This form is available electro	onically.	ee Page 5 for F	Privacy Act and Paperwo	ork Reduction Act Statements)		
CCC-902E (01-07-21)	RICULTURE rporation	1. County		3. Program Year		
FARM O	PERATING PLAN FO	2. State				
For "actively engaged in farm	ning" and other payment	eligibility/limitati	ion determinations.			
This form is to be completed for a to the regulations at 7 CFR Part 1 listed in Part A. This form also co with respect to that person's open management by the entity listed i	1400. This form collects farm ollects information about the ration. Payment eligibility is	ming and other info e members of such based upon the c	ormation about the entity n entity. A person who re contribution of certain inp	that receives pro ceives program b uts to a farming c	gram benefits directly usir enefits directly as an indivi peration such as land, cap	dual must complete a CCC-902I pital, equipment, labor, and
PART A - ENTITY INFOR	RMATION					
Farming Entity's Name an	d Address (<i>Include Zip</i> (Code)		is already o	n file with FSA, only the las	expayer identification Number st 4 digits are required)
				3. Date of Fo	ormation (MM-DD-YYYY)	
PART B - TYPE OF OPE	RATION (Select only	/ one)				
1. Select appropriate type of			ed in Part A:			
General Partnership	Limited Partnership	р	Estate		Indian Tribe	
Joint Venture	Limited Liability Co	ompany	Charitable/Tax-exempt	Organization		
Sole Proprietorship/DBA	Revocable/Living T	Γrust	Public School		Other:	
Corporation	Irrevocable Trust		City, County or State-ov	vned Entity		
Trust documents for an Irr agreement, evidence of he States, State entities, citie satisfaction of CCC.	eirship, and operational	authorities of all	l shareholders, memb	ers and owners	s) may be required, exce	ept for public schools,
PART C - MEMBER INFO	DIMATION (Los CC)					
	DRIVIATION (USE CC)	C-902E Contil	nuation if additior	nal space is r	needed for any infor	rmation in Part C)
1. Members - List all members	ers/shareholders/benefic	ciaries/heirs/part			of this form:	
	•		tners of the entity ider		-	F. Does this member have signature authority for the legal entity? (Yes or No)
1. Members - List all member A.	B. Tax ID Number (Last 4 digits if	ciaries/heirs/part C.	tners of the entity ider	ntified in Part A D. and Salary	of this form: E. Family Member Relationship*	F. Does this member have signature authority for the
1. Members - List all member A.	B. Tax ID Number (Last 4 digits if	ciaries/heirs/part C.	tners of the entity ider Position a (If app	ntified in Part A D. and Salary	of this form: E. Family Member Relationship*	F. Does this member have signature authority for the legal entity? (Yes or No)
1. Members - List all member A.	B. Tax ID Number (Last 4 digits if	ciaries/heirs/part C.	tners of the entity ider [Position a	ntified in Part A D. and Salary	of this form: E. Family Member Relationship*	F. Does this member have signature authority for the legal entity? (Yes or No) YES NO YES NO
1. Members - List all member A.	B. Tax ID Number (Last 4 digits if	ciaries/heirs/part C.	tners of the entity ider Position a (If app	ntified in Part A D. and Salary	of this form: E. Family Member Relationship*	F. Does this member have signature authority for the legal entity? (Yes or No) YES NO
1. Members - List all member A.	B. Tax ID Number (Last 4 digits if	ciaries/heirs/part C.	Position a (If app	ntified in Part A D. and Salary	of this form: E. Family Member Relationship*	F. Does this member have signature authority for the legal entity? (Yes or No) YES NO YES NO
1. Members - List all member A.	B. Tax ID Number (Last 4 digits if	ciaries/heirs/part C.	s \$	ntified in Part A D. and Salary	of this form: E. Family Member Relationship*	F. Does this member have signature authority for the legal entity? (Yes or No) YES NO YES NO YES NO
1. Members - List all member A.	B. Tax ID Number (Last 4 digits if	ciaries/heirs/part C.	\$ \$ \$ \$ \$	ntified in Part A D. and Salary	of this form: E. Family Member Relationship*	F. Does this member have signature authority for the legal entity? (Yes or No) YES NO YES NO YES NO YES NO
1. Members - List all member A.	ers/shareholders/benefic B. Tax ID Number (Last 4 digits if already on file)	ciaries/heirs/part C. % Share	\$ \$ \$ position a (If app) \$ \$ \$ \$ position a (If app) \$ \$	ntified in Part A D. and Salary licable)	of this form: E. Family Member Relationship* (If applicable)	F. Does this member have signature authority for the legal entity? (Yes or No) YES NO
A. Name * Family member means grandchild, sibling, 1st cous	ers/shareholders/benefic B. Tax ID Number (Last 4 digits if already on file) eat grandparent, grandpin, niece, nephew, aunt,	arent, parent, spuncle of family	\$ \$ \$ \$ pouse, child (including member in the farming)	otified in Part A D. and Salary licable) g legally adopte g operation (se	of this form: E. Family Member Relationship* (If applicable) d children and stepchild e definition on page 6).	F. Does this member have signature authority for the legal entity? (Yes or No) YES NO
1. Members - List all member A. Name * Family member means greaters.	ers/shareholders/benefic B. Tax ID Number (Last 4 digits if already on file) eat grandparent, grandpin, niece, nephew, aunt,	arent, parent, spuncle of family	\$ \$ \$ \$ pouse, child (including member in the farming)	ontified in Part A D. And Salary licable) g legally adopte g operation (see	of this form: E. Family Member Relationship* (If applicable) d children and stepchild de definition on page 6).	F. Does this member have signature authority for the legal entity? (Yes or No) YES NO
* Family member means grandchild, sibling, 1st cous	ers/shareholders/benefic B. Tax ID Number (Last 4 digits if already on file) eat grandparent, grandpin, niece, nephew, aunt,	arent, parent, spuncle of family	\$ \$ \$ \$ position a (If app) \$ \$ \$ \$ \$ \$ \$ \$ pouse, child (including member in the farming	ontified in Part A D. And Salary licable) g legally adopte g operation (see	of this form: E. Family Member Relationship* (If applicable) d children and stepchild de definition on page 6).	F. Does this member have signature authority for the legal entity? (Yes or No) YES NO
* Family member means grandchild, sibling, 1st cous	ers/shareholders/benefic B. Tax ID Number (Last 4 digits if already on file) eat grandparent, grandp in, niece, nephew, aunt, Estate or Trust, or if any	arent, parent, spuncle of family	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ntified in Part A D. and Salary licable) g legally adopte g operation (se e is an Estate of autor/Administra	of this form: E. Family Member Relationship* (If applicable) d children and stepchild e definition on page 6). Trust, list the Executor stor/Grantor	F. Does this member have signature authority for the legal entity? (Yes or No) YES NO Aren), grandchild, great T, Administrator, or Grantor:

Date Stamp

CCC-902E (01-07-21)	Name of En	tity (as ide	ntified in Par	t A):									Page 2 of 6	
4. Minor Members or Sha	areholders –	For any M	ember or Sh	areholder who	is a	minor	, prov	ide the foll	owing:		N/A			
A. Minor's Name		B. C Date of Parent's or Guard Birth					dian's Name Parent's o			an's A	ddress	SSN or (La	E. Parent or Guardian's SSN or Tax ID Number (Last 4 digits if already on file)	
F. Separate Status of Mino (1) Is any minor a prod		n in which	the parent o	r guardian has	no i	interes	t?				YE	s		
(2) Does any minor ma Activities with resp	•						•	, ,		ng	YE	s NO		
(3) Does any minor wh a) live in a househ										r	YE	s NO		
(4) If any minor with a							,		. ,					
5A. Citizenship Status - U.S. Citizen?	s each Memb	er and Sh	areholder of	the entity or jo	int o	peration	on ide	entified in P	art A, and	any e	embedde	ed entity ident	ified in Part C a	
YES, all members					ete I	Item 58	3							
5B. For each member or s	hareholder (d	irect or em	bedded) wh	o is not a US (Citize	en, pro	vide	the followin	ıg:					
(1) Name of Individual					(2)	This ir	ndivid	ual has a			FOR F	SA USE ONL	Υ	
(1) Name of individual						valid l	Form	I-551	Form	I-551	Preser	nted to FSA	CCC Initials	
						YE	s	NO		Y	ES [NO		
						YE:	S	NO		Y	ES [NO		
						YE:	s	NO		Y	ES [NO		
						YE	s	NO		Y	ES [NO		
PART D - SUMMARY C														
For the farming operat Enter the following inform legal entity; land and equipmalegal entity. (Provide details)	mation for con ment owned and	tributions i Nor cash lea	to be made b ased by the leg	by the entity id	entif ed in	ied in I	Part A	. These pe	rcentages s	hould	reflect the	e capital provide	ed directly by the	
A. Capital	B. Land %		%	C. Equipme			%	D. Hired		9	6	ed Manageme	%	
For the farming operat listed in PART C? Enter from members' funds rather member(s); labor and mana operation identified in Part A	er the followin than from the e gement hired b	g informati entity; land a y the memb	on for the co and equipment ers for the enti	ontributions to owned or obtair ity; and labor and	be m ned b d ma	nade b by the m	y the embe ent pe	members. r(s) and cont	These per ributed to th	centag his farn	es should ning oper	d reflect any cap ration without co	oital originating ompensation to the	
A. Member's	B. Capital	C. Land	D. % of	E. Equipment		F. % o	f		G. Labor	(%)			nagement (%)	
Name	(Current Year) %	%	Owned Land	%	F	Owne Equipn	ed	Hired	Active Persor		Check if 1000 Hours	Hired	Active Personal	
				1								1		

CCC-902E (01-07-21)	Name of	Entity (as iden	tified in Pa	rt A):						Page 3 of 6
PART E - LAND										
1. Land: Enter th ⊉f oll or entity th		rest in the cro	p or crop	proce	eds, in	on of the entity identified clude the rental rate in h to this form)				
A. B. Farm No. and Land Leased or Location Contributed By			C. Check as applicable			D. Name of Person o Whom Land is Lea	•	E. Acres Owned	F. Rental Rate \$ per Acre/ %	
(County and State)		Own		ased To	Leased From	and/or from (Includes landowners and land		or Leased	or Crop Sh	nare interest wa held last year
Farm No.: Location:										
Farm No.:			7 [7	П					П
Farm No.:			_ -							
Location:] [$\supset \Big $						
Farm No.: Location:	_] [
Farm No.:			7 [7	П					
				_						
1. Indicate the source(s) Non-borrowed c	s) of all farmino		•	entified	_	A? (Check ALL that apports from	- /	ear		
Commercial loan	s/credit	Other:								
Will contributions of c YES go to Item 3		equipment or		cquired o to Pa		sult of a loan or credit ar	rangement	?		
Will such loan or cred farming operation ide YES. Complete I	ntified in Part A	\ (Such interes	at may be	_	ndowne	-	, joint opera	ation or enti	ty that has ar	n interest in the
A Type of Contribution	Name	B of Loan or Cre	dit Sourc	е	Gu	C arantor's Name	Affiliatio	D ource or Guo on or Interes ming Opera	t in the	E Percent of Total Capital
1. Owned Equipment	Enter the pe		equipment			tal values.) farming operation of the	entity iden	tified in Par	t A that will b	e used on the farm
2. Leased Equipment:		llowing information				pment to be used in the n, enter 0%.	farming ope	eration of th	e entity iden	tified in Part A. If
A. Percent of Total Equip Used in the Farming Ope		Name of Inc Equipment is		•		C. Type of Equipmer	nt Leased	eq	uipment is le	D. ividual/Entity the ased from have an farming operation?
	%								YE	s NO

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

%

%

NO

YES

YES

CCC-902E (01-07-21) Name of	of Entity (as identified in Part A):			Page 4 of 6				
PART H - CUSTOM SERVICES								
1. Will custom services be utilized by	the entity identified in Part A on the farms li	sted in Part E?						
NO. GO TO PART I	YES. Complete Items 1A through	<u> </u>						
A. B. C. D. Type of Services Farm Number(s) Number of Acres Name of Provider								
Type of Services	Farm Number(s)	Number of Acres	ivaine or	Provider				
PART I - LABOR NOT PROVIDE	ED BY MEMBERS/SHAREHOLDERS	IDENTIFIED IN PART C						
	ne information for contributions of labor to th	e farming operation that will	I not be provided by the n	nembers or				
shareholders listed in Part C:	Type							
Type Amo								
	ge or the number of hours to be donated by	family members or others		%				
for which no payme	ent will be issued or owed.			hrs				
2. Hired labor:								
A. Will any of the hired labor for th	e farming operation identified in Part A origi	nate from the same source	as the leased equipment	in Part G?				
□NO □YES If	"YES", acceptable documentation to prove	such relationship may be re	quired for compliance pu	poses.				
				,				
B. Will any of the hired labor for th	e farming operation identified in Part A be ir	ncluded in the custom service	ces shown in Part H?					
NO YES If "	YES", acceptable documentation to prove s	uch relationship may be rec	quired for compliance pur	poses.				
PART J - MANAGEMENT								
Enter all managerial duties and/or act shareholder(s) of the entity or joint op	tivities required for the farming operation ide	entified in Part A which will b	e provided personally by	member(s) or				
Active personal management:	oration, or by fill ou management.							
Active personal management.								
	in column A; the specific managerial duties/							
	per operations only, complete items in colument hours required for the farming operation.		of time expended annually	/, either in nours or as a				
-				C.				
A. Member/Shareholder	B. Duties/Activities		Time Exper	ided Annually				
Wernber/Orlanerroider	Dutes/Activities		(For nonfamily men	nber operations only)				
			hrs	%				
			hrs	%				
			hrs	%				
			1113					
			hrs	%				
			hrs	%				
			hrs	%				
			1113	70				
For additional space, use and attac	:h CCC-902E Continuation							
				Amount				
Hired management: Enter the percentage of hired man	pagement contributed to the farming operation	on		%				
Enter the percentage of hired management contributed to the farming operation. Describe any hired management duties/activities that will be provided by someone other than a member or shareholder. (Include management by an								
administrator or trustee who receives compensation for this service or activity):								
3. Other management:				%				
	nagement contributed to the farming operation		shareholder (Include ma					
Describe any non-compensated management that will be provided by someone other than a member or shareholder. (Include management by an administrator or trustee who does not receive compensation for this activity):								

CCC-902E (01-07-21)	Name of Entity (as identified in Part A	4):	Page 5 of 6
PART K - REMARKS			
Check all of the following	ı that apply:		
	attached for additional information for	Part F - Land	
		. 4.1.2	
CCC-902E Continuatio	on attached for additional information fo	or the following Parts:	
		3	
Part C – Member	information		
Part D – Summar	y of Contributions		
Part F – Capital			
Part G – Equipme	ent		
Part H – Custom S	Services		
		GENERAL PARTNERSHIPS, A SIGNATURE IS REQUIRED FOR	
		y supporting documentation is true and correct. I understand the	
		n the assessment of a penalty. I will timely provide written notific	
that:	for the county and state tisted on this	form of any changes in this farming operation. By signing this f	orm, 1 acknowieage
mui.			
• all supporting documentatio	on has been submitted as required		
	tand all definitions and requirements on Po		
	idered in effect continuously unless change		monition of the autitu
		nat may affect these representations, including, but not limited to: the con tentity identified in Part A; financial status of the entity identified in Part	
 evidence such as tax record. 	's, certified public accountant's certification	n, or other documentation may be required to validate these representation	
	e such materials to the applicable State or		
shareholder.	ely nougy FSA in writing of any successors	who acquire an interest in this farming operation as the result of the dec	un oj a member or
	1.	2.	3.
Sig	gnature <i>(By)</i>	Title/Relationship of Individual Signing in the	Date (MM-DD-YYYY)
		Representative Capacity	
NOTE: The following statem	nent is made in accordance with the Privacy	Lagran Act of 1974 (5 USC 552a – as amended). The authority for requesting the i	 information identified on this
form is 7 CFR Part 1	1400, the Commodity Credit Corporation Cha	arter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (Pub. L. 113-7	9), and the Agriculture
		ll be used to identify the farm operating plan data needed to determine a lege e disclosed to other Federal, State, Local government agencies, Tribal agen	
entities that have be	en authorized access to the information by s	statute or regulation and/or as described in applicable Routine Uses identifie	ed in the System of Records
	A-2, Farm Records File (Automated). Providation of ineligibility for program benefits.	ding the requested information is voluntary. However, failure to furnish the r	equested information will
	3 , , 3	collection is exempted from the Paperwork Reduction Act as specified in 7	11 S C 0001(c)(2)(B)
•	•		.,,,,,
Public Burden State	ement: For CFAP 2.0 and QLA only, public	reporting burden for this collection is estimated to average 30 minutes per re	esponse, including reviewing

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

instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection, or USDA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. 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.

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

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

The following definitions apply to Form CCC-902E.

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