "YES," copies of lease agreement and documentation may be required for compliance purposes. GO TO Part H.

For additional space, use and attach CCC-902E Continuation

## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

CCC-902E (04-16-19) Name of Entity (as identified in Part A): \_\_\_\_\_ Page 4 of 6

**PART H - CUSTOM SERVICES**

1. Will custom services be utilized by the entity identified in Part A on the farms listed in Part E?

☐ **NO.** GO TO PART I ☐ **YES.** Complete Items 1A through 1D.

A. Type of Services	B. Farm Number(s)	C. Number of Acres	D. Name of Provider

For additional space, use and attach CCC-902E Continuation

**PART I - LABOR NOT PROVIDED BY MEMBERS/SHAREHOLDERS IDENTIFIED IN PART C**

For the farms listed in Part E, enter the information for contributions of labor to the farming operation that will not be provided by the members or shareholders listed in Part C:

Type	Amount
1. <b>Other labor:</b> Enter the percentage or the number of hours to be donated by family members or others for which no payment will be issued or owed.	%
	hrs

2. **Hired labor:**

A. Will any of the hired labor for the farming operation identified in Part A originate from the same source as the leased equipment in Part G?

☐ **NO** ☐ **YES** If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.

B. Will any of the hired labor for the farming operation identified in Part A be included in the custom services shown in Part H?

☐ **NO** ☐ **YES** If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.**PART J - MANAGEMENT**

Enter all managerial duties and/or activities required for the farming operation identified in Part A which will be provided personally by member(s) or shareholder(s) of the entity or joint operation; or by hired management.

1. **Active personal management:**List each member or shareholder in column A; the specific managerial duties/activities that will be performed personally by each member or shareholder in column B. **For nonfamily member operations only**, complete items in column C to include the amount of time expended annually, either in hours or as a percentage of the total management hours required for the farming operation.

A. Member/Shareholder	B. Duties/Activities	C. Time expended annually (For nonfamily member operations only)
		hrs %
		hrs %
		hrs %
		hrs %
		hrs %
		hrs %

For additional space, use and attach CCC-902E Continuation

2. **Hired management:**

Describe any hired management duties/activities that will be provided by someone other than a member or shareholder (include management by an administrator or trustee who receives compensation for this service or activity):

3. **Other management:**

Describe any non-compensated management that will be provided by someone other than a member or shareholder (include management by an administrator or trustee who does not receive compensation for this activity):

## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

CCC-902E (04-16-19)

Name of Entity (as identified in Part A): \_\_\_\_\_

Page 5 of 6

**PART K - REMARKS**

Check all of the following that apply:

- ☐ CCC-902 Continuation attached for additional information for Part E - Land
- ☐ CCC-902E Continuation attached for additional information for the following Parts:
- ☐ Part C – Member information
- ☐ Part D – Summary of Contributions
- ☐ Part F – Capital
- ☐ Part G – Equipment
- ☐ Part H – Custom Services

**PART L - CERTIFICATION - (FOR JOINT VENTURES AND GENERAL PARTNERSHIPS, A SIGNATURE IS REQUIRED FOR EACH MEMBER)**

*I certify that all the information entered on this document and any supporting documentation is true and correct. I understand that furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form, I acknowledge that:*

- all supporting documentation has been submitted as required
- I have reviewed and understand all definitions and requirements on Page 6 of this form.
- all information will be considered in effect continuously unless changes or revisions are submitted.
- it is my responsibility to timely notify FSA in writing of any changes that may affect these representations, including, but not limited to: the composition of the entity identified in Part A; the farming, ranching or forestry operation of the entity identified in Part A; financial status of the entity identified in Part A.
- evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and I will take all necessary actions to provide such materials to the applicable State or county committee if requested by FSA.
- it is my responsibility to timely notify FSA in writing of any successors who acquire an interest in this farming operation as the result of the death of a member or shareholder.

1. Signature (By)	2. Title/Relationship of Individual Signing in the Representative Capacity	3. Date (MM-DD-YYYY)

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to identify the farm operating plan data needed to determine a legal entity's eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

**Paperwork Reduction Act (PRA) Statement** This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B). The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiokape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

CCC-902E (04-16-19)

Page 6 of 6

## DEFINITIONS

The following definitions apply to Form CCC-902E.

1. **ACTIVELY ENGAGED IN FARMING** – means providing both: 1) significant contributions of capital, equipment, or land, or combination thereof to the farming operation; and 2) significant contributions of active personal labor or active personal management, or a combination thereof, to the farming operation as described. Further, for a person or legal entity to be considered actively engaged in farming for program payment purposes, the contributions of the person or legal entity must be at-risk and commensurate with the person's or legal entity's claimed share of the profit and loss of the farming operation. Failure to meet these requirements will result in the determination of ineligibility for payments under programs specified in 7 CFR Part 1400.
2. **INTEREST IN A FARMING OPERATION** – a person or legal entity is considered to have an interest in a particular farming operation if the person or legal entity owns or rents land to or from that farming operation; has an interest in the agricultural commodities produced on the operation; or is a member of a joint operation that either owns or rents land to or from the farming operation, or has an interest in the agricultural commodities produced on that operation.
3. **JOINT OPERATION** - is a general partnership, joint venture, or similar organization.
4. **PERSON** – is a natural person (an individual) and does not include a legal entity.
5. **ACTIVE PERSONAL LABOR** – a person is considered to be providing active personal labor with respect to a farming operation if that person is directly and personally providing physical activities necessary to conduct the farming operation, including land preparation, planting, cultivating, harvesting, and marketing of agricultural commodities in the farming operation. Other qualifying physical activities include establishing and maintaining conserving covers and those physical activities necessary for livestock production for the farming operation.
6. **ACTIVE PERSONAL MANAGEMENT** – a person is considered to be providing active personal management with respect to a farming operation if that person is directly and personally providing the general supervision and direction of activities and labor involved in the farming operation; or providing services (whether performed on-site or off-site) reasonably related and necessary to the farming operation. The management activities must be critical to the profitability of the farming operation and performed under one or more of the following categories: 1) Capital which includes arranging financing and managing capital; acquiring equipment; acquiring land and negotiating leases; managing insurance and participating in USDA programs; 2) Labor which includes hiring and managing of hired labor; 3) Agronomics and marketing which includes selecting crops and making planting decisions; acquiring and purchasing of crop inputs; managing crops and making harvesting decisions; pricing and marketing of crop production.
7. **CAPITAL** – with respect to a farming operation is the funding provided by a person or legal entity to the farming operation in order for such operation to conduct farming activities. To be considered a countable contribution for a person or legal entity, the capital must have been derived from a fund or account separate and distinct from that of any other person or entity involved in such operation. Countable capital does not include the value of any labor or management which is contributed to the farming operation. A capital contribution may be a direct out-of-pocket input of a specified sum or an amount borrowed by the person or entity. Capital does not include advance program payments.
8. **CONTRIBUTION** – with respect to a farming operation is the provision of land, capital or equipment assets, and providing active personal labor, or active personal management to the farming operation in exchange for, or the expectation of, deriving benefits based solely on the success of the farming operation.
9. **CUSTOM SERVICES** – with respect to a farming operation is the hiring of a contractor or vendor that is in the business of providing such specialized services to perform services for the farming operation in exchange for the payment of a fee for such services performed.
10. **ENTITY** - is a corporation, joint stock company, limited liability company, association, limited partnership, limited liability partnership, irrevocable trust, revocable trust, estate, charitable organization, or other similar organization including any such organization participating in the farming operation as a partner in a general partnership, participant in a joint venture, a grantor of a revocable trust, or as a participant in a similar organization.
11. **EQUIPMENT** – with respect to a farming operation is the machinery and implements needed by the farming operation to conduct activities of the farming operation including machinery and implements involved in land preparation, planting, cultivating, harvesting or marketing of the crops produced by the farming operation. Equipment also includes machinery and implements needed to establish and maintain conserving covers.
12. **FAMILY MEMBER** – a person is considered to be a family member of another person in the farming operation if that person is related to the other person as a lineal ancestor, lineal descendant, sibling, 1st cousin, niece, nephew, spouse, or otherwise by marriage. This relationship includes great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandchild, great grandchild, sibling, 1st cousin, niece, nephew, aunt, uncle or spouse of family member in the farming operation.
13. **FARMING OPERATION** - is a business enterprise engaged in the production of agricultural products which is operated by a person or formal or informal entity which is eligible to receive payments, directly or indirectly.
14. **LAND** – with a respect to a contribution to a farming operation is agricultural land consisting of cropland, pastureland, wetland, or rangeland which meets the specific requirements of the applicable program for which payments or benefits are sought.
15. **SUPPORTING DOCUMENTATION** – is any information that supports the relevant representations made such as, but not limited to: articles of incorporation; corporate meeting minutes; stock certificates; organizational papers; trust agreement; last will or testament or a deceased individual; affidavit of heirship approved by Office of General Counsel; partnership agreement; property lease agreement; purchase agreement; land deed; lending security agreement; and financial statement.
16. All other terms utilized in this form shall be defined pursuant to 7 CFR Part 1400.

## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

## Instructions for CCC-902E

**FARM OPERATING PLAN FOR AN ENTITY**

This form is used to collect information about general partnerships, joint ventures, Indian Tribes, corporations, limited partnerships, limited liability companies, trusts, estates, charitable/tax-exempt organizations, public schools, city/county/state-owned entities, or other similar entities that is used by FSA to determine eligibility for payments.

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.

For general partnerships and joint operations, each member must sign. For all other entities, this form must be signed by a duly authorized representative of the entity.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. To establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

**Complete items as indicated. Related definitions are provided on page 5 of the form to assist in form completion.**

*Items 1-3*

Fld Name / Item No.	Instruction
1 – 2 County and State	Enter the name of the control county and State for this farming operation. The control county most often is the administrative county for the entity's or joint operation's farming operation.
3 Program Year	Enter the crop year for which this certification applies.

*Part A – Items 1-3 Entity Information*

1 Entity's Name and Address	Enter the name of the general partnership, joint venture, Indian Tribe, corporation, limited partnership, limited liability company, trust, estate, charitable/tax-exempt organization, public school, city/county/state-owned entity, or other similar entity.
2	Enter the taxpayer identification number of the entity or joint operation identified in Item 1.

## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

Fld Name / Item No.	Instruction
Tax Identification Number	<b>Note:</b> If the complete taxpayer ID number is already on file with FSA, only the last 4 digits are required.
3 Date the Entity was Formed	Enter the month and year the entity or joint operation was formed. <i>This is not applicable to public schools, city county or state-owned entities, or Indian Tribes.</i>

**Part B – Items 1-3 Type of Operation**

1 Type of Operation...	Check appropriate box that defines the type of entity or joint operation identified in Part A. If “Other” is selected, please specify or describe.
2 Supporting Documentation	<b>Informational Note:</b> Supporting documentation, such as articles of incorporation, revocable trust documents, partnership agreements, evidence of heirship, and operational authorities of all share-holders, members and partners, may be required to be submitted upon request to verify the legal status of the entity and the authority of its shareholders, members or partners to the satisfaction of CCC. Irrevocable trust documents are required to be provided to verify that the corpus of the trust does not provide for modification of interest by the grantor, or provide for transfer to the remainder beneficiary in less than 20 years from the date the trust is established.

**Part C – Items 1-4 Member Information** (If additional space is needed for any information in Part C, complete and attach for CCC-902E Continuation.)

1A - 1F Members	<p>Enter the following for each member of the entity or joint operation:</p> <ul style="list-style-type: none"> <li>A) Member’s name</li> <li>B) Last four (4) digits of member’s social security or tax ID number <b>Note:</b> If the complete ID number is already on file with FSA, only the last 4 digits are required.</li> <li>C) Percent share of or interest in the operation</li> <li>D) Member’s position in and salary or bonus from the operation</li> <li>E) Member’s family relationship to the first member listed in 1A. If the entity is an estate, show the member’s relationship to the deceased individual. If the entity is a trust, show the beneficiary’s relationship to the grantor.</li> <li>F) Check “YES” if the member has signature authority for the entity identified in Part A.</li> </ul> <p>Check “NO” if the member does not have signature authority for the entity identified in Part A.</p> <p><b>Note:</b> For joint operations, joint ventures and general partnerships, each member must initial the response in Column F.</p>
2A – 2B	If the Entity in Part A is an estate or trust, or if any member in Part C is an estate or trust, enter the name of estate or trust in Item 2A and enter the name

## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

Fld Name / Item No.	Instruction
Entity, Name, Executor/ Grantor	of the Executor(s), Administrator(s) or Grantor(s) in Item 2B. If there is more than one executor, administrator or grantor, provide the additional information in the space provided or attach additional sheets.
3 Embedded Entities	If any of the members listed in Item 1A is an entity or joint operation, complete form CCC-901, Member's Information, and attach a copy. Enter a check mark in the box if the CCC-901 has been completed and attached.  Also complete form CCC-902E for each embedded entity or joint operation. Enter a check mark in the box if CCC-902E's are attached for members who are entities and joint operations.
Entity's Name	Enter the name of the entity or joint operation identified in Part A at the top of the page.

*Part C, Items 4 and 5*

4 Minor Members	If none of the members listed in Part C, Item 1, is a minor, check "N/A" (not applicable), then GO TO Item 5.
4A – 4E Minor Members or Shareholders	If any member listed in Part C, Item 1, is a minor, provide the following information about that member: A) Minor's name B) Minor's date of birth C) Name of the minor's parent or guardian D) Address of the parent or guardian E) Taxpayer ID number of the parent or guardian <b>Note:</b> If the complete taxpayer ID number is already on file at FSA, only the last 4 digits are required.
4F (1) – (4) Separate Status of Minors ...	1) Check "YES" if any minor listed in Item 4A is a producer on a farm and the parent or guardian has no interest. Check "NO" if the minor is a producer on a farm and the parent or guardian has an interest in the farming operation.  2) Check the box for "YES" if the minor listed in Item 4A maintains a separate household from the parent or guardian and personally carries out all farming activities with respect to the minor's own farming operation, including maintaining separate accounting. Check "NO" if the minor does not maintain a separate household from the parent or guardian and does not personally carry out all farming activities with respect to the minor's own farming operation, including maintaining separate accounting.  3) Check "YES" if the minor listed in Item 4A, who is represented by a court-appointed guardian or conservator, live in a household other than the parents' household(s), and have a vested ownership in the farm. Check "NO" if the minor, who is represented by a court-appointed guardian or conservator, does not live in a separate household other than the parents' household(s), and does not have a

## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

Fld Name / Item No.	Instruction
	vested ownership in the farm.  4) If "YES" is checked for all Items F1 through F3, write the name of the minor in the space provided in Item F(4) that has an interest in the farming operation of the entity or joint operation identified in Part A.
5A Citizenship Status of Members and Shareholders	Check "YES" if all individual members and shareholders in embedded entities and joint operations listed in Part C are U.S. citizens. GO TO Part D.  Check "NO" if any individual members and shareholders in embedded entities and joint operations listed in Part C is NOT a U.S. citizen. GO TO 5B.
5B Individual members or shareholders who are aliens...	For each member or shareholder who is an alien lawfully admitted into the U.S., list that member's name and indicate whether this person possesses a valid Resident Alien Card (Form I-551).  Check "NO" for any non-U.S. citizen who does not possess Form I-551.

FOR FSA USE ONLY. This item will be completed by FSA.

**Part D – Items 1 – 2 Summary of Contributions to the Farming Operation** (If additional space is needed for this Part, complete and attach form CCC-902E Continuation.)

1A – 1E Contributions provided by the entity or joint operation...	Enter the percentages of capital (money), land, equipment, hired labor and hired management that is provided by the joint operation or entity identified in Part A (not by the members or shareholders directly).  If all labor and management is provided by the members and no labor or management is hired, enter 0%.
2A – 2H Contributions made by the members to this farming operation...	If any member provides capital, land or equipment to the farming operation identified in Part A, enter the member's name and the percentage contributed.  Use Items 2D and 2F to indicate if a member contributes owned land or equipment to the entity or joint operation's farming operation.  If any member provides hired labor, labor they do themselves, hired management or management they do themselves, enter the member's name and percentage of each contribution in Items 2G and 2H.  Check the applicable box if a member provides 1000 or more hours of active personal labor to the farming operation identified in Part A.
Entity's Name	Enter the name of the farming operation identified in Part A at the top of the page.



## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

Fld Name / Item No.	Instruction
1A – 1G Land	<p>Enter the following information for ALL land that is operated by the farming operation identified in Part A:</p> <p>A) Farm number, state and county where located</p> <p>B) Name of the entity, joint operation or member who contributes the land</p> <p>C) Check the applicable box to show whether land is owned, leased to someone, or leased from someone</p> <p>D) Name of the individual, entity or joint operation to whom or from whom the land is leased</p> <p>E) Acres owned or rented on the farm</p> <p>F) The per acre amount of cash rent, or the percentage of the crop shared with the landlord</p> <p><b>Note:</b> If land is cash leased from an unrelated individual or entity, enter “cash” in Column F. If land is cash leased from an individual or entity that has an interest in the crop or crop proceeds, include the rental rate in \$ per acre in Column F.</p> <p>G) Check the box if the farming operation identified in Part A had this same land interest in the prior crop year.</p>

**Part F – Items 1-3 Capital Sources and Uses** (If additional space is needed for this Part, complete and attach form CCC-902E Continuation.)

1 Source of Farming Capital	Indicate the source(s) of capital for the farming operation identified in Part A. Check all the boxes that apply. If “Other” is checked, please specify.
2 Contributions of capital, land, or equipment...	<p>Check the applicable box to indicate whether capital, land, or equipment contributed to the farming operation identified in Part A were acquired as the result of a loan or credit arrangement.</p> <p>Check “YES” if the farming operation identified in Part A acquired any contributions of capital, equipment or land through loans or credit arrangement, then GO TO Item 3.</p> <p>Check “NO” if the farming operation identified in Part A did not acquire any contributions of capital, equipment or land through loans or credit arrangement, then GO TO Part G.</p>
3 If capital includes loans or credit arrangement...	<p>Check “YES” if loans or credit used to finance this farming operation, or to acquire/purchase land or equipment, and such financing was acquired from, guaranteed by, co-signed by, or secured by an individual, joint operation or entity with an interest in the farming operation identified in Part A, and complete Items 3A – 3E.</p> <p>Check “NO” if loans or credit used to finance this farming operation, or to acquire/purchase land or equipment, and such financing was NOT acquired from, guaranteed by, co-signed by, or secured by any other individual, joint operation or entity. GO TO Part G.</p>

## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

Fld Name / Item No.	Instruction
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**Part G – Items 1-3 Equipment** (All percentages are based on annual rental values.) (If additional space is needed for this Part, complete and attach form CCC-902E Continuation.)

1 Owned equipment	Enter the percent of ALL equipment used in this farming operation which is owned by the entity or joint operation identified in Part A.  If no equipment used in this farming operation is owned by the entity or joint operation identified in Part A, enter 0%.
2A – 2C Leased equipment	Enter information for ALL equipment used in the farming operation which is leased by the joint operation or entity identified in Part A. For each type of equipment leased, enter the following:  A) Percent of total equipment used in the farming operation B) Name of the party or entity from whom equipment is leased C) Type of equipment leased  If leased equipment is not used in this farming operation, enter 0%. GO TO Part H.
2D Source of leased of equipment and interest in the farming operation	If the joint operation or entity identified in Part A leased equipment, indicate whether the equipment was leased from an individual or entity that has an interest in the farming operation of the joint operation or entity identified in Part A.  Check “YES” if the equipment was leased from an individual or entity that has an interest in the farming operation of the joint operation or entity identified in Part A.  Check “NO” if the equipment was not leased from an individual or entity that has an interest in the farming operation of the joint operation or entity identified in Part A. GO TO Part H.
3 Lease Agreement	If the joint operation or entity identified in Part A leased equipment from an individual or entity that has an interest in the farming operation of the joint operation or entity identified in Part A, copies of lease agreements may be required for compliance purposes. GO TO Part H.
Entity’s Name	Enter the name of the farming operation identified in Part A at the top of the page.

**Part H – Item 1 Custom Services** (If additional space is needed for this Part, complete and attach form CCC-902E Continuation.)

1 Utilization of custom services...	Utilization of custom services by the farming operation identified in Part A.  <b>Note:</b> Does not apply: <ul style="list-style-type: none"> <li>to services for chemical and fertilizer application;</li> <li>to the harvesting of crops, <u>OR</u></li> <li>if all the land in the farming operation is owned.</li> </ul>
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## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

Fld Name / Item No.	Instruction
	<p>Check "NO" if custom farming services will not be utilized in this operation, and GO TO Part I.</p> <p>Check "YES" if custom farming services will be utilized in the farming operation identified in Part A, and complete all items in Part H.</p>
1A – 1D Custom services will be utilized...	<p>Provide the following information for all custom farming services utilized by the farming operation identified in Part A:</p> <p>A) Type of custom service (including, but not limited to: tillage, planting, cultivating, chemical application, insect/pest scouting, etc.)</p> <p>B) Farm number(s) the service will be applied</p> <p>C) Total number of acres for which custom services will be used</p> <p>D) Name of the custom farming service provider. GO TO Part I.</p>

**Part I – Items 1-2 Labor Not Provided By Members or Shareholders Identified in Part C**

1 Other Labor	Enter the percent or number of hours of active personal labor donated to the farming operation identified in Part A by family members or neighbors for which payment is not issued and is not owed.
2A Source of hired labor and leased equipment...	<p>Check "NO" if NONE of the hired labor for the farming operation identified in Part A originated from the source of leased equipment in Part G.</p> <p>Check "YES" if ANY of the hired labor for the farming operation identified in Part A originated from the source of leased equipment in Part G."</p> <p><i>Acceptable documentation of equipment lease and hired labor agreements may be required for compliance purposes.</i></p>
2B Source of hired labor and custom services...	<p>Check "NO" if NONE of the hired labor for the farming operation identified in Part A was included in the custom services shown in Part H.</p> <p>Check "YES" if ANY of the hired labor for the farming operation identified in Part A was included in the custom services shown in Part H."</p> <p><i>Acceptable documentation of custom services and hired labor agreements may be required for compliance purposes. GO TO Part J.</i></p>

**Part J – Item 1-3 Management** (If additional space is needed for this Part, complete and attach form CCC-902E Continuation.)

1 Active Personal Management	<p>In column A, list each member or shareholder of the farming operation who is contributing active personal management.</p> <p>In column B, enter for each person in column A the type of management duties provided to the farming operation. The duties/activities <b>must</b> be:</p>
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## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

Fld Name / Item No.	Instruction
	<ul style="list-style-type: none"> <li>Performed on a regular basis</li> <li>Identifiable and documentable</li> <li>Separate and distinct from the management activities performed by any other members or shareholders.</li> </ul> <p><b>NOTE:</b> These specific requirements are <b>not</b> applicable to heirs of estates or to the beneficiaries of trust.</p> <p>In column C <b>for nonfamily joint operations only</b>, enter the amount of time expended annually by each person listed in column A in the performance of the management duties and activities described in column B. Enter the amount either in hours or the percentage of the total management required annually for the farming operation. Enter "NA" if not applicable.</p>
2 Hired Management	<p>Enter the name of any person other than a member or shareholder that will be providing hired management and briefly describe the type(s) of management duties hired for the farming operation identified in Part A.</p> <p><b>Note:</b> This includes management by an administrator or trustee who receives compensation for this service or activity.</p>
3 Other Management	<p>Enter the name of any person other than a member or shareholder that will be providing other management and briefly describe the type(s) of management duties provided for the farming operation identified in Part A.</p> <p>If the entity is an estate or trust, list management provided by the executor, administrator or trustee(s) in this block.</p> <p><b>Note:</b> This includes management by an administrator or trustee who does not receive compensation for this activity. GO TO Part K.</p>

**Part K – Remarks**

Remarks	<p>Enter any additional and relevant information about this farming operation and/or the members and shareholders that could not be entered in any other part of this form.</p> <p>Include references to any and the number of CCC-902E Continuation pages completed and attached. GO TO Part L.</p>
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**Part L – Items 1-3 Certification (For Joint Ventures and General Partnerships, a Signature is Required for Each Member.)**

1 Signature (By)	An individual member or an authorized representative of the legal entity identified in Part A must sign the certification.
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## CCC-902E, Farm Operating Plan for an Entity, and Instructions (Continued)

Fld Name / Item No.	Instruction
	<p>If a joint operation, each member of the joint operation identified in Part A must sign the certification.</p> <p>If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.</p>
2 Title/ Relationship	<p>If the individual members sign the document, this field should be left blank.</p> <p>If an authorized representative for the legal entity identified in Part A signs the CCC-902E, use this field to show the individual's representative capacity. (For example, "agent" or "attorney-in-fact.")</p>
3 Date	Enter date CCC-902E was signed.

# CCC-902E, Continuation, Continuation Sheet for Farm Operating Plan for an Entity, and Instructions

The following is an example of CCC-902E Continuation and instructions.

This form is available electronically. (See Page 5 for Privacy Act Statement.)

CCC-902E Continuation (04-16-19)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. County	3. Program Year
<b>CONTINUATION SHEET FOR FARM OPERATING PLAN FOR AN ENTITY</b>		2. State	

For "actively engaged in farming" and other payment eligibility/limitation determinations.

*This form is to be completed for an entity, including a joint operation, that is seeking benefits from the Farm Service Agency (FSA) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the entity that receives program benefits directly using the tax identification number listed in Part A. This form also collects information about the members of such entity. An individual who receives program benefits directly as an individual must complete a CCC-902I with respect to that individual's operation. Payment eligibility is based upon the contribution of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the entity listed in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.*

This form provides additional space for specific items on the CCC-902E.

Name of Legal Entity filing CCC-902E: \_\_\_\_\_

\_\_\_\_\_ Number of additional CCC-902E Continuations are used to record all information for this entity

**PART C MEMBER/SHAREHOLDER INFORMATION (Continued from CCC 902E)**

1. **Members** - List all Members/Shareholders/Partners of the entity identified in Part A of the CCC-902E.

A. Name	B. Tax ID Number (Last 4 digits if already on file)	C. % Share	D. Position and Salary (if applicable)	E. Family Member* Relationship (if applicable)	F. Does this member have signature authority for the legal entity? (Yes or No)
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$		<input type="checkbox"/> YES <input type="checkbox"/> NO

**\* Family member means great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandchild, great grandchild, sibling, 1<sup>st</sup> cousin, niece, nephew, aunt, uncle of family member in the farming operation, spouse of family member in the farming operation.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

# CCC-902E, Continuation, Continuation Sheet for Farm Operating Plan for an Entity, and Instructions (Continued)

**CCC-902E Continuation (04-16-19)**

Page 2 of 5

Name of Legal Entity filing CCC-902E: \_\_\_\_\_

\_\_\_\_ Number of additional CCC-902E Continuations are used to record all information for this entity

**PART C MEMBER/SHAREHOLDER INFORMATION (Continued from CCC 902E)**

2. If any member listed in Item 1 is an Estate or Trust, list the Executor, Administrator or Grantor.

A. Name of Estate or Trust	B. Name of Executor/Administrator/Grantor(s)

3. Embedded Entities - if any member or shareholder listed in item 1 is a legal entity, a CCC-901, Member's Information, must also be completed and submitted concurrent with this CCC-902E. Additionally, CCC-902E must be completed and submitted for each embedded entity.

☐ Check if CCC-901 is attached.☐ Check if CCC-902Es for embedded entities are attached.4. Minor Members or Interest Holders – For any Member or Interest Holder who is minor, provide the following: ☐ N/A

A. Minor's Name	B. Date of Birth	C. Parent or Guardian's Name	D. Parent or Guardian's Address	E. Parent or Guardian's SSN or Tax ID Number (Last 4 digits if already on file)

F. Separate Status of Minors:

(1) Is any minor a producer on a farm in which the parent or guardian has no interest?

☐ YES ☐ NO

(2) Does any minor maintain a separate household from the parent or guardian and personally carry out farming activities with respect to the minor's farming operation, including maintaining separate accounting?

☐ YES ☐ NO

(3) Does any minor who is represented by a court-appointed guardian or conservator responsible for the minor, a) live in a household other than the parents' household(s), and b) have a vested ownership interest in the farm?

☐ YES ☐ NO

(4) If any minor with interest in this farming operation can answer "YES" to Items F(1) through F(3), list that minor's name:

5A. Citizenship Status – Is each member and interest holder of the entity identified in Part A, and any embedded entity identified in Part C, a US Citizen?

☐ YES, all members/interest holders are US Citizens☐ NO, one or more members is not a US Citizen – Complete Item 5B

5B. For each member or interest holder (direct or embedded) who is not a US Citizen provide the following:

1. Name of Individual	2. This individual has a valid Form I-551	FOR FSA USE ONLY	
		Form I 551 Presented to FSA	CCC Initials
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

# CCC-902E, Continuation, Continuation Sheet for Farm Operating Plan for an Entity, and Instructions (Continued)

**CCC-902E Continuation** (04-16-19)

Page 3 of 5

Name of Legal Entity filing CCC-902E: \_\_\_\_\_

\_\_\_\_ Number of additional CCC-902E Continuations are used to record all information for this entity

**PART D – SUMMARY OF MEMBER/SHAREHOLDER CONTRIBUTIONS TO THE FARMING OPERATION** (Continued from CCC-902E)

1. What contributions to the farming operation identified in Part A will be made by the Members listed in PART C?  
Enter the following information for the contributions to be made by the members/shareholders.

A. Member's Name	B. Capital (Current Year)%	C. Land %	D. % of Owned Land	E. Equipment %	F. % of Owned Equipment	G. Labor (%)			H. Management (%)	
						Hired	Active Personal	Check if 1000 Hours	Hired	Active Personal
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		

**PART F - CAPITAL SOURCES and USES** (Continued from CCC-902E)

A. Type of Capital Contribution	B. Name of Loan or Credit Source	C. Guarantor's Name	D. Credit Source or Guarantor's Affiliation or Interest in the Farming Operation	E. % of Total Capital
				%
				%
				%
				%
				%
				%
				%

**PART G - LEASED EQUIPMENT** (All percentages are based on annual rental values.) (Continued from CCC-902E)

1. **Leased Equipment:** Enter the following information for ALL leased equipment to used by the farming operation identified in Part A:

A. Percent of Total Equipment Used in the Farming Operation	B. Name of Individual/Entity Equipment is Leased From	C. Type of Equipment Leased	D. Does Individual/Entity the equipment is leased from have an interest in this farming operation?	
%			<input type="checkbox"/> Yes	<input type="checkbox"/> No
%			<input type="checkbox"/> Yes	<input type="checkbox"/> No
%			<input type="checkbox"/> Yes	<input type="checkbox"/> No
%			<input type="checkbox"/> Yes	<input type="checkbox"/> No
%			<input type="checkbox"/> Yes	<input type="checkbox"/> No
%			<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. **Lease Agreements:** If Item 1D is "YES" acceptable documentation for this relationship may be required for compliance purposes.



**CCC-902E, Continuation, Continuation Sheet for Farm Operating Plan for an Entity, and Instructions (Continued)**

CCC-902E Continuation (04-16-19)			Page 4 of 5
Name of Legal Entity filing CCC-902E: _____			
_____ Number of additional CCC-902E Continuations are used to record all information for this entity			
<b>PART H - CUSTOM SERVICES (Continued from CCC-902E)</b>			
1. Custom Services to be used in the farming operation.			
A. Type of Service(s)	B. Farm Number(s)	C. Number of Acres	D. Name of Provider
<b>PART J – MANAGEMENT (Continued from CCC-902E)</b>			
Enter the managerial duties required for this farming operation which are provided personally by member(s) or shareholders of the entity or joint operation identified in Part A.			
1. <b>Active personal management:</b> List each member or shareholder in column A; the specific managerial duties/activities that will be performed personally by each member or shareholder in column B. <b>For nonfamily member operations only</b> , complete items in column C to include the amount of time expended annually, either in hours or as a percentage of the total management hours required for the farming operation.			
A. Member/Shareholder	B. Duties/Activities	C. Time expended annually <i>(For nonfamily member operations only)</i>	
		hrs.	%
		hrs.	%
		hrs.	%
		hrs.	%
		hrs.	%
		hrs.	%
		hrs.	%
		hrs.	%
		hrs.	%
		hrs.	%
		hrs.	%
<b>PART K – REMARKS</b>			

**CCC-902E, Continuation, Continuation Sheet for Farm Operating Plan for an Entity, and Instructions (Continued)**

**CCC-902E Continuation (04-16-19)**

Page 5 of 5

**PART L - CERTIFICATION - (FOR JOINT VENTURES AND GENERAL PARTNERSHIPS, A SIGNATURE IS REQUIRED FOR EACH MEMBER)**

*I certify that all the information entered on this document and any supporting documentation is true and correct. I understand that furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form I acknowledge that.*

- *all supporting documentation has been submitted as required*
- *I have reviewed and understand all definitions and requirements on Page 6 of this form.*
- *all information will be considered in effect continuously unless changes or revisions are submitted.*
- *it is my responsibility to timely notify FSA in writing of any changes that may affect these representations, including, but not limited to: the composition of the entity identified in Part A; the farming, ranching or forestry operation of the entity identified in Part A; financial status of the entity identified in Part A.*
- *evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and I will take all necessary actions to provide such materials to the applicable State or county committee if requested by FSA.*
- *it is my responsibility to timely notify FSA in writing of any successors who acquire an interest in this farming operation as the result of the death of a member or shareholder.*

[illegible]

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to identify the farm operating plan data needed to determine a legal entity's eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

**Paperwork Reduction Act (PRA) Statement:** This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B). The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

# CCC-902E, Continuation, Continuation Sheet for Farm Operating Plan for an Entity, and Instructions (Continued)

## Instructions for CCC-902E Continuation

### ***CONTINUATION SHEET FOR FARM OPERATING PLAN FOR AN ENTITY***

This form provides additional space as needed for specific Parts of the CCC-902E for collection of information about general partnerships, joint ventures, Indian Tribes, corporations, limited partnerships, limited liability companies, trusts, estates, charitable/tax-exempt organizations, public schools, city/county/state-owned entities, or other similar entities that is used by FSA to determine eligibility for payments. The specific Parts include: Part C – Member/Shareholder Information; Part D – Summary of Member/Shareholder Contributions to the Farming Operation; Part F- Capital Sources and Uses; Part G – Leased Equipment; Part H – Custom Services; and, Part J – Management.

Attach the page(s) as needed to the CCC-902 E completed for the farming operation. Submit the completed forms in hard copy or facsimile to the appropriate USDA servicing office.

***The pages completed and attached will be under the same signature(s) and certifications contained in Part L of the CCC-902 E.***

#### ***Items 1-3***

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1 – 2 County and State	Enter the name of the control county and State for this farming operation. The control county most often is the administrative county for the entity's or joint operation's farming operation.
3 Program Year	Enter the crop year for which this certification applies.  In the space provided on the top of each page: <ul style="list-style-type: none"> <li>• enter the name of the legal entity filing the CCC-902</li> <li>• the number of additional pages of the CCC-902 E Continuation completed.</li> </ul>

#### ***Part C – Items 1 – 5 Member/Shareholder Information***

1A - 1F Members	Enter the following for each member of the entity or joint operation: A) Member's name B) Last four (4) digits of member's social security or tax ID number
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**CCC-902E, Continuation, Continuation Sheet for Farm Operating Plan for an Entity, and Instructions (Continued)**

Fld Name / Item No.	Instruction
	<p><b>Note:</b> If the complete ID number is already on file with FSA, only the last 4 digits are required.</p> <p>C) Percent share of or interest in the operation  D) Member's position in and salary or bonus from the operation  E) Member's family relationship to the first member listed in 1A. If the entity is an estate, show the member's relationship to the deceased individual. If the entity is a trust, show the beneficiary's relationship to the grantor.  F) Check "YES" if the member has signature authority for the entity identified in Part A.  Check "NO" if the member does not have signature authority for the entity identified in Part A.</p> <p><i>Note: joint operations, joint ventures and general partnerships, each member must initial the response in Column F.</i></p>
2A – 2B Entity, Name, Executor/ Grantor	<p>If the Entity in Part A is an estate or trust, or if any member in Part C is an estate or trust, enter the name of Estate or Trust in Item 2A and enter the name of the Executor(s), Administrator(s) or Grantor(s) in Item 2B. If there is more than one executor, administrator or grantor, provide the additional information in the space provided or attach additional sheets.</p>
3 Embedded Entities	<p>If any of the members listed in Item 1A is an entity or joint operation, complete form CCC-901, Member's Information, and attach a copy. Enter a check mark in the box if the CCC-901 has been completed and attached.</p> <p>Also complete form CCC-902E for each embedded entity or joint operation. Place a check mark in the box if CCC-902E's are attached for members who are entities and joint operations.</p>
4 Minor members	<p>If none of the members listed in Part C, Item 1, is a minor, check "N/A" (not applicable), then GO TO Item 6.</p>
4A – 4E Minor Members or Shareholders	<p>If any member listed in Part C, Item 1, is a minor, provide the following information about that member:</p> <p>A) Minor's name  B) Minor's date of birth  C) Name of the minor's parent or guardian  D) Address of the parent or guardian</p>

**CCC-902E, Continuation, Continuation Sheet for Farm Operating Plan for an Entity, and Instructions (Continued)**

Fld Name / Item No.	Instruction
	<p>E) Taxpayer ID number of the parent or guardian  <b>Note:</b> If the complete taxpayer ID number is already on file at FSA, only the last 4 digits are required.</p>
<p>4F(1) – 4F(4)            Separate Status of Minors ...</p>	<p>1) Check “YES” if any minor listed in Item 5A is a producer on a farm and the parent or guardian has no interest. Check the box “NO” if the minor is a producer on a farm and the parent or guardian has an interest in the farming operation.</p> <p>2) Check the box for “YES” if the minor listed in 5A maintains a separate household from the parent or guardian and personally carries out all farming activities with respect to the minor’s own farming operation, including maintaining separate accounting. Check the box “NO” if the minor does not maintain a separate household from the parent or guardian and does not personally carry out all farming activities with respect to the minor’s own farming operation, including maintaining separate accounting.</p> <p>3) Check the box for “YES” if the minor listed in 5 A, who is represented by a court-appointed guardian or conservator, live in a household other than the parents’ household(s), and have a vested ownership in the farm. Check “NO” if the minor, who is represented by a court-appointed guardian or conservator, does not live in a separate household other than the parents’ household(s), and does not have a vested ownership in the farm.</p> <p>4) If “YES” is checked for all Items F1 through F3, enter the name of the minor in the space provided in Item F4 that has an interest in the farming operation of the entity or joint operation identified in Part A.</p>
<p>5A            Citizenship Status of members and shareholders</p>	<p>Check “YES” if all individual members and shareholders in embedded entities and joint operations listed in Part C are U.S. citizens. GO TO Part D.</p> <p>Check “NO” if any individual members and shareholders in embedded entities and joint operations listed in Part C is NOT a U.S citizen. GO TO ITEM 6A.</p>
<p>5B(1) - 5B(2)            Individual members or share-holders who are aliens...</p>	<p>For each member or shareholder who is an alien lawfully admitted into the U.S., list that member’s name and indicate whether this person possesses a valid Resident Alien Card (Form I-551).</p> <p>Check “NO” for any non-U.S. citizen who does not possess Form I-551.</p>

**CCC-902E, Continuation, Continuation Sheet for Farm Operating Plan for an Entity, and Instructions (Continued)**

<b>Fld Name / Item No.</b>	<b>Instruction</b>
FOR FSA USE ONLY	This item will be completed by FSA.

***Part D – Item 1 Summary of Member/Shareholder Contributions to the Farming Operation***

1A – 1 H Contributions made by the members to this farming operation...	<p>If any member provides capital, land or equipment to the farming operation identified in Part A, enter the member's name and the percentage contributed.</p> <p>Use Items 1D and 1F to indicate if a member contributes owned land or equipment to the entity or joint operation's farming operation.</p> <p>If any member provides hired labor, labor they do themselves, hired management or management they do themselves, enter the member's name and percentage of each contribution in Columns G and H.</p> <p>Check the applicable box if a member provides 1000 or more hours of active personal labor to the farming operation identified in Part A.</p>
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***Part F – Item 1 Capital Sources and Uses***

1 Contributions of capital acquired by loan or credit from ...	If loans or credit used to finance the farming operation identified in Part A, or to acquire/purchase land or equipment, and such financing was acquired from, guaranteed by, co-signed by, or secured by an individual, joint operation or entity with an interest in the farming operation identified in Part A, complete Items 1A through 1E.
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***Part G – Item 1 Leased Equipment (All percentages are based on annual rental values.)***

1A – 1C Leased Equipment	<p>Enter information for ALL equipment used in the farming operation which is leased by the joint operation or entity identified in Part A. For each type of equipment leased, enter the following:</p> <p>A) Percent of total equipment used in the farming operation B) Name of the party or entity from whom equipment is leased C) Type of equipment leased</p>
1D Source of leased of equipment and interest in	If the joint operation or entity identified in Part A leased equipment, indicate whether the equipment was leased from an individual or entity that has an interest in the farming operation of the joint operation or entity identified in Part A.

**CCC-902E, Continuation, Continuation Sheet for Farm Operating Plan for an Entity, and Instructions (Continued)**

<b>Fld Name / Item No.</b>	<b>Instruction</b>
the farming operation	<p>Check "YES" if the equipment was leased from an individual or entity that has an interest in the farming operation of the joint operation or entity identified in Part A.</p> <p>Check "NO" if the equipment was not leased from an individual or entity that has an interest in the farming operation of the joint operation or entity identified in Part A.</p>
2 Lease Agreement	If the joint operation or entity identified in Part A leased equipment from an individual or entity that has an interest in the farming operation of the joint operation or entity identified in Part A, copies of lease agreements may be required for compliance purposes.

***Part H – Item 1 Custom Services***

1 A – D Custom services will be utilized...	<p>Utilization of custom services by the farming operation identified in Part A.</p> <p><b>Note:</b> Does not apply:</p> <ul style="list-style-type: none"> <li>to services for chemical and fertilizer application;</li> <li>to the harvesting of crops, <u>OR</u></li> <li>if all the land in the farming operation is owned.</li> </ul> <p>Provide the following information for all custom farming services utilized by the farming operation identified in Part A:</p> <p>A) Type of custom service (including, but not limited to: tillage, planting, cultivating, chemical application, insect/pest scouting, etc.)</p> <p>B) Farm number(s) the service will be applied</p> <p>C) Total number of acres for which custom services will be used</p> <p>D) Name of the custom farming service provider.</p>
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***Part J – Item 1 Management***

1 Active Personal Management	<p>In column A, list each member or shareholder of the farming operation who is contributing active personal management.</p> <p>In column B, enter for each person in column A the type of management duties provided to the farming operation. The duties/activities <b>must</b> be:</p> <ul style="list-style-type: none"> <li>performed on a regular basis</li> <li>identifiable and documentable</li> <li>separate and distinct from the management activities performed by any other members or shareholders.</li> </ul>
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**CCC-902E, Continuation, Continuation Sheet for Farm Operating Plan for an Entity, and Instructions (Continued)**

Fld Name / Item No.	Instruction
	<p><b>Note:</b> These specific requirements are <b>not</b> applicable to heirs of estates or to the beneficiaries of trusts.</p> <p>In column C <b><u>for nonfamily joint operations only</u></b>, enter the amount of time expended annually by each person listed in column A in the performance of the management duties and activities described in column B. Enter the amount either in hours or the percentage of the total management required annually for the farming operation. <i>Enter "NA" if not applicable.</i></p>

**Part K**

Remarks	Enter any remarks
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**Part L - Certification**

1 Signature	An individual member, or authorized representative shall sign the certification
2 Title/Relation ship	If an authorized representative for the entity signs this document, use this field to show the individual's representative capacity. (For example, "agent" or "attorney -in-fact")
3 Date	Enter the date the form was signed.



## CCC-901, Member's Information, and Instructions

The following is an example of CCC-901 and instructions.

This form is available electronically.

<b>CCC-901</b> (04-16-19)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	1. County  2. State  3. Program Year
<b>MEMBER'S INFORMATION</b>		
<b>NOTE:</b> <i>The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to identify members of a legal entity. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.</i>  <i>This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B). The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</i>		
<b>PART A -</b> For each individual or entity who is a member of this entity, list the member's name, social security/employer identification number, address and percentage share of ownership. If a member has both types of identification numbers, list both.		
Name of Legal Entity _____ Complete Tax ID Number _____ - _____		
1. Member's Name	2. SSN or Tax ID Number (Last 4 digits if already on file)	3. Address
4. Percent Share	5. Does this member have signature authority for the legal entity? (Yes or No)	
%	<input type="checkbox"/> YES <input type="checkbox"/> NO	
%	<input type="checkbox"/> YES <input type="checkbox"/> NO	
%	<input type="checkbox"/> YES <input type="checkbox"/> NO	
%	<input type="checkbox"/> YES <input type="checkbox"/> NO	
%	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PART B - Embedded Entities:</b> For any member listed in Part A, who is an entity, list such embedded entity's name and list the requested, information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part A is an entity, provide the requested information for each entity on supplemental sheets.		
Name of Embedded Legal Entity _____ Complete Tax ID Number _____ - _____		
1. Member's Name	2. SSN or Tax ID Number (Last 4 digits if already on file)	3. Address
4. Percent Share	5. Does this member have signature authority for the legal entity? (Yes or No)	
%	<input type="checkbox"/> YES <input type="checkbox"/> NO	
%	<input type="checkbox"/> YES <input type="checkbox"/> NO	
%	<input type="checkbox"/> YES <input type="checkbox"/> NO	
%	<input type="checkbox"/> YES <input type="checkbox"/> NO	
%	<input type="checkbox"/> YES <input type="checkbox"/> NO	

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-8992. Submit your completed form or letter to USDA by: (1) mail, U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410, (2) fax (202) 690-7442; or (3) email [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

## CCC-901, Member's Information, and Instructions (Continued)

CCC-901 (04-16-19) Name of Entity (as identified in Part A): \_\_\_\_\_ Page 2 of 2

**PART C - Embedded Entities:** For any member listed in Part B, who is an entity, list such embedded entity's name and list the requested information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part B is an entity, provide the requested information for each entity on supplemental sheets.

Name of Embedded Legal Entity		Complete Tax ID Number		
1. Member's Name	2. SSN or Tax ID Number. (Last 4 digits if already on file)	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? (Yes or No)
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PART D - Minor Members or Shareholders** - For any member or Shareholder who is a minor, provide the following:

1. Minor's Name	2. Date of Birth (MM-DD-YYYY)	3. Parent's or Guardian's Name	4. Parent's or Guardian's Address	5. Parent's or Guardian's SSN or Tax ID No. (Last 4 digits if already on file)

**6. Separate Status of Minors**

- (a) Is any minor a producer on a farm in which the parent or guardian has no interest? ☐ YES ☐ NO
- (b) Does any minor maintain a separate household from the parent or guardian and personally carry out farming activities with respect to the minor's farming operation, including maintaining separate accounting? ☐ YES ☐ NO
- (c) Does any minor who is represented by a court-appointed guardian or conservator responsible for the minor:  
1) live in a household other than the parents' household(s), and 2) have a vested ownership in the farm? ☐ YES ☐ NO
- (d) If any minor with an interest in this farming operation can answer "YES" to Items 6(a)-(c), list that minor's name:

**Part E. Foreign Persons** - For any Member or Shareholder who is a foreign person, provide the following: minor, provide the following:

**7A. Citizenship Status** - Is each Member and Shareholder of the legal entity identified in Part A, and any embedded entity identified in Parts C, D and E a U.S. Citizen?

☐ YES, all members/shareholders are US Citizens - Go to Part F ☐ NO, one or more members/shareholders is not a US Citizen - Complete Item 7B

**7B.** For each member or shareholder (direct or embedded) who is not a US Citizen, provide the following:

(1) Name of Individual	(2) This individual has a valid Form I-551	FOR FSA USE ONLY	
		Form I-551 Presented to FSA	CCC Initials
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**PART F - CERTIFICATION - By Signing:**

- I certify that I have signature authority for the entity identified in Part A and all information entered on this document is true and correct
- I understand that furnishing incorrect information will result in forfeiture of payments and benefits.
- I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in the information provided.

1. Representative's Signature (By)	2. Title/Relationship of Individual Signing in the Representative	3. Date (MM-DD-YYYY)
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## CCC-901, Member's Information, and Instructions (Continued)

## Instructions For CCC-901

**MEMBER'S INFORMATION**

Producers are required to complete this form to report information about their farming operation. This information is used by FSA to determine the ownership interest of entities for payment limitation purposes.

Submit the original of the completed form in hard copy or facsimile to the appropriate FSA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. To establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

***All items applicable to the payment entity must be completed by following the instructions provided below.***

*Items 1-3*

Fld Name / Item No.	Instruction
1 and 2 County and State Name	Enter the name of the county and State where the farming operation is located. If in more than one county, enter the name of the county that has been designated as the administrative county.
3 Program Year	Enter the current program year, or the year for which this information is applicable.

*Part A, Items 1-5*

Part A Legal Entity Name	Enter the name and tax ID number of the legal entity earning the payment.
1 Member's Name	Enter the names of the members making up the legal entity listed in Part A. <i>(This could be a person or a legal entity.)</i>

## CCC-901, Member's Information, and Instructions (Continued)

Fld Name / Item No.	Instruction
2 Social Security Number/ Tax ID Number	Enter the Social Security Number or tax identification number of the members.
3 Address	Enter the address of each member of the legal entity.
4 Percent Share	Enter the percent share of the legal entity that each member owns.
5 Signature Authority	Check "YES" if the member has signature authority for this entity. Check "NO" if the member does not have signature authority for this entity.

**Part B - Embedded Legal Entities** – If any member listed in Part A, Item 3 is a legal entity (i.e., part of another partnership, corporation, etc.) list the members of that legal entity in this item. (If more than one member is a legal entity, use a separate, supplemental sheet to provide the requested information for each embedded legal entity.)

**Part B, Items 1-5**

Part B Embedded Legal Entity Name	Enter the name and tax ID number of the embedded legal entity that is a member of the legal entity entered in Part A.
1 Member's Name	Enter the names of the members making up the legal entity listed in Part B. (This could be a person or a legal entity.)
2 Social Security/Tax ID Number	Enter the social security number or tax identification number of the members.
3 Address	Enter the address of each member of the entity.
4 Percent Share	Enter the percent share of the legal entity that each member owns.
5 Signature Authority	Check "YES" if the member has signature authority for this entity. Check "NO" if the member does not have signature authority for this entity.

## CCC-901, Member's Information, and Instructions (Continued)

Fld Name / Item No.	Instruction
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**Part C - Embedded Legal Entities** – If any member listed in Part B, Item 7 is a legal entity (i.e., part of another partnership, corporation, etc.) lists the members of that legal entity in this item. (If more than one member is a legal entity, use a separate, supplemental sheet to provide the requested information for each embedded legal entity.)

**Part C, Items 1-5**

Part C Embedded Legal Entity Name	Enter the name and tax ID number of the embedded legal entity that is a member of the legal entity entered in Part B.
1 Member's Name	Enter the names of the members making up the legal entity listed in Part C. (This could be a person or legal entity.)
2 Social Security/Tax ID Number	Enter the social security number or tax identification number of the members.
3 Address	Enter the address of each member(s).
4 Percent Share	Enter the percent share of the legal entity that each member owns.
5 Signature Authority	Check "YES" if the member has signature authority for this entity. Check "NO" if the member does not have signature authority for this entity.

**Part D, Items 1-6 Minor Members or Shareholders**

Minor members	If none of the members listed Parts A-D is a minor, check "N/A" (not applicable), then GO TO Part F.
1 – 5 Minor Members or Shareholders	<p>If any member listed in Parts A-D is a minor, provide the following information about that member:</p> <ol style="list-style-type: none"> <li>1) Minor's name</li> <li>2) Minor's date of birth</li> <li>3) Name of the minor's parent or guardian</li> <li>4) Address of the parent or guardian</li> <li>5) Taxpayer ID number of the parent or guardian</li> </ol> <p><b>Note:</b> If the complete taxpayer ID number is already on file at FSA, only the last 4 digits are required.</p>

## CCC-901, Member's Information, and Instructions (Continued)

Fld Name / Item No.	Instruction
6(a) – 6(d) Separate Status of Minors ...	a) Check "YES" if any minor listed in Part E is a producer on a farm and the parent or guardian has no interest. Check "NO" if the minor is a producer on a farm and the parent or guardian has an interest in the farming operation.
6(a) – 6(d) Separate Status of Minors ... (Continued)	<p>b) Check "YES" if the minor listed in Part E maintains a separate household from the parent or guardian and personally carries out all farming activities with respect to the minor's own farming operation, including maintaining separate accounting. Check "NO" if the minor does not maintain a separate household from the parent or guardian and does not personally carry out all farming activities with respect to the minor's own farming operation, including maintaining separate accounting</p> <p>c) Check "YES" if the minor listed in Part E who is represented by a court-appointed guardian or conservator, live in a household other than the parents' household(s), and have a vested ownership in the farm. Check "NO" if the minor, who is represented by a court-appointed guardian or conservator, does not live in a separate household other than the parents' household(s), and does not have a vested ownership in the farm.</p> <p>d) If "YES" is checked for all Items 6(a) through 6(c), write the name of the minor in the space provided at 6(d).</p>

*Part E, Item 7 Foreign Persons*

7A Citizenship Status	<p>Check "YES", if all members/shareholders are US Citizens. Go to Part F.</p> <p>Check "NO", if one or more members/shareholders is not a US Citizen. Complete Item 7B.</p>
7B Member/Shareholder	<p>For each member/shareholder who is not a US Citizen:</p> <p>(1) Enter name of individual</p> <p>(2) Check if form I-551 is valid</p>

*Part F, Items 1-3 Certification*

1 Signature (By)	An individual member, or an authorized representative of the entity identified in Part A, shall sign the certification.
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## CCC-901, Member's Information, and Instructions (Continued)

Fld Name / Item No.	Instruction
2 Title/ Relationship	If an authorized representative for the entity identified in Part A signs this document, use this field to show the individual's representative capacity. (For example, "agent" or "attorney-in-fact.")
3 Date	Enter the date the form was signed.

## CCC-903, Worksheet for Payment Eligibility and Payment Limitation Determinations

The following is an example of CCC-903.

<b>CCC-903</b> (04-16-19)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation		1. NAME		
<b>WORKSHEET FOR PAYMENT ELIGIBILITY AND PAYMENT LIMITATION DETERMINATIONS</b>				2. COUNTY AND STATE		
				3. PROGRAM YEAR		
<b>PART A – TYPE OF OPERATION</b>						
4. The operation reviewed is a:						
<input type="checkbox"/> Person <input type="checkbox"/> Sole Proprietor/Small Business <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Estate <input type="checkbox"/> City, County or State-owned Entity <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Charitable/Non-Profit <input type="checkbox"/> Indians rep. by BIA <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Other: _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Public School						
<b>PART B - REVIEW OF ELIGIBILITY REQUIREMENTS AND CONTRIBUTIONS</b>						
Answer the following questions by checking "YES", "NO" or "N/A".						
1. Are the Name and SSN (or EIN) provided for the person, legal entity and each member or interest holder? [1-CM (Rev 3) Part 6]				YES	NO	N/A
2. If participant is an Estate, has a tax identification number (EIN) been provided for the estate? [1-CM (Rev 3) Part 6]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If participant or any interest holder is a trust, has an EIN been provided for the trust, unless the trust is revocable trust and the grantor is the sole income beneficiary? [1-CM (Rev 3) Part 6]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the person a US Citizen or a holder of a valid form I-551 (Alien Registration Receipt Card)? If the participant is a legal entity, are all interest holders US Citizens or holders of valid form I-551s? [5-PL Part 3]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person or any interest holder in this legal entity is under 18-years-old, has the MINOR qualified to receive payment separate from the parent or guardian? (If "NO", See Common Attribution, Part D, Item 5.) [5-PL Part 4]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does this person or legal entity meet ALL of the following with regard to the farming operation: <ul style="list-style-type: none"> <li>• has a separate and distinct interest in the land, crops, and livestock</li> <li>• demonstrates separate responsibility for the interest in land, crops and livestock</li> <li>• maintains funds and accounts separate from all other farming operations.</li> </ul> [5-PL Part 2, Section 6]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are cash rent tenant provisions met with significant contributions of either of the following: (check as applicable) <ul style="list-style-type: none"> <li><input type="checkbox"/> active personal labor, or</li> <li><input type="checkbox"/> active personal management and equipment</li> </ul> (NOTE: If participant is a joint operation, each member must meet cash rent tenant provisions.) [5-PL Part 2, Section 7]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If equipment or land is leased from a person or legal entity with interest in this farming operation, are rates and repayment terms reasonable and customary for the area? (If "NO", the input is not a significant contribution.)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If hired labor and leased equipment originate from the same source, are separate contracts provided for the labor and for the equipment? (If "NO", equipment is not a significant contribution.) [5-PL Part 2, Section 6, Subsection 2]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. For limited partnerships, LLPs, LLCs, corporations and similar legal entities, do the partners, members or stockholders providing active personal labor and/or active personal management collectively hold at least 50 percent interest in the legal entity? [5-PL Part 4, Section 4]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If participant or any interest holder is an estate that has been in existence for over 2 years, has required documentation been provided and determination made according to 4-PL? [5-PL Part 4, Section 5]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If a trust, does the trust provide for modification or interest by the grantor, or provide for transfer to the remainder beneficiary in less than 20 years from the date the trust is established? 5-PL Part 4, Section 6]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If an irrevocable trust, has trust documentation been provided and is such documentation on file? [5-PL Part 4, Section 6]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. For a State, political subdivision, or an agency thereof, is the land owned by the entity and used solely for the support of public schools? [5-PL Part 4, Section 1]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. If a charitable organization, does the land or proceeds from the farming operation transfer to an entity that exercises control over the organization? (If "YES", See Common Attribution in Part D, Item 5) [5-PL Part 4, Section 1]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Substantive change rules were met by (check each applicable substantive change): <input type="checkbox"/> Addition of _____ (number) adult family member(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> For a landowner only, a change from cash rent to share rent				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A 20% increase in base acres, allowing recognition of one person or legal entity for payment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A qualifying change in ownership of equipment				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A qualifying change in ownership of land				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Addition of equipment not previously involved in the farming operation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# CCC-903, Worksheet for Payment Eligibility and Payment Limitation Determinations (Continued)

CCC-903 (04-16-19)

Page 2 of 4

Participant's Name: \_\_\_\_\_

Crop Year: \_\_\_\_\_

**PART C – FINDINGS OF THE REVIEWING AUTHORITY**

**CONTRIBUTIONS were determined as follows:** Complete Item 1 if the participant is a PERSON or LEGAL ENTITY. Complete Item 2 if the participant is a JOINT OPERATION. Complete Items 3 through 5 if the participant is a LEGAL ENTITY.

1.	The PERSON or LEGAL ENTITY is determined to make the following CONTRIBUTIONS:	<input type="checkbox"/> ACTIVE PERSONAL LABOR <input type="checkbox"/> LAND	<input type="checkbox"/> ACTIVE PERSONAL MANAGEMENT <input type="checkbox"/> CAPITAL <input type="checkbox"/> EQUIPMENT
2.	The JOINT OPERATION is determined to make the following CONTRIBUTION(S):		
	<input type="checkbox"/> LAND <input type="checkbox"/> CAPITAL <input type="checkbox"/> EQUIPMENT		
	MEMBERS of the JOINT OPERATION are determined to make the following CONTRIBUTIONS:		
	Member(s) Name(s):	<input type="checkbox"/> ACTIVE PERSONAL LABOR <input type="checkbox"/> LAND	<input type="checkbox"/> ACTIVE PERSONAL MANAGEMENT <input type="checkbox"/> CAPITAL <input type="checkbox"/> EQUIPMENT
	Member(s) Name(s):	<input type="checkbox"/> ACTIVE PERSONAL LABOR <input type="checkbox"/> LAND	<input type="checkbox"/> ACTIVE PERSONAL MANAGEMENT <input type="checkbox"/> CAPITAL <input type="checkbox"/> EQUIPMENT
	Member(s) Name(s):	<input type="checkbox"/> ACTIVE PERSONAL LABOR <input type="checkbox"/> LAND	<input type="checkbox"/> ACTIVE PERSONAL MANAGEMENT <input type="checkbox"/> CAPITAL <input type="checkbox"/> EQUIPMENT
	Member(s) Name(s):	<input type="checkbox"/> ACTIVE PERSONAL LABOR <input type="checkbox"/> LAND	<input type="checkbox"/> ACTIVE PERSONAL MANAGEMENT <input type="checkbox"/> CAPITAL <input type="checkbox"/> EQUIPMENT
	Member(s) Name(s):	<input type="checkbox"/> ACTIVE PERSONAL LABOR <input type="checkbox"/> LAND	<input type="checkbox"/> ACTIVE PERSONAL MANAGEMENT <input type="checkbox"/> CAPITAL <input type="checkbox"/> EQUIPMENT
	Member(s) Name(s):	<input type="checkbox"/> ACTIVE PERSONAL LABOR <input type="checkbox"/> LAND	<input type="checkbox"/> ACTIVE PERSONAL MANAGEMENT <input type="checkbox"/> CAPITAL <input type="checkbox"/> EQUIPMENT
	Member(s) Name(s):	<input type="checkbox"/> ACTIVE PERSONAL LABOR <input type="checkbox"/> LAND	<input type="checkbox"/> ACTIVE PERSONAL MANAGEMENT <input type="checkbox"/> CAPITAL <input type="checkbox"/> EQUIPMENT
	Member(s) Name(s):	<input type="checkbox"/> ACTIVE PERSONAL LABOR <input type="checkbox"/> LAND	<input type="checkbox"/> ACTIVE PERSONAL MANAGEMENT <input type="checkbox"/> CAPITAL <input type="checkbox"/> EQUIPMENT
	<input type="checkbox"/> Additional Pages are attached to show significant contributions of additional members.		
	<input type="checkbox"/> Special rules for SPOUSES or MINOR CHILDREN are used to credit a spouse with a significant contribution of active personal labor or active personal management in this farming operation. <b>[5-PL Paragraphs 171 and 229]</b>		
3.	For an LP, LLP, LLC, corporation or similar legal entity, did all partners, stockholders, or members with an ownership interest represent a contribution of active personal labor and/or active personal management to the farming operation that meets all of the following: 1) performed on a regular basis; 2) identifiable and documentable; and 3) separate and distinct from that of any other partner, stockholder, or member with an ownership interest in the farming operation? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>[5-PL Paragraph 229]</b>		
4.	For any partner, stockholder or member that failed to meet the requirement in Item 3, are <b>both</b> of the following requirements met for an exception?		
	- Total PLC and ARC payments received collectively by all partners, stockholders, and members directly and indirectly, does not exceed \$125,000; <b>AND</b> - At least 50 percent of the ownership interest in the legal entity is held by partners, stockholders, or members that are actively providing labor and management to the farming operation of the legal entity. <input type="checkbox"/> YES <input type="checkbox"/> NO <b>[5-PL Paragraph 229]</b>		
5.	List all partners, stockholders, or members that do not meet requirements in Item 3 <b>and</b> to whom the exception in Item 4 is not applicable:		

# CCC-903, Worksheet for Payment Eligibility and Payment Limitation Determinations (Continued)

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Participant's Name: \_\_\_\_\_ Crop Year: \_\_\_\_\_

PART D – DETERMINATIONS OF THE REVIEWING AUTHORITY		
Based on the information provided, COC determined the following: (Or, for joint operations with 6 or more members, the State Office determined):		
1. The farming operation is NOT ELIGIBLE for payment because the NAME and SSN or EIN of each member or interest holder were not provided. [1-CM (Rev 3) Part 6]	YES	NO
2. LANDOWNER PROVISIONS apply to all or part of this participant's farming operation. [5-PL Paragraph 92]	<input type="checkbox"/>	<input type="checkbox"/>
3A. For PERSONS or LEGAL ENTITIES: The person's or entity's contributions are SIGNIFICANT, COMMENSURATE and AT RISK; And the person or entity is ACTIVELY ENGAGED IN FARMING. (If "NO", explain in REMARKS) [5-PL Paragraphs 191-196; 229-245]	<input type="checkbox"/>	<input type="checkbox"/>
3B. For JOINT OPERATIONS ONLY, each member's contributions are SIGNIFICANT, COMMENSURATE and AT RISK; And EACH MEMBER is ACTIVELY ENGAGED IN FARMING. (If "NO", explain in REMARKS) [5-PL Paragraphs 211-214]	<input type="checkbox"/>	<input type="checkbox"/>
3C. (For 2016 and subsequent years) For JOINT OPERATIONS of nonfamily members. Each member's contributions are SIGNIFICANT, COMMENSURATE and AT RISK; And EACH MEMBER is ACTIVELY ENGAGED IN FARMING. (If "NO", explain in REMARKS) [5-PL Paragraphs 211-214]	<input type="checkbox"/>	<input type="checkbox"/>
4A. (For 2016 and subsequent years) For JOINT OPERATIONS of nonfamily members. The farming operation requested one person to qualify as actively engaged in farming with only a significant contribution of active personal management. [5-PL Paragraph 220]	<input type="checkbox"/>	<input type="checkbox"/>
4B. (For 2016 and subsequent years) For JOINT OPERATIONS of nonfamily members. The farming operation requested more than one person to qualify as actively engaged in farming with only significant contributions of active personal management and the criteria for operation size (for one additional person), or both operation size and or complexity (for two additional persons) was met. [5-PL Paragraph 220]	<input type="checkbox"/>	<input type="checkbox"/>
5A. A CROPLAND FACTOR applies because CASH RENT TENANT rules are not met by the person, the entity, or by one or more members of the joint operation; or because the participant is only partially actively engaged in farming (If "YES", explain in Remarks) [5-PL Paragraphs 94, 212 and 229]	<input type="checkbox"/>	<input type="checkbox"/>
5B. A PAYMENT REDUCTION applies because all partners, stockholders, or members failed to make requisite contributions of active personal labor and/or active personal management to the farming operation that meets all of the following: 1) performed on a regular basis; 2) identifiable and documentable; and 3) separate and distinct from that of any other partner, stockholder, or member with an ownership interest in the farming operation. [5-PL Paragraphs 94, 212 and 229]	<input type="checkbox"/>	<input type="checkbox"/>
5C. (For 2016 and subsequent years) For JOINT OPERATIONS of nonfamily members. A PAYMENT REDUCTION applies because: <ul style="list-style-type: none"> <li>- a member failed to make a significant contribution of active personal labor to the farming operation; OR</li> <li>- a member failed to make a significant contribution of active personal management to the farming operation that meets all of the following: 1) performed on a regular, continuous, and substantial basis; and 2) the amount equals or is greater than 25 percent of the total management hours required for the farming operation annually, or the amount equals or exceeds 500 hours of management annually to the farming operation to be considered significant; OR</li> <li>- the farming operation requested that more than one person to qualify as making a significant contribution of active personal management and a member failed the management recordkeeping requirements; OR</li> <li>- a member failed to make a significant contribution of the combination of active personal labor and active personal management to the farming operation that meets all of the following: 1) performed on a regular, continuous, and substantial basis; 2) critical to the profitability of the farming operation; and 3) the hourly total when added together was at least equal to the minimum number of hours threshold based on the proportionate share of the labor and management activities performed. [5-PL Paragraphs 218-226]</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
6. COMMON ATTRIBUTION applies to the following:		
7. Ineligible FOREIGN PERSONS are:		
8. Ineligible ESTATES OVER 2 YEARS OLD are:		
9. SUBSTANTIVE CHANGE was required, but NOT MET by:		
PART E – SIGNATURE OF REVIEWING AUTHORITY		
1. COC or STO Representative Signature	2. Title	3. Date

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**PART F – ACTIONS COMPLETED**

Action	Date
1. Written NOTICE OF DETERMINATION issued to all parties. [5-PL Part 7]	
2. Determinations recorded in the WEB ELIGIBILITY files. [3-PL (Rev. 2) Paragraphs 24-31]	
3. For Entities and Joint Operations: Subsidiary files were verified or updated to reflect correct: - members - shares - member contributions - substantive change status	
4. As applicable, a CROPLAND FACTOR was computed and recorded in web eligibility files.	
5. If the participant has interests in MULTIPLE COUNTIES, other counties were notified of the determinations. [5-PL Paragraphs 343, 344]	

**PART G – REMARKS**

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, age, disability, sex, gender identity including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

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*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*