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

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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	Distribution
October 1, 2019	State Offices; State Offices relay to County Offices

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.

Payment or Benefit Limitation	Limitation per Person or Legal Entity per Crop,
(Effective Beginning in 2019)	Program, or Fiscal Year
Price Loss Coverage (PLC) and Agriculture Risk	
Coverage (ARC) payments (other than peanuts) <u>1</u> /	\$125,000
PLC and ARC payments (peanuts) 1/	\$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.
- <u>3</u>/ 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 <u>family member</u> 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.

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)	The manual and automated versions have been
	updated to include language applicable to the
CCC-902I Short Form and Instructions	2018 Farm Bill.
(Exhibit 3)	
CCC-902 Continuation and Instructions	The manual version has been updated to include
(Exhibit 4)	language applicable to the 2018 Farm Bill.
CCC-902E and Instructions (Exhibit 5)	The manual and automated versions of
	CCC-902E Instructions have been updated to
CCC-902E Continuation and	include changes to the definition of family
Instructions (Exhibit 6)	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
- SOCs 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**.

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

The following is an example of CCC-941.

CCC-941	U.S. DEPARTMENT OF AGRIC	ULTURE	1. Return completed form	to:
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program benefits. Tr regulation and/or as	ie information collected on this form may be disclosed to other Fe described in applicable Routine Uses identified in the System of n will result in a determination of ineligibility for program benefits.	ederal, State, Local government agencies, Triba Records Notice for USD A/FSA-2, Farm Record	agencies, and nongovernmental entities that have be	en authorized access to the information by statute o
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CCC-941, Average Adjusted Gross Income (AGI) Certification and Consent to Disclosure of Tax Information (Continued)

CCC-941 (01-24-19) Page 2 of 2

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. Enter the name and address as it appeared on the IRS tax returns filed for the taxable years specified in Item 4.
3.	Taxpayer Identification Number	In the format provided, enter the <u>complete</u> taxpayer identification number of the person or legal entity identified in Item 2. This will be either a Social Security Number or Taxpayer Identification Number .
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 average adjusted gross income for the applicable 3-year period for the program year entered in Item 4. Select only one response.
6.	Signature	Read the acknowledgments, responsibilities and authorizations, before affixing your signature. Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority.
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. This form must be returned to FSA within 90 days of the signature date for the consent to be valid.

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

	orm is available electronicall C-902l U.S. DEP		OF AGRICULTURE		1. County	-	ivacy Act Statemen 3. Program Year
			redit Corporation				
	FARM OPERA	TING PI	AN FOR AN INDIVID	UAL	2. State		
For "	"actively engaged in farming" a	nd other pa	ayment eligibility and limitation	determinations.	2. Otate		
			of, an individual who is seeking		n Service Agi	ency (FSA) as an indiv	idual (and not as
the in enga eligib mana	individual who receives progran aged in farming in which the inc bility for the individual is based	n benefits (lividual ha: upon the c	that are subject to the regulation directly using the social securits is an interest. Such entities must contribution level of certain inputed A. The information on this follows:	ly number identified in t complete a CCC-902 ts to a farming operat.	Part A. This E if they are for such as la	form also collects inform requesting program bea nd, capital, equipment,	mation about entitie. nefits. Payment labor, and
	RT A – BASIC INFORM						
1. In	ndividual 's Name and Address	(include Z	ip Code)		number o	ecurity Number (If the s or taxpayer ID number i re required)	
PAR	RT B - ADDITIONAL INFO	RMATION	N				
1. Is	s this individual a U.S. citizen? YES. Go to Item 4A NO. Go to Item 2	2.	Is this individual an alien lawfu YES, must present a Resid	•		3. FOR COUNTY FS a Resident Alien C	SA USE ONLY (Was card, I-551 shown?)
		B years of	age as of June 1 of the progran	n year that is specified	I in Item 3?	4B. Enter Date of Bi	rth (MM-DD-YYYY)
	□ NO. G	o to Part C	YES, continue with	h Item 4B			
	5. Enter the name, address,	and social	security number of parent or g	uardian:			
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	List the direct and indirect A.	interests	n all farming operations of this	individual's parents of	guardians:	Ι).
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tp://w o requ	ww.ascr.usda.gov/complaint_filing_	cust.html ai all (866) 632	ne USDA Program Discrimination Co nd at any USDA office or write a lette -9992. Submit your completed form	er addressed to USDA a or letter to USDA by: (1)	nd provide in the mail: U.S. Dep	e letter all of the informatio eartment of Agriculture Offi	ce of the Assistant

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PART C - L									
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Non-borro Commerce Will contrib YES Will such ke identified in YES A. Type of Cod ART E - E Owned Ed Percent of To	owed capital cial loans/cred outions of cap S go to Item 3 can or credit to the Part A? (Si S. Complete II ntribution CQUIPMENT quipment: E ir e quipment: E if A. otal Equipmen	per acquired from, guch interest may be tems 3A through 3 Name of Load (All percentage need the percent of a Part C? If the inconter 0%. Inter the following interest equipment the part cased equipment the percent of a Part C? If the inconter 0%.	ment or I guarante e as a la E B. n or Creat ALL equividual s informati is not us B. y/Entity B	and be accompleted by condowner of the second or support of the second or se	quirection go to go to signed or and annotation of annotat	FSA program payments d as a result of a loan or credit arrange p Part E d by, or secured by another individual of other tenant.) to Part E. C. Guarantor's Name Dual rental values.) by the individual identified in Part A that A does not own any of the equipment ed equipment to be used by the individing operation, enter 0%. C.	D. Credit Source of Affiliation or In Farming Of used in the farming used in the farming of the policy of the poli	an interest in the or Guarantor's iterest in the interest in t	E. Percent of Total Capital
Non-borro Commerce Will contrib YES Will such ke identified in YES A. Type of Cod ART E - E Owned Ed Percent of To	owed capital cial loans/cred outions of cap go to Item 3 can or credit to part A? (Si go to Complete It ntribution CQUIPMENT quipment: E ir e quipment: E if A. tal Equipmen e Individual	per acquired from, guch interest may be teems 3A through 3 Name of Load (All percentage) The temperator of the percent of the the percent of the percent	ment or I guarante e as a la E B. n or Creat ALL equividual s informati is not us B. y/Entity B	and be accompleted by condowner of the second or support of the second or se	quirection go to go to signed or and annotation of annotat	FSA program payments d as a result of a loan or credit arrange p Part E d by, or secured by another individual of other tenant.) to Part E. C. Guarantor's Name Dual rental values.) by the individual identified in Part A that A does not own any of the equipment ed equipment to be used by the individing operation, enter 0%. C.	D. Credit Source of Affiliation or In Farming Of used in the farming used in the farming of the policy of the poli	an interest in the or Guarantor's iterest in the operation the farms listed in goperation, and A on the farm D. Ity/Entity the equininterest in this	E. Percent of Total Capital s listed in Part C.

NO. Go to Part G	the individual identified in Part A on the YES, complete Items 1A through 1I	O of this Part.		
A. Type of Services	B. Farm Number(s)	C. Number of Acres	D. Name of P	rovider
2.				
	e information for contributions of active p	personal labor which will be provide	d by the individual ident	ified in Part A, hired
aborers; or by others:	Туре		1	Amount
Active personal labor. Enter the	e percentage or hours to be provided by	the individual identified in Part A. I	f the individual	% Amount
•	00 or more hours of labor for this farming			hrs
) Himdishan E. C. C.				%
•	ge or hours of labor that will be hired.			hrs
□ NO □ YES If "YE	inate from the same source as leased ends. S", acceptable documentation to prove sometimes are services sometimes.	such relationship may be required fo	or compliance purposes	
	S", acceptable documentation to prove s		or compliance purposes	
	e of labor to be donated by family memb	ers or others (No payment will be	owed).	
PART H – MANAGEMENT (The For the farms listed in Part C, enter the will be provided by the individual identication. Active personal management: A. Enter the estimated percent of	total percentage shown in Items of e estimated percent of the individual's to diffied in Part A, by hired persons or entition the active personal management to be personally performed	I through 3 must equal 100%, tal management responsibility and es, or by others who are not hired.	the type of managerial of	duties required whic
For the farms listed in Part C, enter the will be provided by the individual idental. 1. Active personal management: A. Enter the estimated percent of B. List the type of managerial dution. 2. Hired management: A. Enter the estimated percent of	total percentage shown in Items are estimated percent of the individual's to iffied in Part A, by hired persons or entition the active personal management to be pes/activities to be personally performed to	tal management responsibility and es, or by others who are not hired. rovided by the individual identified in Part A:	the type of managerial of the type of managerial of the type of managerial of the type of type of the type of type	duties required whic
PART H – MANAGEMENT (The For the farms listed in Part C, enter the will be provided by the individual ident 1. Active personal management: A. Enter the estimated percent of B. List the type of managerial duti 2. Hired management: A. Enter the estimated percent of B. Describe any paid management 3. Other management: A. Enter the estimated percent of B. Describe any non-compensate PART I – CERTIFICATION I certify that all the information e incorrect information will result in notification to the Farm Service a By signing this form, I acknowled all supporting documentation i I have read and understand al. all information contained on the it is my responsibility to timely status that may affect these rep	e estimated percent of the individual's to tified in Part A, by hired persons or entition the active personal management to be personally performed to be personally performed to be personally performed to the activities to be personally performed to the management: In hired management: In the services provided by someone other the cother management duties/activities provided management duties/activities provided to management duties/activities provided to management and any such forfeiture of payments and may realize that: In the seen submitted as required, and definitions and requirements on Participations of the considered in effect to notify FSA in writing of any change that the considered in effect to notify FSA in writing of any change the considered in effect to the contify FSA in writing of any change the considered in effect to the contify FSA in writing of any change the considered in effect to the contify FSA in writing of any change the contify FSA in writing of any change the contification of the contificatio	tal management responsibility and es, or by others who are not hired. rovided by the individual identified in Part As the	the type of managerial of the type of managerial of the type of managerial of the type of type of the type of type of type of the type of type	rstand furnishing wide written ming operation. tted. r financial

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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.
- JOINT OPERATION is a general partnership, joint venture, or similar organization.
- 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, 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.
- 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.

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

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

Part A - Basic Information

T to TI I I I I I I I I I I I I I I I I I I	ingo i manuo ii
1	Enter the name and address, including zip code, of the individual.
Individual's	
Name and	If the individual conducts business using an assumed name, include the
Address	assumed name. (Example: John Doe, dba John Doe Grain Farms)
2	Enter the social security or taxpayer ID number of the individual.
Tax	
Identification	If the complete social security or taxpayer ID number is on file with
Number	FSA, only the last 4 digits are required. GO TO Part B.

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Fld Name /	Instruction
Item No.	
Part B – Additi	onal Information
1 U.S. citizen	Check the appropriate box to indicate citizenship status of the individu identified in Part A.
	If the individual identified in Part A is a U.S. citizen, check "YES" and GO TO Item 4A.
	If the individual identified in Part A is not a U.S. citizen, check "NO" and GO TO Item 2.
2 Alien Status	Check the appropriate box to indicate alien status of the individual identified in Part A.
	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.
	Check "NO" if the individual identified in Part A is not a U.S. citizen and a Resident Alien Card, form 1-551, is not presented.
3	This item will be completed by FSA.
For County	
FSA Use Only	If the individual identified in Part A in 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.
4A	Check the appropriate box to indicate whether the individual identified
Individual Under 18	in Part is a minor as of June 1 of the Program Year entered above.
	Check "NO" if the individual identified in Part A was 18 years of age older on June 1 and GO TO Part C.
	Check "YES" if the individual identified in Part was younger than 18 year of age on June 1. Continue with Item 4 B.
4B	If the individual identified in Part A was younger than 18 years of age
Date of Birth	on June 1 of the program year, enter the month, day and year the
	individual identified in Part A was born.
5A – 5C	If the individual identified in Part A is a minor, provide the following
Parent or	information about the individual's parent or legal guardian:
Guardian	
Information	A) Parent's or guardian's name
	B) Parent's or guardian's address
	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.

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Fld Name / Item No.	Instruction					
5D	If the individual identified in Part A is a minor, check "YES" or "NO"					
Separate	to indicate whether the individual identified in Part A maintains a					
Residences	separate household from your parent or guardian.					
6A - 6D	If the individual identified in Part A is a minor, provide the following					
Parent or	information about the parent or guardian's interest in farming					
Guardian's	operations:					
Farming						
Interests	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	Enter the name of the individual identified in Part A at the top of the					
Name	page.					

Part C – Land	
1A – 1G	Enter the following information for ALL land that is operated by the
Land	individual identified in Part A:
	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
	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.
	G) Check the box if you had this same land interest in the prior crop
	year.
	If additional space is needed for land, complete and attach form
	CCC-902 Continuation. GO TO Part D.

Part D - Capital Sources and Uses

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

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Fld Name /	Instruction
Item No.	
of capital, land or equipment	operation was acquired as the result of a loan or credit arrangement. 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.
	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.
3 If capital includes loans or credit arrangement	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.
	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, cosigned 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 $3A - 3E$.
3A - 3E	For each type of loan or credit used to finance the farming operation of
If capital	the individual identified in Part A, and which are acquired from,
includes loans or credit that are guaranteed	guaranteed by, co-signed by, or secured by another individual, a joint operation or an entity, provide the following:
or secured by others	A) The type of capital contribution (loan, line of credit, cash advance)
	B) Name of the source of the loan or credit
	C) Name of the guarantor D) Affiliation of the credit source or guarantor with the individual conducting the farming operation
	E) Percent of total capital represented by each line entry

Part E - Equipment

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

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Fld Name /	Instruction
2D Leased equipment and interest in farming operation	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. 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
3 Lease Agreement	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. 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

Furi F - Cusio	in services					
1	Check "NO" if custom farming services will not be utilized in the					
Utilization	farming operation of the individual identified in Part A, and GO TO					
of custom	Part G.					
services						
	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	Utilization of custom services by the farming operation identified in					
Custom	Part A.					
services will						
be utilized	Note: Does not apply:					
	 to services for chemical and fertilizer application; 					
	• to the harvesting of crops, <u>OR</u>					
	• if all the land in the farming operation is owned.					
	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,					

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Fld Name /	Instruction						
Item No.	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	Enter the percent or number of hours of active personal labor the						
Active	individual identified in Part A will personally provide to the farming						
Personal	operation of the individual identified in Part A. If the individual						
Labor	identified in Part A will provide 1,000 hours or more, write "1,000						
2	hours.						
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.						
Tilled Labor	l faithing operation of the individual identified in Fait A.						
2A	Check "NO" if NONE of the hired labor for the farming operation of						
Source of the	the individual identified in Part A originated from the source of leased						
hired labor and	equipment in Part E.						
leased							
equipment	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.						
	Acceptable documentation of equipment lease and hired labor						
	agreements may be required for compliance purposes.						
2B	Check "NO" if NONE of the hired labor for the farming operation of						
Source of the	the individual identified in Part A was included in the custom farming						
hired labor and	services shown in Part F.						
custom							
services	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.						
	Acceptable documentation of custom services and hired labor						
	agreements may be required for compliance purposes.						
3	Enter the percentage of the total hours required for the farming						
Other Labor	operation of the individual identified in Part A that is donated by famil						
	members or others, and which payment is not owned.						
Part H - Manag	gement (The total percentage shown in items 1 – 3 must equal 100%.)						
1A - 1B	Enter the estimated percent of active personal management the						
Active	individual identified in Part A personally provides to the farming						
Personal	operation.						
Management							
	Enter a brief description of the type of management duties the						

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Fld Name /	Instruction					
Item No.						
	individual identified in Part A performs.					
2A- 2B	Enter the estimated percent of hired management used by the farming					
Hired	operation of the individual identified in Part A.					
Management						
	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	Enter the estimated percent of other management used by the farming					
Other	operation of the individual identified in Part A.					
Management						
	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 ari 1 - Certijic	***************************************
1	The individual identified in Part A, or an authorized representative of
Signature (By)	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	If the individual identified in Part A signs the document, this field
Title/	should be left blank.
Relationship	
	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	Enter the date the form was signed.
Date	

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

	Chart Farm	onically.					1. County		vacy Act Statement) 3. Program Year
CCC-902I Short Form U.S. DEPARTMENT OF AGRICULTURE (04-16-19) Commodity Credit Corporation							T. County	•	3. Plogram real
FARM OPERATING PLAN FOR AN INDIVIDUAL						2. State			
						and limitation determination enefits from the Farm Service Age		individual (and r	not as part of an entity or joi
operation) under program benefits an interest. Such inputs to a farmi	r one or more prog s directly using th h entities must cor	grams that are s ne social securit mplete a CCC-9 n as land, capita	subject to t ty number i 902E if the al, equipme	he regulat identified i v are requ ent, labor, i	ions at 7 n Part A. esting pro and man	CFR Part 1400. This form collects This form also collects informatio ogram benefits. Payment eligibility agement by the individual identifie	s farming and oth on about entities o y for the individua	er information abo engaged in farmin al is based upon th	out the individual who receiv og in which the individual has he contribution level of certa
	RODUCER IN			an oot attra	, u., o, , .				
1. Individual 's	s Name and Ad	dress (<i>Include</i>	e Zip Cod	le)			numbe		et (If the social security number is on file, only the I)
PART B – A	DDITIONAL I	NFORMATI	ON				FOR CO	UNTY OFFIC	E USE ONLY
	idual a U.S. citi:			idual an	alien la	wfully admitted into the U.S.?			rd, I-551 shown?)
=	Go to Item 4 Go to Item 2] YES, n] NO	nust pres	ent a R	esident Alien Card (I-551).		YES	□ NO
Minors	Salvantina ti de		6 '	4 -6"					
4. Is this indivi	idual under 18 y	ears of age a	s of June	1 of the	progran	n year that is specified in Item	3?		
☐ NO. Go	to Part C		YES.	Stop - Us	se CCC	-902I			
PART.C.—L	AND. CAPITA	L & FOUIP	MENT.	Attach:	form C	CC-902 Continuation for	additional la	and interests))
	i services de uti	ıı∠eu in the fa	uming op	eration ic	ientified	in Part A? NO. Go to Ite	ະການ LLJ YES	. Stop - Use CC	JU-9UZI
	ollowing informa	an interest in	the crop	C. As Appli	procee	ual identified in Part A and not eds, include the rental rate in D. Name of Individual or Entity Whom Land is Leased to and/or From (Includes names	E. Acres Owned or	F. Rental Rate	G. Check here if same la interest was held las
3. Enter the foindividual A.	ollowing informa or entity with a	an interest in	Check	C. As Appli	cable	eds, include the rental rate in D. Name of Individual or Entity Whom Land is Leased to	E. Acres Owned or	F. Rental Rate \$ per Acre/ %	G. Check here if same la interest was held las
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3. Enter the foindividual A. Farm No.	ollowing informa or entity with a B Loca (County a	ition nd State)	Check Owned In the crop	C. As Appli	cable Leased From arming	D. Name of Individual or Entity Whom Land is Leased to and/or From (Includes names landowners and landlords)	## Space in Color E. Acres Owned or Leased (Check all that	F. Rental Rate \$ per Acre/ % of Crop Share	G. Check here if same la interest was held las
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CCC-902I Short Form (04-16-19)

DEFINITIONS

Page 2 of 2

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

- 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.
- 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.
- JOINT OPERATION is a general partnership, joint venture, or similar organization.
- PERSON is a natural person (an individual) and does not include a legal entity 4.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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
- FAMILY MEMBER a person is considered to be a family member of another person in the faming 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.
- 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.
- 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.
- 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
- All other terms utilized in this form shall be defined pursuant to 7 CFR Part 1400.

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 fr

In accordance with Federal olivi rights and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

In accordance with Federal olivi rights law and U.S. Department of Agnouture (USDA) will rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USI from discriminating based on race, color, anchoral congri, religion, sex, gender destrift, including gender expression), sexual restriction, disability, age, martial status, income devived from a public status income dev

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 and at any USDA office or write a letter addressed to USDA and provise in the letter and the information requested in the form. To request a copy of the complaint form, call (666) 622-9992. Submit your completed form or letter to USDA by (1) mail U.S. Department of Agriculture Office of the Assistant Secretary for Culti Rights 1400 Independence Avenue, SWW advantagion, D.C. 2020-0947-017, (2) fac. (2020-60-4742, or (6) email program intelleguisda gov. USDA is an equal opportunity provises, employer, and lendors.)

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

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

Part A - Producer Information

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

Page 1 of 5 As of (04-16-19)

Fld Name / Item No.	Instruction
	tional Information
Is this individual a U.S. citizen?	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. If the individual identified in Part A is not a U.S. citizen, check "NO"
2	and GO TO Item 2. Check the appropriate box to indicate the individual's alien status.
Is this individual an alien lawfully	-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.
	-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 1-551.
Item 3 comple	ted by FSA.
4 Minors	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.
	-Check "NO" if the individual identified in Part A was 18 or older on June 1 and GO TO Part C.
	-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.
Part C - Lana	l, Capital and Equipment
1 Contributions of land, capital or equipment	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.
	-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.
	-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 o credit arrangement from an individual or entity with an interest in the farming operation. STOP. The CCC-902I must completed.

Fld Name /	Instruction
Item No.	Histi action
2 Custom Services	Utilization of custom services by the farming operation identified in Part A.
	Note: Does not apply: • to services for chemical and fertilizer application; • to the harvesting of crops, <u>OR</u> • if all the land in the farming operation is owned. -Check "NO" if custom services will not be utilized by the farming
	operation identified in Part A. GO TO Item 3. -Check "YES" if custom services will be utilized by the farming operation identified in Part A. STOP. The CCC-902I must be completed.
3A – G Land	Enter the following information for ALL land that is operated by the individual identified in Part A:
	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 Note: 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. G) Check the box if you had this same land interest in the prior crop year
4	If additional space is needed for land, complete and attach form CCC-902 Continuation. Indicate the source(s) of farming capital that will be used in the farming
Capital	operation of the individual identified in Part A for the year specified in Program Year. Check all that apply.
5 A-C Equipment	If "other" is indicated, please specify. Of the total equipment to be used in the farming operation of the individual identified in Part A, enter the percentages of the equipment

Page 3 of 5 As of (04-16-19)

Fld Name / Item No.	Instruction
	that are owned and/or leased by the individual identified in Part A.
	-Enter the percentage that is owned in Item A.
	-Enter the percentage that is leased in Item B.
	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
	-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.
	-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.
Part D – <i>Labe</i>	or
1	Enter the percent or number of hours of active personal labor the
Active	individual identified in Part A personally provides to the farming
norganal	anaration

Tart D Lub	vi
1	Enter the percent or number of hours of active personal labor the
Active	individual identified in Part A personally provides to the farming
personal	operation.
labor	
2	Enter the percentage or number of hours of hired labor used in the
Hired labor	farming operation of the individual identified in Part A.
3	If NONE of the hired labor for the farming operation of the individual
Will any of	identified in Part A originated from the source of leased equipment in
the hired	Part E, check "NO".
labor	
	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.

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

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	Į.	The individua	l identified in Part A	A, or an authorized	I representative of the
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Fld Name /	Instruction
Item No.	
Signature	individual identified in Part A, shall sign the certification.
(By)	
	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	If the individual identified in Part A signs the document, this field should
Title/	be left blank.
Relationship	
	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	Enter the date the form was signed.
Date	

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

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

CCC-902 Cor (04-16-19)	ntinuation U.S. DEPAF Commo	RTMENT O odity Credit			1	. COUNTY		
					2	. STATE		
CONT	INUATION SHEE	T FOR L	EASE	D OR O	WNED LAND			
					3	. PROGRAM YE	EAR	
	ATTACH TO FORI	M CCC-9	1021 🗌 d	or CCC9	02E	. PARTICIPANT	ſ'S NAME	
7 CFR 115-3: collect the inf Provid Pape The pi	Part 1400, the Commodity CF 34). The information will be us ted on this form may be disclos ormation by statute or regulatif ling the requested information : rwork Reduction Act (PR rovisions of criminal and civil fr ITY FSA OFFICE.	edit Charter A ed to identify a sed to other Fe on and/or as o is voluntary. I (A) Stateme	ict (15 USC) the farm ope ederal, State, fescribed in a However, fail ent: This info	714 et seq.), i rating plan da , Local gover, applicable Ro lure to furnish rmation colle	(S USC 552a – as amended). The au- the Agricultural Act of 2014 (Pub. L. 1 ata needed to determine a persor's in- mment agencies, Tribal agencies, and uttine Uses identified in the Systems o- the requested information will result i ction is exempted from the Paperwork applicable to the information provided	13-79), and the Agricult r legal entity's eligibility nongovernmental entiti f Records for USDA/FS n a determination of ine Reduction Act as spec	ure Improvement Act of 20 for program benefts. The for program benefts. The ies that have been author A-2, Farms Records File eligibility for program benefit iffied in 7 U.S.C. 9091(c)(2)	018 (Pub. L. e information ized access to (Automated). fits.
		d State, ch		ned," and	ase. If ALL land in this farm d enter the cropland acres.	ning operation is	owned and opera	7.
1. FARM NO.	2. COUNTY(IES)	OWNED	LEASED TO	LEASED FROM	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	CHECK IF YOU HAD THE SAME LAND INTEREST LAST YEAR
		I_{\square}	П	П				
		$\overline{\Box}$						
		$+\overline{\Box}$		$\overline{\Box}$				
administering USDA p. status, family/parental (not all bases apply to Persons with disabilitie	rograms are prohibited from disc status, income d'erived from a p all programs). Remedies and co as who require alternative means center at (202) 720-2600 (voice a	eriminating bas sublic assistance implaint filing d s of communica	ed on race, co e program, po leadlines vary ation for progr	olor, national o olitical beliefs, o by program o ram informatio	regulations and policies, the USDA, its origin, religion, sex, gender identity (inclor or reprisal or retaliation for prior civil rig. or incident. in (e.g., Braille, large print, audiotape, Auderal Relay Service at (800) 877-8339.	iding gender expression) its activity, in any progra. nerican Sign Language,	l, sexual orientation, disabili m or activity conducted or f etc.) should contact the res	ity, age, marital unded by USDA ponsible Agency
To file a program discr office or write a letter a letter to USDA by: (1)	rimination complaint, complete the	in the letter ali Iture Office of t	l of the inform the Assistant	ation requests Secretary for	int Form, AD-3027, found online at http:// ed in the form. To request a copy of the Civil Rights 1400 Independence Avenue nder.	complaint form, call (866	i) 632-9992. Submit your co	impleted form or

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, <u>provided</u> 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.

Fld Name / Item No.	Instruction
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.

Page 1 of 2 As of: (04-16-19)

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

Fld Name / Item No.	Instruction
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.
Land owned, Leased to,	Enter a checkmark in the checkbox to indicate that the land is owned, leased to, or leased from.
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	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.
Page 2 of 2	As of: (04-16-19)

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

(0.4-16-19) Commodity Credit Corporation FARM OPERATING PLAN FOR AN ENTITY 2. State The Sorm is to be completed for an entity, including a pirit operation, that is seeking benefits from the Farm Service Agency (FSA) under one or me the regulations at TCP FP at 1400 This form callost attempts and other information about the requisitions at TCP FP at 1400 This form callost attempts and other information about the requisitions at 150 that requisitions at 150 that requisitions at 150 that requisitions at 150 that individual Sopretion. Pigment eligibility is asset and management by the entity instead of the Individual Sopretion. Pigment eligibility is asset and properties of the Individual Sopretion. Pigment eligibility is asset and properties of the Individual Sopretion. Pigment eligibility is asset and properties of the Individual Sopretion. Pigment eligibility and intradion of a rain and properties of the Individual Sopretion. Pigment eligibility and intradion of the Individual Sopretion. Pigment eligibility and intradion of the Individual Sopretion. Pigment eligibility and intradion of the Individual Sopretion of Individual Pigment eligibility and intradion of the Individual Sopretion of Individual Pigment eligibility and intradion of the Individual Sopretion of Individual Pigment eligibility and intradion of the Individual Sopretion of Individual Pigment eligibility and Individual Pigment eligibility	the tax identification number dividual must complete a CCC nd, capital, equipment, labor, ayments by direct attribution. xpayer identification Number
For "actively engaged in farming" and other payment eligibility/limitation determinations. This form is to be completed for an entity, including a pirt operation, that is seeking benefits from the Farm Service Agency, (FSA) under one or mithe regulations at 7 CFR Part 1400. This form collects farming and other information about the entity that receives program benefits directly using liked in Part A. This form also collects information about the members of such entity. An individual who receives program benefits directly using 1902! with respect to that individual's operation. Payment eligibility is based upon the contribution of certain inputs to a farming operation super and management by the entity listed in Part A. The information on this form will be used by FSA to determine payment eligibility and similation of payment by the entity listed in Part A. The information on this form will be used by FSA to determine payment eligibility and similation of payment by the entity listed in Part A. The information of the will be used by FSA to determine payment eligibility and similation of payment payment the payment of the payment	the tax identification number dividual must complete a CCC nd, capital, equipment, labor, ayments by direct attribution. xpayer identification Number
This form is to be completed for an entity, including a joint operation, that is seaking benefits from the Farm Service Agency (FSS) under one or miss regulations at 7 CFR Part 1405. This form also collects information about the improvation should the receives program benefits directly using listed in Part A. This form also collects information about the members of such entity. An individual who neceives program benefits directly as an in 2021 with respect to that individual's operation. Peyment eligibility is based upon the contribution of celant inpots to a farmish program and a service of the first of the service of the time of the service	the tax identification number dividual must complete a CCC nd, capital, equipment, labor, ayments by direct attribution. xpayer identification Number
the regulations at 7 CFR Part 1400. This form collects farming and other information about the entity that receives program benefits directly using listed in Part A. This form also collects information about the members of such entity, an individual via cereives program less directly as a in 1902 list respect to that individual's operation. Payment eligibility is based upon the contribution of certain inputs to a farming operation such as it and management by the entity listed in Part A. The information on this form will be used by FSA to determine payment eligibility and similation of part and management by the entity listed in Part A. In information on this form will be used by FSA to determine payment eligibility and similation of part A. PART A - ENTITY INFORMATION 1. Farming Entity's Name and Address (Include Zip Code) 2. Tex Identification Number (If the triangle of the Part A. In its afready on file with FSA, only the last afready on file with FSA, only the last afready on file with FSA. Only the last affect on the Corporation of Corporation (MM-DD-YYYY) 2. Supporting documentation, such as articles of incorporation, revocable trust documents, partnership agreements, evidence of authorities of all share-holders, members and partners, may be required to be submitted upon request to verify the legal statu authority of its shareholders, members and partners, may be required to be submitted upon request to verify the legal statu authority of its shareholders, members and partners, may be required to be submitted upon request to verify the legal statu authority of its shareholders, members and partners, may be required to be submitted upon request to verify the legal statu authority of its shareholders, members and partners, may b	the tax identification number dividual must complete a CCC nd, capital, equipment, labor, ayments by direct attribution. xpayer identification Number
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PART B - TYPE OF OPERATION (Select only one) 1. Select appropriate type of operation that defines the entity identified in Part A: General Partnership Limited Liability Company Estate Indian Tribe	
1. Select appropriate type of operation that defines the entity identified in Part A: General Partnership Limited Partnership Estate Indian Tribe Joint Venture Limited Liability Company Charitable/Tax-exempt Organization Other: Sole Proprietorship/DBA Revocable/Living Trust Public School Other: Corporation Irrevocable Trust City, County or State-owned Entity 2. Supporting documentation, such as articles of incorporation, revocable trust documents, partnership agreements, evidence of authorities of all share-holders, members and partners, may be required to be submitted upon request to verify the legal state authority of its share-holders, members or partners to the satisfaction of CCC. Irrevocable trust documents are required to be corpus of the trust does not provide for modification of interest by the grantor, or provide for transfer to the remainder beneficifrom the date the trust is established. PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any info.) 1. Members - List all members/shareholders/beneficiaries/heirs/partners of the entity identified in Part A of this form: A B. C. D. Share Relationship* (If applicable) S S \$ **Family member means great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grashling, 1st cousin, niece, nephew, aunt, uncle of family member in the farming operation, spouse of family member in the farming operation.	
General Partnership	
Joint Venture	
Sole Proprietorship/DBA Revocable/Living Trust City, County or State-owned Entity 2. Supporting documentation, such as articles of incorporation, revocable trust documents, partnership agreements, evidence or authorities of all share-holders, members and partners, may be required to be submitted upon request to verify the legal statu authority of its shareholders, members or partners to the satisfaction of CCC. Irrevocable trust documents are required to be corpus of the trust does not provide for modification of interest by the grantor, or provide for transfer to the remainder benefic from the date the trust is established. PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any information). Members - List all members/shareholders/beneficiaries/heirs/partners of the entity identified in Part A of this form: A. B. C. C. Share D. Position and Salary (If applicable) S. Family Member Relationship* (If applicable) \$ \$ *Family member means great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandparent, parent, child (including legally adopted children and stepchildren), grandparent, parent, child (including legally adopted children and stepchildren), grandparent, parent, child (including legally adopted children and stepchildren), grandparent, parent, child (including legally adopted children and stepchildren), grandparent, parent, child (including legally adopted children and stepchildren), grandparent, parent, child (including legally adopted children and stepchildren), grandparent, parent, child (including legally adopted children and stepchildren), grandparent, parent, child (including legally adopted children and stepchildren), grandparent, parent, child (including legally adopted children and stepchildren), grandparent, parent, child (including legally adopted children and stepchildren), grandparent, parent, child (including legally adopted children) and stepchildren).	
Corporation Irrevocable Trust City, County or State-owned Entity 2. Supporting documentation, such as articles of incorporation, revocable trust documents, partnership agreements, evidence of authorities of all share-holders, members and partners, may be required to be submitted upon request to verify the legal statuathority of its shareholders, members or partners to the satisfaction of CCC. Irrevocable trust documents are required to be corpus of the trust does not provide for modification of interest by the grantor, or provide for transfer to the remainder benefic from the date the trust is established. PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any info.) 1. Members - List all members/shareholders/beneficiaries/heirs/partners of the entity identified in Part A of this form: A. Name Rax ID Number C. Share C. Position and Salary Family Member Relationship* (If applicable) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
2. Supporting documentation, such as articles of incorporation, revocable trust documents, partnership agreements, evidence of authorities of all share-holders, members and partners, may be required to be submitted upon request to verify the legal statt authority of its shareholders, members or partners to the satisfaction of CCC. Irrevocable trust documents are required to be corpus of the trust does not provide for modification of interest by the grantor, or provide for transfer to the remainder benefic from the date the trust is established. PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any information of the entity identified in Part A of this form: A. B. C. D. Position and Salary (If applicable) S. C. Position and Salary (If applicable) \$ \$ *Family Member Relationship* (If applicable) \$ *Family member means great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grasibling, 1st cousin, niece, nephew, aunt, uncle of family member in the farming operation, spouse of family member in the farming operation, spouse of family member in the farming operation.	
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Name Tax ID Number (Last 4 digits if already on file) S Position and Salary (If applicable) S S *Family member means great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), gr. sibling, 1st cousin, niece, nephew, aunt, uncle of family member in the farming operation, spouse of family member in the farming operation. spouse of family member in the farming operation. Spouse of family member in the farming operation.	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	F. Does this member have signature authority for the legal entity? (Yes or No)
*Family member means great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grasibling, 1st cousin, niece, nephew, aunt, uncle of family member in the farming operation, spouse of family member in the farming cousin, niece, nephew, aunt, uncle of family member in the farming operation, spouse of family member in the farming cousin, niece, nephew, aunt, uncle of family member in the farming operation.	YES NO
*Family member means great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grasibling, 1st 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 Execu Grantor:	YES NO
*Family member means great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grasibling, 1st 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 Execu Grantor:	YES NO
*Family member means great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grasibling, 1st 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 Execu Grantor:	☐YES ☐NO
* Family member means great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grasibling, 1st 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 Execu Grantor:	
* Family member means great grandparent, grandparent, parent, child (including legally adopted children and stepchildren), grandparent, sibling, 1st cousin, niece, nephew, aunt, uncle of family member in the farming operation, spouse of family member in the farming. 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 Execu Grantor:	☐ YES ☐ NO
sibling, 1st cousin, niece, nephew, aunt, uncle of family member in the farming operation, spouse of family member in the farming. 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 Execu Grantor:	YES NO
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 Execu Grantor:	
Grantor:	
A. Name of Estate or Trust B. Name of Executor/Administrator/Grantor	,
 Embedded Entities – If any member/shareholder of the entity identified in Part A is an entity, a CCC-901, Member's Informa and submitted concurrent with this CCC-902E. Additionally, a CCC-902E must be completed and submitted for each embed 	
Check if CCC-901 is attached. Check if CCC-902E is attached for an embedded entity.	,

	Shareholders –		ember or Sh		o is a minor, pro	ovide the follow	ving: L	I/A		
A. Minor's Nan	ne	B. Date o Birth	of Par	C ent's or Guard	lian's Name	Parent's or	D. Guardian's Ad	dress	E. Parent or G SSN or Tax (Last 4 c already o	ID Numbei <i>ligits if</i>
F. Separate Status of W	linors:									
(1) Is any minor a pi			·	_		sonally carry o	ut farming	_YES □YES	□ NO □ NO	
Activities with re	spect to the min	or's farmin	g operation.	, including ma	intaining separa	ate accounting	?	_		
-,	sehold other tha	n the paren	nts' househo	d(s), and b) h	nave a vested o	wnership in the	e farm?	YES	∐ NO	
(4) If any minor wit										
5A. Citizenship Status U.S. Citizen?	- Is each Memb	er and Sha	areholder of	the entity or j	oint operation ic	dentified in Par	t A, and any er	nbedded ei	ntity identified	in Part C
=	ers/shareholders									
	e members/sha					Abo follows				
5B. For each member of	or shareholder (d	irect or em	ibedded) wh	io is not a US	(2) This indi			FOR ESA	USE ONLY	
(1) Name of Individual					valid For		Form I-551		to FSA C	CCC Initia
					YES	□ NO	□ YI	ES 🔲	NO	
					☐ YES			ES 📙	NO	
					YES	□ NO	□ YI	s 🔲	NO NO	
DADT D. SUMMAD	/ OF CONTRI	PLITIONS	TO THE	EA RMINIC O	YES		□ YI	 Es		
PART D - SUMMARY 1. For the farming opei Enter the following inf legal entity; land and eque	ration of the en formation for cor uipment owned and	tity identif tributions t d/or cash lea	ied in Part to be made l sed by the le	A, what perc o by the entity id gal entity and us	YES PERATION entages of the dentified in Part and in the farming	NO NO overall inputs	YI S will be contri	ES	NO NO ectly by the E	ectly by the
For the farming oper Enter the following inf legal entity; land and equ legal entity. (Provide det A. Capital	ration of the en formation for con uipment owned and tailed information a B. Land	tity identif tributions t d/or cash lea bout these o	ied in Part to be made lesed by the lesed by	A, what perce by the entity id gal entity and us in Items A throug C. Equipm	YES PERATION entages of the dentified in Part sed in the farming gh E.) ent	NO NO overall inputs A. These perce operation; labor D. Hired L	s will be contributed by the legal. abor	ibuted directified the capillentity; and	NO NO NO sectly by the E sital provided dir management hi d Managemen	ectly by the red by the t
1. For the farming open Enter the following inflegal entity; land and equiegal entity. (Provide del A. Capital 2. For the farming open listed in PART C? Enter members' funds rat member(s); labor and memoperation identified in Part of the farming open the following in Part of the farming open the following in Part of the farming open the farmi	ration of the enformation for conjument owned ain tailed information of the enforcement o	tity identif tributions to dor cash lea about these of tity identif g information entity; land a by the member mation abo	ied in Part to be made I sed by the leg- contributions i % ied in Part on for the co- mund equipment ers for the ent ut these contri	A, what perciby the entity ideal entity and use in Items A through C. Equipm A, what percontributions to cowned or obtainity; and labor an injutions in Items	YES PERATION entages of the dentified in Part sed in the farming gh E.) ent ent entages of the be made by the memb dr management programment progra	NO NO overall inputs A. These perce operation; labor D. Hired L following farr e members. Ther(s) and contrib.	s will be contributed by the legal abor minutes will be see percentage uted to this farmally by the members.	ES	NO N	ectly by the red by the t t members riginating nsation to the reming
For the farming operation the following inflegal entity; land and equilegal entity. (Provide det A. Capital For the farming operation PART C? Efrom members' funds rat member(s); labor and moperation identified in Part A. Member's	ration of the en commation for cor upment owned an B. Land A. (Provide info B. Land A. (Provide info Capital	tity identifications to the second state of th	ied in Part to be made I sed by the legentributions if % Ted in Part on for the cond equipment ers for the ent ut these contributions D. % of	A, what perciby the entity id gal entity and us in Items A throw, C. Equipm A, what percontributions to to womed or obtainity, and labor an inbutions in Items E. Equipment	YES YES PERATION entages of the dentified in Part sed in the farming gh E.) ent entages of the be made by the be made by the membrand management p is B through H). F. % of	NO NO overall inputs A. These perce operation; labor D. Hired L following farr ee members. Ther(s) and contriberformed person	s will be contributed by the legal abor % minputs will be percentage, where the sepercentage, and the sepercentage where to this farm ally by the member G. Labor (%)	ES	NO NO actly by the E sital provided dir management hi d Managemen sited by the M ect any capital c without compe benefit of the fe H. Manag	ectly by the red by the tred by the tred by the tred by the embers wiginating insation to the triming ement (%)
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PART E - LAND	Name of Entity (as	s identified	in Part A)	:					Page 3 of 6
Land: Enter the following or entity that		іе стор оі	r crop pro	ceeds, in	lude the rental rate in				
A. Farm No. and	B. Land Leased or	C. Check as applicable			D. Name of Person or Entity		E. F Acres Rental		
Location (County and State)	Contributed By	Owned	Leased To	Leased From	Whom Land is Leas and/or from (includes ri landowners and land)	names of	Owned or Leased	per Acre/ % or Crop Sha	re interest wa held last
Farm No.: Location:									year
Farm No.:									
Location:									
Farm No.: Location:									
Farm No.:				-					
Location:									
Farm No.: Location:									
PART F - CAPITAL SO									
Commercial loans 2. Will contributions of ca YES go to Item 3	apital, farming equipme		NO go to	Part G					
Will contributions of ca YES go to Item 3 Will such loan or crediffarming operation iden	apital, farming equipme	aranteed b	NO go to	Part G ned by, or s landowner	ecured by an individual,			ty that has an i	nterest in the
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 Will custom services be utilize NO. GO TO PART I 		ntified in Part A on the farr S. Complete Items 1A thr			
A. Type of Services		B. Farm Number(s)	D. Name of Provider		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Number of Acres		
For additional space, use and a	attach CCC-902E	Continuation			
PART I - LABOR NOT PROV	/IDED BY MEME	BERS/SHAREHOLDEF	RS IDENTIFIED IN PART (
For the farms listed in Part E, ent shareholders listed in Part C:	er the information f	for contributions of labor to	o the farming operation that wi	ll not be provided by the memb	ers or
Shareholdere heted hit talt e.		Туре		1A	mount
1. Other labor: Enter the percent	-		by family members or others		%
for which no pa	ayment will be issu	ed or owed.			hrs
2. Hired labor:					
A. Will any of the hired labor fo	or the farming oper	ation identified in Part A o	originate from the same source	as the leased equipment in Pa	art G?
☐ NO ☐ YES	If "YES", accepta	able documentation to pro	ve such relationship may be re	equired for compliance purpose	es.
B. Will any of the hired labor fo	or the farming oper	ration identified in Part A b	e included in the custom servi	ices shown in Part H?	
□NO □YES	If "YES" accepta	ble documentation to prov	ve such relationship may be re	quired for compliance purpose	s
PART J - MANAGEMENT			o caon rolanolomp may be re	qui ca roi compilarico par poco	
			Colored Service Company Appropriate Control		- b (-)
shareholder(s) of the entity or join			identified in Part A which will	be provided personally by mem	nber(s) or
Active personal management	nt operation; or by h		identified in Part A which will	be provided personally by mem	nber(s) or
Active personal managemer List each member or sharehol	nt operation; or by he nt: Ider in column A; th	hired management.	ies/activities that will be perfor	med personally by each memb	er or shareholder
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	O2E (04-16-19) Name of Entity (as identified in Part A K - REMARKS	,	
Check	all of the following that apply:		
_ cc	C-902 Continuation attached for additional information for	Part E - Land	
🗌 сс	C-902E Continuation attached for additional information fo	or the following Parts:	
	Part C – Member information		
	Part D – Summary of Contributions		
<u> </u>	Part F - Capital		
	Part G – Equipment Part H – Custom Services		
PART	- CERTIFICATION - (FOR JOINT VENTURES AND	GENERAL PARTNERSHIPS, A SIGNATURE IS REQUIRED I	FOR EACH MEMBER)
		y supporting documentation is true and correct. I understan	
		n the assessment of a penalty. I will timely provide written no s form of any changes in this farming operation. By signing t	
that:			, ,
• all sup	porting documentation has been submitted as required		
 I have 	reviewed and understand all definitions and requirements on P		
	ormation will be considered in effect continuously unless change v responsibility to timely notify FSA in writing of any changes th	es or revisions are submittea. nat may affect these representations, including, but not limited to: the	e composition of the entity
		e entity identified in Part A ; financial status of the entity identified in n , or other documentation may be required to validate these represes	
necess	ary actions to provide such materials to the applicable State or	county committee if requested by FSA.	
	y responsibility to timely notify FSA in writing of any successor: nolder.	s who acquire an interest in this farming operation as the result of th	e death of a member or
	1. Signature <i>(By)</i>	2. Title/Relationship of Individual Signing in the	3. Date (MM-DD-YYYY)
	Oignature (<i>Dy)</i>	Representative Capacity	Bate (IIIIII-98-1111)
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 thi
NOTE.	form is 7 CFR Part 1400, the Commodity Credit Corporation Cha	arter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 1 ill be used to identify the farm operating plan data needed to determine	13-79), and the Agriculture
	program benefits. The information collected on this form may be	e disclosed to other Federal, State, Local government agencies, Tribal i	agencies, and nongovernmenta
		statute or regulation and/or as described in applicable Routine Uses ide ding the requested information is voluntary. However, failure to furnish	
	• • • •		
		nation collection is exempted from the Paperwork Reduction Act as spe ther statutes may be applicable to the information provided. R	
	ance with Federal civil rights law and U.S. Department of Agricultu	ire (USDA) civil rights regulations and policies, the USDA, its Agencies,	
expressio prior civil	n), sexual orientation, disability, age, marital status, family/parenta	from discriminating based on race, color, national origin, religion, sex, g al status, income derived from a public assistance program, political bel ISDA (not all bases apply to all programs). Remedies and complaint filli	iefs, or reprisal or retaliation for
incident.			
contact th		or program information (e.g., Braille, large print, audiotape, American Si Tou (voice and TTY) or contact USDA through the Federal Relay Servic h	
program:	program discrimination complaint, complete the USDA Program Di		
To file a -	nogram diacimination complaint, complete the CODA Frogram Di		
http://www		e or write a letter addressed to USDA and provide in the letter all of the your completed form or letter to USDA by: (1) mail: U.S. Department of	

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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; 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, 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.

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.

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Fld Name / Item No.	Instruction
Tax Identification Number	Note: 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. This is not applicable to public schools, city county or state-owned entities, or Indian Tribes.

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	Informational Note: 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	Enter the following for each member of the entity or joint operation:
Members	
	A) Member's name
	B) Last four (4) digits of member's social security or tax ID number
	Note: If the complete ID number is already on file with FSA, only the last 4 digits are required.
	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.
	Note: For joint operations, joint ventures and general partnerships, each member must initial the response in Column F .
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

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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

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4	If none of the members listed in Part C, Item 1, is a minor, check "N/A" (not
Minor Members	applicable), then GO TO Item 5.
4A-4E	If any member listed in Part C, Item 1, is a minor, provide the following
Minor Members	information about that member:
or Shareholders	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
	Note: If the complete taxpayer ID number is already on file at FSA,
	only the last 4 digits are required.
4F (1) – (4)	1) Check "YES" if any minor listed in Item 4A is a producer on a farm and
Separate Status	the parent or guardian has no interest. Check "NO" if the minor is a
of Minors	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

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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.

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Fld Name / Item No.	Instruction
1A – 1G Land	Enter the following information for ALL land that is operated by the farming operation identified in Part A: A) Farm number, state and county where located B) Name of the entity, joint operation or member who contributes the land 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 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 Note: 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. G) Check the box if the farming operation identified in Part A had this same land interest in the prior crop year.

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,	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.
or equipment	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.
	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.
3 If capital includes loans or credit arrangement	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 $3A-3E$.
	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.

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Fld Name / Item No.	Instruction
	1-3 Equipment (All percentages are based on annual rental values.) (If needed for this Part, complete and attach form CCC-902E Continuation.)
1 Owned	Enter the percent of ALL equipment used in this farming operation which is owned by the entity or joint operation identified in Part A.
equipment	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 operationB) Name of the party or entity from whom equipment is leasedC) Type of equipment leased
	If leased equipment is not used in this farming operation, enter 0%. GO TO Part H.
Source of leased of equipment and	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.
interest in the farming operation	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 form CCC-902E C	Custom Services (If additional space is needed for this Part, complete and attach
1 Utilization of custom	Utilization of custom services by the farming operation identified in Part A. Note: Does not apply:
services	 to services for chemical and fertilizer application; to the harvesting of crops, <u>OR</u> if all the land in the farming operation is owned.

Fld Name / Item No.	Instruction
	Check "NO" if custom farming services will not be utilized in this operation, and GO TO Part I. Check "YES" if custom farming services will be utilized in the farming operation identified in Part A, and complete all items in Part H.
1A – 1D Custom services will be	Provide the following information for all custom farming services utilized by the farming operation identified in Part A:
utilized	 A) Type of custom service (including, but not limited to: tillage, 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. GO TO Part I.

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	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. 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." Acceptable documentation of equipment lease and hired labor agreements may be required for compliance purposes.
2B Source of hired labor and custom services	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. 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." Acceptable documentation of custom services and hired labor agreements may be required for compliance purposes. GO TO Part J.

 ${\it Part}\ J-{\it Item}\ 1-3\ {\it Management}\ ({\it If}\ {\it additional}\ {\it space}\ is\ {\it needed}\ {\it for}\ this\ {\it Part},\ {\it complete}\ {\it and}\ {\it attach}\ {\it form}\ {\it CCC-902E}\ {\it Continuation.})$

	In column A, list each member or shareholder of the farming operation who is contributing active personal management.
C	In column B, enter for each person in column A the type of management duties provided to the farming operation. The duties/activities must be:

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Fld Name / Item No.	Instruction
	Performed on a regular basis
	Identifiable and documentable
	 Separate and distinct from the management activities performed by any other members or shareholders.
	NOTE: These specific requirements are not applicable to heirs of estates of to the beneficiaries of trust.
	In column C for nonfamily joint operations only, 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.
2 Hired	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	management duties hired for the farming operation identified in Part A.
	Note: This includes management by an administrator or trustee who
	receives compensation for this service or activity.
3	Enter the name of any person other than a member or shareholder that will
Other	be providing other management and briefly describe the type(s) of
Management	management duties provided for the farming operation identified in Part A.
	If the entity is an estate or trust, list management provided by the executor, administrator or trustee(s) in this block.
	Note: This includes management by an administrator or trustee who does
	not receive compensation for this activity. GO TO Part K.
Part K – Remar	ks
Remarks	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.
	Include references to any and the number of CCC-902E Continuation pages completed and attached. GO TO Part L.
Part L – Items . Required for Eac	1-3 Certification (For Joint Ventures and General Partnerships, a Signature i h Member.)
1	An individual member or an authorized representative of the legal entity
Signature (By)	identified in Part A must sign the certification.

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Fld Name / Item No.	Instruction
	If a joint operation, each member of the joint operation identified in Part A must 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 members sign the document, this field should be left blank. 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.")
3 Date	Enter date CCC-902E was signed.

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

CCC-902E Continuation 04-16-19)		RTMENT OF A		1. Count	У		3. Program Year
04 10 10)	`	commodity or co	an Corporation				
CONTINUATION SHEET FOR	FARM OPERATING	PLAN FOR	AN ENTITY	2. State			
For "actively engaged in farming" and	other payment eligibilit	v/limitation dete	rminations.				
This form is to be completed for an en	tity, including a joint op	eration, that is	seeking benefits				
programs that are subject to the regul benefits directly using the tax identific ecceives program benefits directly as contribution of certain inputs to a farm this form will be used by FSA to deten	ation number listed in F an individual must com ing operation such as l	Part A. This fori plete a CCC-90 and, capital, eq	m also collects in 2I with respect to uipment, labor, a	formation a that indivi and manage	bout the members of suc dual's operation. Payme ment by the entity listed	ch entity. A nt eligibility	n individual who is based upon the
his form provides additional spa	•	on the CCC-9	02E.				
Name of Legal Entity filing CC	C-902E:						
Number of additional CCC-9	02E Continuations are	e used to reco	rd all informatio	n for this e	ntity		
PART C MEMBER/SHAREHOL		•					
Members - List all Members/Shar A.	reholders/Partners of th B.	e entity identific	ed in Part A of th D.	e CCC-90	2E. E.		F.
Name	Tax ID Number (Last 4 digits if already on file)	% Share	Position and S (If applicat		Family Member* Relationship (if applicable)	sign	this member have ature authority for ne legal entity? (Yes or No)
			\$				YES NO
			\$				YES NO
			\$				YES NO
			\$				YES NO
			\$				YES NO
			\$				YES NO
			\$				YES NO
			\$				YES NO
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			\$				YES NO
			\$				YES NO
			\$				YES NO
* Family member means great grant sibling, 1st cousin, niece, nephew, at n accordance with Federal civil rights law and U.S administering USDA programs are prohibited from anylyparinal status, income derived from a publisases apply to all programs). Femedies and comp Persons with disabilities who require alternative m USDA's TARGET Center at (202) 720-2600 (voce han English).	unt, uncle of family men. Department of Agriculture (U descrimmating based on race, ic assistance program, political leaint filling deadlines vary by properties of communication for properties of the properties	nber in the farm SDA) civil rights regu- color, national origin, beliefs, or reprisal o ogram or incident gram information (e. grough the Federal Re-	ning operation, spilations and policies, the religion, sex, gender retaliation for prior co. p., Braille, large print, a lay Service at (800) 8	nouse of fail the USDA, its Aidentity (includi- vil rights activity audiotape, Ame 77-8339. Addit	nilly member in the farmin lencies, offices, and employees, an gender expression), sexual or , in any program or activity condi- rican Sign Language, etc.) shoul onally, program information may	ng operation and institution in the institution, disaucted or funder the indexended contact the indexended even and enter the indexended even in the indexended	nn. s participating in or bility, age, mantal status d by USDA (not all responsible Agency or lable in languages other
Fo file a program discrimination complaint, comple write a letter addressed to USDA and provide in th by (1) mail: U.S. Department of Agriculture Office program.intake@usda.gov. USDA is an equal opp	e letter all of the information re of the Assistant Secretary for 0	quested in the form. Civil Rights 1400 Inde	To request a copy of t	he complaint fo	rm, call (866) 632-9992. Submit	your complete	d form or letter to USDA

Number of add	itional CCC-902E Co	ntinuations are use	ed to record all	information fo	or this entity	
PART C MEMBER/SH					•	
2. If any member listed in	n Item 1 is an Estate	or Trust, list the Exec	cutor, Administra	ator or Grantor.		
A. Nam	e of Estate or Trus	t		B. Name o	of Executor/Administrator	/Grantor(s)
					Member's Information, must	
					mitted for each embedded e	anuty.
—	901 is attached.				ties are attached.	
Minor Members or Interes A.	est Holders – For any B.	Member or Interest	Holder who is m	ninor, provide th	ne following: N/A	E.
Minor's Name	Date of Birth	Parent of Guard	ian's Name	Parent	or Guardian's Address	Parent or Guardian's SSN or Tax ID
						Number (Last 4 digits if alread)
						on file)
F. Separate Status of Min	ore:					
(1) Is any minor a pro		ich the parent or aus	ordian has no int	erect?		YES NO
(2) Does any minor ma	aintain a separate ho	usehold from the par	ent or guardian	and personally	carry out farming activities	Tyes Tho
· · · · · · · · · · · · · · · · · · ·	minor's farming oper no is represented by a				ole for the minor, a) live in a	
household other th	an the parents' house	ehold(s), and b) have	a vested owner	ship interest in		YES NO
(4) If any fillion with life	erest in this raining t	peration can answer	TES TOTTETTS	r(1) till odgil r	(5), list that millor's hame.	
5A. Citizenship Status – Is	each member and in	terest holder of the e	entity identified in	n Part A, and a	ny embedded entity identifie	d in Part C, a US Citizen?
	s/interest holders are					
	members is not a US	· · · · · · · · · · · · · · · · · · ·			Harris an	
5B. For each member or in	terest noider (direct c				-	USE ONLY
Name of Individual		2. 11	nis individual has Form I-551	s a valid	Form I 551 Presented t	
			YES	NO	YES NO)
		Г	YES	NO	YES NO	
		<u> </u>		NO	YESNO	
			YES 📙	NO	L YES NO	. 1

Maine of Legal L	ntity filing (CCC-902E	∷								
Number	of addition	al CCC-9	02E Continu	uations are u	sed to record a	all information t	for this e	ntity			
PART D - SUMM	ARY OF MI	EMBER/S	SHAREHOL	DER CONTI	RIBUTIONS TO	THE FARMIN	IG OPER	ATION (Co	ntinued f	rom CCC	-902E)
I. What contribut Enter the followi							bers liste	ed in PART C	?		
A. Member's Name		3. pital	C. Land	D. % of	E. Equipment	F. % of		G. Labor (%		H. Mar	nagement (%)
	(Cu	rrent ar)%	%	Owned Land	· %	Owned Equipment	Hired	Active Personal	Check if 1000 Hours	Hired	Active Personal
									П		
									П		
PART F - CAPIT	AL SOUR	CES and	и ОЗЕЗ (С В.	onunaea m	3/1/ CCC-902L	- <i>)</i> C.			D.		E.
Type of Capital Co											
	niribution	Name	of Loan or C	Credit Source	Guara	antor's Name	(Credit Source Affiliation or	or Guara	n the	% of Total Capital
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	miribution	Name	of Loan or C	Credit Source	Guara		(Credit Source Affiliation or	or Guara Interest ir	n the	% of Total Capital
	miribution	Name	of Loan or C	Credit Source	Guara		(Credit Source Affiliation or	or Guara Interest ir	n the	% of Total Capital %
	miribution	Name	of Loan or C	Credit Source	Guara			Credit Source Affiliation or	or Guara Interest ir	n the	% of
	miribution	Name	of Loan or C	Credit Source	Guara			Credit Source Affiliation or	or Guara Interest ir	n the	% of Total Capital %
	miribution	Name	of Loan or C	Credit Source	Guara			Credit Source Affiliation or	or Guara Interest ir	n the	% of Total Capital % %
	mtribution	Name	of Loan or C	Credit Source	Guara			Credit Source Affiliation or	or Guara Interest ir	n the	% of Total Capital % % % %
						antor's Name		Credit Source Affiliation or Farming	or Guara Interest ir Operation	n the	% of Total Capital %
PART G - LEASE	ED EQUIP	MENT (A	All percent	ages are ba	sed on annua	al rental value	es.) (Cor	Credit Source Affiliation or Farming	or Guara Interest ir Operation	n the	% of Total Capital % % % %
PART G - LEASE I. Leased Equipm A.	ED EQUIP	MENT (A	All percent ing informati B.	ages are ba	sed on annua	al rental value to used by the f	es.) (Cor arming op C.	Credit Source Affiliation or Farming	or Guara Interest ir Operation	n the n	% of Total Capital % % % % % % % % % % % % % % % % % % %
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PART G - LEASE Leased Equipm A. Percent of Total Equipment Used in the Farming Operation %	ED EQUIP	MENT (A	All percentaing informati B. me of Individ	ages are ba ion for ALL lea lual/Entity	sed on annua	al rental value to used by the f	es.) (Cor arming op C.	Credit Source Affiliation or Farming	or Guara Interest ir Operation	Does Indithe equipment have this farming	% of Total Capital % % % % photosis of the content of the con
PART G - LEASE I. Leased Equipm A. Percent of Total Equipment Used in the Farming Operation %	ED EQUIP	MENT (A	All percentaing informati B. me of Individ	ages are ba ion for ALL lea lual/Entity	sed on annua	al rental value to used by the f	es.) (Cor arming op C.	Credit Source Affiliation or Farming	or Guara Interest ir Operation	Does Ind the equipn from have this farmin	% of Total Capital % % % % bividual/Entity ment is leased a an interest in any operation? No No
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	al CCC-902E Continuations are used to	record all information for this (entity	
PART H - CUSTOM SERVIC	CES (Continued from CCC-902E)			
1. Custom Services to be us				
A. Type of Service(s)	B. Farm Number(s)	C. Number of Acres	D. Name of Provider	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
PART J – MANAGEMENT (Co	ontinued from CCC-902F)			
Active personal manage List each member or share member or shareholder in	eholder in column A; the specific ma column B. For nonfamily member	operations only, complete it	ems in column C to include the	amount of
Active personal manage List each member or share member or shareholder in	ement: eholder in column A; the specific ma	operations only, complete it the total management hours r	ems in column C to include the a equired for the farming operation C. Time expended ann	amount of n. ually
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Page 5 of 5

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

PART L - CERTIFICATION - (FOR JOINT VENTURES AND GENERAL PARTNERSHIPS, A SIGNATURE IS RE	EQUIRED FOR EACH MEMBER)
Legitly that all the information entered on this document and any supporting documentation is true and correct. I	understand that furnishing incorre

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

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

- 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.

Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	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.

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

	Instruction
Fld Name / Item No.	
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: • enter the name of the legal entity filing the CCC-902 • the number of additional pages of the CCC-902 E Continuation completed.

Part C – Items 1 – 5 Member/Shareholder Information

1A - 1F	Enter the following for each member of the entity or joint operation:
Members	A) Member's name
	B) Last four (4) digits of member's social security or tax ID number

Page 1 of 6 As of: (04-16-19)

Fld Name / Item No.	Instruction				
	 Note: If the complete ID number is already on file with FSA, only the last 4 digits are required. 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. In 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 entitied in Part A. Check "NO" if the member does not have signature authority for the entity identified in Part A. Note: joint operations, joint ventures and general partnerships, each member must initial the response in Column F. 				
2A – 2B Entity, Name, Executor/ Grantor	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.				
3 Embedded Entities	If any of the members listed in Item1A 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. Place a check mark in the box if CCC-902E's are attached formembers who are entities and joint operations.				
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 6.				
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				

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Fld Name / Item No.	Instruction				
	E) Taxpayer ID number of the parent or guardian Note: If the complete taxpayer ID number is already on file at FSA, only the last 4 digits are required.				
4F(1) – 4F(4) Separate Status of Minors	 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. 				
	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.				
	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.				
	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.				
5A Citizenship Status of members and	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.				
shareholders	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.				
5B(1) - 5B(2) Individual members or share-holders	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).				
who are aliens	Check "NO" for any non-U.S. citizen who does not possess Form I-551.				

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Page 3 of 6

Fld Name / Item No.	Instruction
FOR FSA USE ONLY	This item will be completed by FSA.
Part D – Item . Operation	1 Summary of Member/Shareholder Contributions to the Farming
1A –1 H Contributions made by the members to	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.
this farming operation	Use Items 1D and 1F 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 Columns G and H.
	Check the applicable box if a member provides 1000 or more hours of active personal labor to the farming operation identified in Part A.
Part F – Item	1 Capital Sources and Uses
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.
Part G – Item	l Leased Equipment (All percentages are based on annual rental values
1A – 1C 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
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.
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Fld Name / Item No.	Instruction
the farming operation	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.
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	Utilization of custom services by the farming operation identified in Part

1 till 11 tient	1 Custom Services					
1 A – D	Utilization of custom services by the farming operation identified in Part					
Custom	A.					
services will						
be utilized	Note: Does not apply:					
	 to services for chemical and fertilizer application; 					
	• to the harvesting of crops, <u>OR</u>					
	 if all the land in the farming operation is owned. 					
	Provide the following information for all custom farming services					
	utilized by the farming operation identified in Part A:					
	A) Type of custom service (including, but not limited to: tillage,					
	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 J – Item 1 Management

1	In column A, list each member or shareholder of the farming operation						
Active	who is contributing active personal management.						
Personal							
Management	In column B, enter for each person in column A the type of						
	management duties provided to the farming operation. The						
	duties/activities must be:						
	 performed on a regular basis 						
	 identifiable and documentable 						
	 separate and distinct from the management activities performed 						
	by any other members or shareholders.						

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THE NAME OF T	Instruction					
Fld Name / Item No.						
	Note: These specific requirements are not applicable to heirs of estates or to the beneficiaries of trusts.					
	In column C for nonfamily joint operations only, 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.					

Remarks	Enter any remarks

Part L - Certification

1	An individual member, or authorized representative shall sign the
Signature	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	Enter the date the form was signed.
Date	

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CCC-901, Member's Information, and Instructions

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

	U.S. DEPARTMENT OF AGR Commodity Credit Corp		1. County						
	,		2 State						
			2. State						
	MEMBER'S INFORM	ATION	3. Program Year						
		S. Flogram Teal							
form is 7 CFR Part 140 Improvement Act of 20 other Federal, State, Lt regulation and/or as de requested information i This information collect	0, the Commodity Credit Corporation C 18 (Pub. L. 115-334). The information : coal government agencies, Tribal agenc scribed in applicable Routine Uses ider is voluntary. However, failure to furnish tion is exempted from the Paperwork R	y Act of 1974 (5 USC 552a – as amended). harter Act (15 U.S.C. 714 et seq.), the Agricu will be used to identify members of a legal en ies, and nongovernmental entities that have tified in the System of Records Notice for US the requested information will result in a dete aduction Act as specified in 7 U.S.C. 9091(c), RETURN THIS COMPLETED FORM TO YO	ultural Act of 2014 (Pub. L. 113-79), a lithy. The information collected on this been authorized access to the inform SDA/FSA-2, Farm Records File (Auto ermination of ineligibility for program (2)(B). The provisions of criminal and	and the Agriculture is form may be disclosed to nation by statute or imated). Providing the benefits.					
		ntity, list the member's name, social second types of identification numbers, list		mber, address					
Name of Legal Entity		Comp	plete Tax ID Number						
1.	2. SSN or Toy	3.	4.	5.					
Member's Name	SSN or Tax ID Number (Last 4 digits if already on file)	Address	Percent Share	Does this member have signature authority for the lega entity? (Yes or No)					
			%	YES NO					
			%	YES NO					
			%	YES NO					
			%	YES N					
PART B - Embedded Entities	: For any member listed in Part A,	who is an entity, list such embedded er	% white states and list the requester						
each member of suc	-	es of identification numbers, list both. If y on supplemental sheets.	ntity's name and list the requeste	ed, information for					
each member of suc entity, provide the re Name of Embedded Legal Entity	th entity. If a member has both typicquested information for each entity	es of identification numbers, list both. If y on supplemental sheets. Comp	ntity's name and list the request f more than one member, listed i	ed, information for n Part A is an					
each member of suc entity, provide the re Name of Embedded Legal Entity	h entity. If a member has both typiquested information for each entity	es of identification numbers, list both. If y on supplemental sheets. Comp	ntity's name and list the requeste f more than one member, listed i	ed, information for n Part A is an 5. Does this member have signature					
each member of suc entity, provide the re Name of Embedded Legal Entity	th entity. If a member has both typiquested information for each entity 2. SSN or Tax ID Number (Last 4 digits if	es of identification numbers, list both. If y on supplemental sheets. Comp	ntity's name and list the requestrent from than one member, listed in the requestrent from th	ed, information for n Part A is an 5. Does this member have signature authority for the legentity? (Yes or No)					
each member of suc entity, provide the re Name of Embedded Legal Entity	th entity. If a member has both typiquested information for each entity 2. SSN or Tax ID Number (Last 4 digits if	es of identification numbers, list both. If y on supplemental sheets. Comp	ntity's name and list the requeste f more than one member, listed i plete Tax ID Number 4. Percent Share	5. Does this member have signature authority for the legentity? (YES ON)					
each member of suc entity, provide the re Name of Embedded Legal Entity	th entity. If a member has both typiquested information for each entity 2. SSN or Tax ID Number (Last 4 digits if	es of identification numbers, list both. If y on supplemental sheets. Comp	ntity's name and list the requeste f more than one member, listed in plete Tax ID Number 4. Percent Share	ed, information for n Part A is an 5. Does this member have signature authority for the leg entity? (Yes or No) YES NO					
each member of suc entity, provide the re Name of Embedded Legal Entity	th entity. If a member has both typiquested information for each entity 2. SSN or Tax ID Number (Last 4 digits if	es of identification numbers, list both. If y on supplemental sheets. Comp	ntity's name and list the requeste f more than one member, listed in the plete Tax ID Number 4. Percent Share %	5. Does this member have signature authority for the legentity? (Yes or No) YES NO					
each member of suc entity, provide the re Name of Embedded Legal Entity	th entity. If a member has both typiquested information for each entity 2. SSN or Tax ID Number (Last 4 digits if	es of identification numbers, list both. If y on supplemental sheets. Comp	ntity's name and list the requeste f more than one member, listed in plete Tax ID Number 4. Percent Share %	5. Does this member have signature authority for the legical entity? (Yes or No) YES NO YES NO YES NO					
each member of succentity, provide the re Name of Embedded Legal Entity 1. Member's Name In accordance with Federal cwil rights law administering USDA programs are prohil family/parental status, income derived for apply to all programs. Permedies and co	th entity. If a member has both typiquested information for each entity and the second of the second	es of identification numbers, list both. If a consupplemental sheets. Comp 3. Address covil rights regulations and policies, the USDA, its A, nabonal orgin, religion, sex, gender identify (including or prepared) or representations and policies.	ntity's name and list the requeste f more than one member, listed in plete Tax ID Number 4. Percent Share % % % % gencies, offices, and employees, and instituting gender expression), sexual orentation, y, in any program or activity conducted or fiterias Sign Language, etc.) should contact	5. Does this member have signature authority for the legical member have signature authority for the legical member have signature authority for the legical members of the legical mem					

		y. Îf a member has b	oth types of identific	ation numbers, lis	st both. If more	than one	nd list the requested, information for ne member, listed in Part B is an entity,						
Name of					Comple	Te IdX IL		_					
	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 membe have signature authority for the legal entity? (Yes or No)		
								%		YES	<u> </u>		
						-		%	H	YES [<u> </u>		
						-		%	一	YES [<u>^</u> ^		
						<u> </u>		%		YES	١		
PARID.	 Minor Members or Sharel 1. 	2.			provide the fol		4.				5		
	Minor's Name	Date of Birth (MM-DD-YYYY)		3. Guardian's Name I			+. ardian's Ac	Idress		5. Parent's or Guardian's St or Tax ID No (Last 4 digits I already on file			
6 Conor	ate Status of Minors												
(b) Do far	any minor a producer on a fa bes any minor maintain a sep ming activities with respect t bes any minor who is represe live in a household other tha any minor with an interest in	parate household from the minor's farming ented by a court-appo in the parents' house	m the parent or guar g operation, including pinted guardian or co hold(s), and 2) have	dian and persona g maintaining sep onservator respon e a vested owners	arate accountir sible for the mi ship in the farm	nor: ?	YES	֪ ֖֖֖֖֖֖֖֡֞֝֞֞֞֡	NO NO				
Part E	Foreign Persons – For a	ny Mambar ar Sharal	holder who is a fersi	an norcen previo	lo the following	· min or n	ravida tha	follos	uin a:				
7A. Citiz U.S.	enship Status - Is each Mer Citizen?	mber and Shareholde	er of the legal entity i	dentified in Part /	A, and any emb	edded en	tity identifi	ed in	Parts C				
	rES, all members/shareholde each member or shareholder			NO, one or more r		enoiders is	s not a US	Citize	en - Cor	npiete	item /		
	of Individual		,	(2) This ir has a valid l	ıdividual	Form I	FOR -551 Preser		USE O		C Initia		
				YES	□ NO		YES	ΠN					
				YES	□ NO		YES [N	0				
				YES	NO NO		YES	Ŋ	0				
- I certi - I unde - I will i	- CERTIFICATION - By S fy that I have signature a erstand that furnishing ind timely provide written not tes in the information pro	uthority for the ent correct information tification to the Fa	n will result in for	feiture of paym	ents and bene	efits.			t is true				
	sentative's Signature (By)		2. Title/Relation	ship of Individual	Sianina in the	Represen	tative	3. D	ate (MN	I-DD-YY	YY)		
 Repre 													

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, <u>provided</u> 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. (This could be a person or a legal entity.)

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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.

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Fld Name / Instruction Item No.

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	If any member listed in Parts A-D is a minor, provide the following
Minor Members or	information about that member:
Shareholders	
	1) Minor's name
	2) Minor's date of birth
	3) Name of the minor's parent or guardian
	4) Address of the parent or guardian
	5) Taxpayer ID number of the parent or guardian
	Note: If the complete taxpayer ID number is already on file at FSA, only the last 4 digits are required.

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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)	 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 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. 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).

Part E, Item 7 Foreign Persons

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

Part F, Items 1-3 Certification

1	An individual member, or an authorized representative of the entity
Signature (By)	identified in Part A, shall sign the certification.

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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-infact.")
3 Date	Enter the date the form was signed.

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

The following is an example of CCC-903.

(04-16				
	WORKSHEET FOR PAYMENT ELIGIBILITY AND PAYMENT LIMITATION DETERMINATIONS 2. COUNTY AND STATE			
	3. PROGRAM YEAR			
	A – TYPE OF OPERATION			
4. Th	e operation reviewed is a: Person Sole Proprietor/Small Business General Partnership Limited Partnership			
⊢	Person			
F	Charitable/Non-Profit Indians rep. by BIA Revocable Trust Other:			
	Corporation Irrevocable Trust Public School			
PART	B - REVIEW OF ELIGIBILITY REQUIREMENTS AND CONTRIBUTIONS			
Answe	r the following questions by checking "YES", "NO" or "N/A".			
		YES	NO	
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]	П	П	
2.	If participant is an Estate, has a tax identification number (EIN) been provided for the estate? [1-CM (Rev 3) Part 6]	_		1
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]			ı
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]			
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]			Ī
6.	Does this person or legal entity meet ALL of the following with regard to the farming operation:			
	has a separate and distinct interest in the land, crops, and livestock			
	 demonstrates separate responsibility for the interest in land, crops and livestock maintains funds and accounts separate from all other farming operations. [5-PL Part 2, Section 6] 	ш	╵┸	
7.	Are cash rent tenant provisions met with significant contributions of either of the following: (check as applicable)			
۲.	active personal labor, or			
	active personal management and equipment			1
	(NOTE: If participant is a joint operation, each member must meet cash rent tenant provisions.)			
8.	[5-PL Part 2, Section 7] If equipment or land is leased from a person or legal entity with interest in this farming operation, are rates and	_	_	١.
	repayment terms reasonable and customary for the area? (If "NO", the input is not a significant contribution.)			l
9.	If hired labor and leased equipment originate from the same source, are separate contracts provided for the labor and		П	ı
	for the equipment? (If "NO", equipment is not a significant contribution.) [5-PL Part 2, Section 6, Subsection 2]	ш_	ш	Ľ
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	П		ı
	interest in the legal entity? [5-PL Part 4, Section 4]		╵┸	'
11.	If participant or any interest holder is an estate that has been in existence for over 2 years, has required			ı
12.	documentation been provided and determination made according to 4-PL? [5-PL Part 4, Section 5] If a trust, does the trust provide for modification or interest by the grantor, or provide for transfer to the remainder			H
14.	beneficiary in less than 20 years from the date the trust is established? 5-PL Part 4, Section 6]			
13.	If an irrevocable trust, has trust documentation been provided and is such documentation on file?	П	П	ī
14.	For a State, political subdivision, or an agency thereof, is the land owned by the entity and used solely for the support	<u> </u>	H	ŀ.
	of public schools? [5-PL Part 4, Section 1]		ш	
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]			ı
16.	Substantive change rules were met by (check each applicable substantive change): [5-PL Part 2, Section 5]	_		F.
	Addition of(number) adult family member(s)			ı
	For a landowner only, a change from cash rent to share rent	∺	H	i
			H	H
	A 20% increase in base acres, allowing recognition of one person or legal entity for payment	屵		Ľ
	A qualifying change in ownership of equipment	ᆜ	브	<u> </u>
	A qualifying change in ownership of land			<u> </u>

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

CON		omplete Item 1 if the participant is a PERSON or LEGAL ENTITY. Complete Item 2 if the s 3 through 5 if the participant is a LEGAL ENTITY.			
1.	The PERSON or LEGAL ENTITY is determine make the following CONTRIBUTIONS:	ed to ACTIVE PERSONAL LABOR ACTIVE PERSONAL MANAGEMEN LAND CAPITAL EQUIPMENT			
2.	The JOINT OPERATION is determined to ma following CONTRIBUTION(S).	ke the			
	MEMBERS of the JOINT OPERATION are determined to make the following CONTRIBUTIONS:				
	Member(s) Name(s):	ACTIVE PERSONAL LABOR ACTIVE PERSONAL MANAGEMEN LAND CAPITAL EQUIPMENT			
	Member(s) Name(s):	ACTIVE PERSONAL LABOR ACTIVE PERSONAL MANAGEMEN LAND CAPITAL EQUIPMENT			
	Member(s) Name(s):	ACTIVE PERSONAL LABOR ACTIVE PERSONAL MANAGEMEN LAND CAPITAL EQUIPMENT			
	Member(s) Name(s):	ACTIVE PERSONAL LABOR ACTIVE PERSONAL MANAGEMEN LAND CAPITAL EQUIPMENT			
	Member(s) Name(s):	ACTIVE PERSONAL LABOR ACTIVE PERSONAL MANAGEMEN LAND CAPITAL EQUIPMENT			
	Member(s) Name(s):	ACTIVE PERSONAL LABOR ACTIVE PERSONAL MANAGEMEN LAND CAPITAL EQUIPMENT			
	Member(s) Name(s):	ACTIVE PERSONAL LABOR ACTIVE PERSONAL MANAGEMEN LAND CAPITAL EQUIPMENT			
	Member(s) Name(s):	ACTIVE PERSONAL LABOR ACTIVE PERSONAL MANAGEMEN LAND CAPITAL EQUIPMENT			
	Additional Pages are attached to show sign	gnificant contributions of additional members.			
	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. [5-PL Paragraphs 171 and 229]				
3.	contribution of active personal labor and/or ac	gal entity, did all partners, stockholders, or members with an ownership interest represent a tive personal management to the farming operation that meets all of the following: 1) and documentable; and 3) separate and distinct from that of any other partner, stockholder, arming operation? Test No 15-PL Paragraph 229*			
4.	For any partner, stockholder or member that t exception?	ailed to meet the requirement in Item 3, are both of the following requirements met for an			
	- Total PLC and ARC payments received collectively by all partners, stockholders, and members directly and indirectly, does not exceed \$125,000; AND				
	labor and management to the farming operate	· · · · · · · · · · · · · · · · · · ·			
5.	List all partners, stockholders, or members th	at do not meet requirements in Item 3 <u>and</u> to whom the exception in Item 4 is not applicable			

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

Parti	cipant's Name:		Crop Year:		
PAR	T D – DETERMINATIONS OF THE REVIEWING AUTHORITY				
Base	d on the information provided, COC determined the following: (Or, e determined):		more members, the State	YES	N
1.	The farming operation is NOT ELIGIBLE for payment because the holder were not provided.	ne NAME and SSN or EIN of e	each member or interest [1-CM (Rev 3) Part 6]		
2.	LANDOWNER PROVISIONS apply to all or part of this participar	nt's farming operation.	[5-PL Paragraph 92]		
3A.	For PERSONS or LEGAL ENTITIES: The person's or entity's concluded the person or entity is ACTIVELY ENGAGED IN FAR	MING. (If "NO" , explain in RE [5-PL P a	EMARKS) ragraphs 191-196; 229-245]		_
3B.	For JOINT OPERATIONS ONLY, each member's contributions a EACH MEMBER is ACTIVELY ENGAGED IN FARMING. (If "NO		SURATE and AT RISK; And [5-PL Paragraphs 211-214]		╚
3C.	(For 2016 and subsequent years) For JOINT OPERATIONS of SIGNIFICANT, COMMENSURATE and AT RISK; And EACH ME explain in REMARKS)	EMBER is ACTIVELY ENGAG	ED IN FARMING. (If "NO", [5-PL Paragraphs 211-214]		
4A.	(For 2016 and subsequent years) For JOINT OPERATIONS of one person to qualify as actively engaged in farming with only a second control of the control of th	significant contribution of activ	re personal management. [5-PL Paragraph 220]		
4B.	(For 2016 and subsequent years) For JOINT OPERATIONS of more than one person to qualify as actively engaged in farming v management and the criteria for operation size (for one additional persons) was met.	vith only significant contributio	ns of active personal ize and or complexity (for two [5-PL		
5A.	A CROPLAND FACTOR applies because CASH RENT TENANT more members of the joint operation; or because the participant explain in Remarks)	is only partially actively engag			
5B.	A PAYMENT REDUCTION applies because all partners, stockho active personal labor and/or active personal management to the performed on a regular basis; 2) identifiable and documentable; a stockholder, or member with an ownership interest in the farming	farming operation that meets and 3) separate and distinct fr	all of the following: 1)		Г
5C.	- a member failed to make a significant contribution of active meets all of the following: 1) performed on a regular, contribution is greater than 25 percent of the total management hours equals or exceeds 500 hours of management annually to contribution. - the farming operation requested that more than one personal management and a member failed the management.	e personal labor to the farming DR e personal management to the tinuous, and substantial basis; required for the farming operathe farming operation to be coor. on to qualify as making a significant recordkeeping requireme	g operation; ne farming operation that and 2) the amount equals or ition annually, or the amount insidered significant; ficant contribution of active		
	 a member failed to make a significant contribution of the management to the farming operation that meets all of the substantial basis; 2) critical to the profitability of the farming was at least equal to the minimum number of hours thresh management activities performed. 	e following: 1) performed on a ng operation; and 3) the hourl nold based on the proportional	regular, continuous, and y total when added together		
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:				
PAR	TE-SIGNATURE OF REVIEWING AUTHORITY				
1. C	OC or STO Representative Signature	2. Title	3. Date		

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

	cipant's Name:	Crop Year:	
PAR'	T F - ACTIONS COMPLETED		
4	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	1	
3.	For Entities and Joint Operations: Subsidiary files were verified or updated to reflect correct:		
	- members - shares		
	- member contributions		
4.	- substantive change status 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, 34	4]	
PAR	T G - REMARKS		
and e religio incom or fun Perso Langu	cordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, imployees, and institutions participating in or administering USDA programs are prohibited from discriminating based in, sex, age, disability, sex, gender identity including gender expression), sexual orientation, disability, age, marital sive derived from public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any ded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or income with disabilities who require alternative means of communication for program information (e.g., Braille, large print, large, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or all Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other the	on race, color, national originatus, family/parental status, program or activity conducted ent. audiotape, American Sign contact USDA through the	