

FSA-153 (05-24-01)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	Form Approved OMB No. 0560-0007 1. TYPE ACTIVITY (See Page 2) (Check one) A. Land Holding <input type="checkbox"/> B. Land Acquisition <input type="checkbox"/> C. Land Disposition <input type="checkbox"/> D. Land Use Change To Agriculture <input type="checkbox"/> E. Land Use Change To Non-Agriculture <input type="checkbox"/>
AGRICULTURAL FOREIGN INVESTMENT DISCLOSURE ACT REPORT		

NOTE: Read Instructions on Page 2 Before Filing in Any Data Below. If Additional Space is Needed, Use Page 2

ITEM	OFFICE USE ONLY	ITEM
2. Tract Location and Description A. LEGAL DESCRIPTION OR FSA TRACT NUMBER		5. Type of Interest Held in the Agricultural Land (Check One) CHECK A. Fee Interest (<i>ownership</i>) Whole B. Fee Interest (<i>ownership</i>) Partial WHAT PERCENT % C. Life Estate D. Trust Beneficiary E. Purchase Contract F. Other (<i>explain</i>)
B. COUNTY OR PARISH	C. NO. OF ACRES	
D. STATE		
3. Owner of Tract (in Item 2A) (See Page 2) A. NAME		
B. TAX ID NO. (<i>Ten digits</i>)		6. How was this Tract Acquired or Transferred? CHECK A. Cash Transaction B. Credit or Installment Transaction C. Trade D. Gift or Inheritance E. Foreclosure F. Other (<i>explain</i>)
C. LEGAL ADDRESS (<i>Street, City, State/Province, Country</i>)		
D. Type of Owner (<i>if checked, skip Items D2 and D3</i>) CHECK		
1. Individual (<i>including husband/wife. Indicate citizenship of husband and wife, if applicable.</i>) a. Citizenship of Individual		
2. Government (<i>name of country</i>)		
3. Organization CHECK a. Type 1) Corporation 2) Partnership 3) Estate 4) Trust 5) Institution 6) Association 7) Other b. Gov't. or country under whose law the organization is created c. Principal place of business (<i>for organizations only</i>) d. List on separate sheet, the Name, Address and Country of all foreign persons who individually or in the aggregate hold significant interest or substantial control ^{1/} in the person owning the land.		
E. Complete only if Item 1C, Land Disposition, is checked 1. NAME OF PERSON RECEIVING TRACT 2. ADDRESS (<i>Street, City, State/Province, Country</i>) 3. CITIZENSHIP USA <input type="checkbox"/> FOREIGN <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		7. Value of Agricultural Land: A. Purchase Price of Land or if a land disposition, the original price paid by seller \$ B. Non-Purchase, Estimated Value at the Time of Acquisition \$ C. What is the estimated current value or if a land disposition, the selling price of the tract of land? \$ D. How much of purchase price in Item 7A remains to be paid? \$
4. Representative of Foreign Person (<i>completing form, if applicable</i>) A. NAME B. ADDRESS (<i>Street, State, Country</i>) C. TELEPHONE NO. (<i>Area Code</i>) D. Relationship of Representative to Foreign Person: CHECK 1. Attorney 2. Manager 3. Agent 4. Other (<i>Explain on Page 2</i>)		8. Date of Acquisition or Transfer (See Page 2) MONTH DAY YEAR 9. Current Land Use (Usual use of land. For idle land, report as Other Agriculture.) Report in Whole Numbers ACRES A. Crop B. Pasture C. Forest or Timber D. Other Agriculture E. Non-Agriculture F. Total (<i>Should equal Item 2C</i>)
13. CERTIFICATION -I certify that the information entered in this report is complete and correct. I understand that falsification of reporting is subject to a civil penalty not to exceed 25% of the fair market value of the interest held in the tract of land.		10. Intended Use as of This Date. CHECK (<i>Check One or More or type "N/A" if Item 1C above is marked</i>) A. No Change B. Other Agriculture C. Non-Agriculture
14. SIGNATURE (Owner or legally authorized representative)		11. Relationship of Owner to Producer (If not applicable, for Items 11A through 11B, type "N/A"). Check one or more or type "N/A" if Item 1C above is marked. A. Producer is: 1. Owner 2. Manager 3. Tenant or sharecropper (<i>Item 11B must be completed</i>) B. Rental agreement is: (<i>Not applicable if Item 1C above is marked</i>) 1. A crop share 2. Cash or fixed rent
14. SIGNATURE (Owner or legally authorized representative)		12. The Producer on This Tract is: Check one or more. If not applicable, for Items 11A through 11B, type "N/A" (<i>Not applicable if Item 1C above is marked</i>) A. The same person as when the tract was acquired B. A new person

	TITLE	DATE (MM-DD-YYYY)
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Pub. L. 95-460. The information will be used to determine the effects of foreign persons acquiring, transferring and holding agricultural land and the effects of such activity on family farms and rural communities. Furnishing the requested information is mandatory. Failure to comply or falsification of reporting is subject to civil penalty, not to exceed 25 percent of the fair market value of the interest held in the tract on the date of the assessment of such penalty.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0097. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

DETERMINATION OF "FOREIGN PERSON" STATUS

DEFINITION: "Person" means any individual, corporation, company, association, firm, partnership, society, joint stock company, trust, estate, or any other legal entity.

You are a "foreign person" under the provisions of Pub. L. 95-460 and must complete the front side of this form (FSA-153) if your answer is "NO" to all the statements in Items 1, 2, and 3 below:		YES	NO
1. I AM a citizen of the United States.			
2. I AM a citizen of the Northern Mariana Islands or the Trust Territories of the Pacific Islands.			
3. I AM lawfully admitted to the United States for permanent residence, or paroled into the United States, under the Immigration and Nationality Act.			
You are a "foreign person" under the provisions of Pub. L. 95-460 and must complete the front side of this form (FSA-153) if your answer is "YES" to any of the statements in Items 4a, 4b, and 5 below:		YES	NO
4. I AM a "person" other than an individual or government, which is created or organized under the laws of:			
a. A foreign government of which has its principal place of business located outside the United States.			
b. Any State of the United States, and in which significant interest or substantial control ^{1/} is held directly or indirectly by any foreign individual, government, or person.			
5. I AM a foreign government.			

GENERAL INSTRUCTIONS

Complete this form for each tract of land. Report as a tract all acreages under the same ownership in each county or parish acquired or transferred on the same date. Land in different counties or parishes and land acquired or transferred on different dates must be reported as separate tracts.

Return the original to the County Farm Service Agency (FSA) Office where the tract of land is located. Retain a copy for your records. **DO NOT SEND THIS FORM DIRECTLY TO WASHINGTON, D.C. UNLESS GRANTED PERMISSION BY THE FSA IN WASHINGTON, D.C.**

After the original disclosure on FSA-153 on the tract(s) of land owned by the same person within a county or parish, each subsequent change of ownership or use must be reported by filing another FSA-153.

ITEM INSTRUCTIONS AND REPORTING DATES

ITEM 1. ONLY ONE BOX MAY BE CHECKED

If the tract of land to be listed under Item 2 on the front side of this document was:

-Owned on February 1, 1979, check **A. Reporting Date: This document is required to be completed and returned by August 1, 1979.** If the tract of land to be listed under

Item 2 on the front side of this document was, on or after February 2, 1979:

- Acquired, check **B. Land Acquisition**

- Disposed of, check - Changed from non-agricultural to agricultural use, check - Changed from agricultural to non-agricultural, use check **C. Land Disposition**

D. Land Use Change to Agriculture
 E. Land Use Change to Non-Agriculture

If any of these activities are checked in Item 1, return the completed FSA-153 within ninety (90) days from the date of the transaction. **REPORTING DATE:**

ITEM 8. The date entered would be as follows for the activity checked in Item 1:

Box A or B -Date acquired.

ADDITIONAL INFORMATION (Use additional sheets if more space is needed)

Box D or E -Date land use changed.

1/ Significant interest or substantial control as defined in 7 CFR Part 781.2 (k).

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