

113 Completing CCC-901's (Continued)

D Completing CCC-901's for 2014 and Subsequent Years

Complete CCC-901 according to this table.

Item	Instruction
1 and 2	Enter name of the recording county and State where the farming operation is located. If in more than 1 county, enter the name of the county that has been designated as the recording county.
3	Enter current program year, or the year for which this information is applicable.
Part A	Enter name and complete TIN of the legal entity earning the payment.
1	Enter the names of the members making up the legal entity listed in Part A. This could be a person or legal entity.
2	Enter TIN's of the members.
3	Enter address of each member of the legal entity.
4	Enter percent share of the legal entity that each member owns.
5	Select: <ul style="list-style-type: none"> • "Yes", if member has signature authority for this entity • "No", if member does not have signature authority for this entity.
Part B	If any member listed in Part A, item 1 is a legal entity; that is, part of another partnership, corporation, etc., enter name and complete TIN of the embedded legal entity. If more than 1 member is a legal entity, use a separate, supplemental sheet to provide the requested information for each embedded legal entity.
1	Enter names of the members making up the legal entity listed in Part B. This could be a person or legal entity.
2	Enter TIN's of the members.
3	Enter address of each member of the entity.
4	Enter percent share of the legal entity that each member owns.
5	Select: <ul style="list-style-type: none"> • "Yes", if member has signature authority for this entity • "No", if member does not have signature authority for this entity.

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Item	Instruction
Part C	If any member listed in Part B, item 1 is a legal entity; that is, part of another partnership, corporation, etc., enter name and complete TIN of the embedded legal entity. If more than 1 member is a legal entity, use a separate, supplemental sheet to provide the requested information for each embedded legal entity.
1	Enter names of the members making up the legal entity listed in Part C. This could be a person or legal entity.
2	Enter TIN's of the members.
3	Enter address of each member.
4	Enter percent share of the legal entity that each member owns.
5	Select: <ul style="list-style-type: none"> • "Yes", if member has signature authority for this entity • "No", if member does not have signature authority for this entity.
Part D	If any member listed in Parts A, B, or C is a minor child, provide the following information about that member. If none of the members listed in Parts A-C are a minor child, check "N/A" (not applicable), then GO TO Part E.
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	Tax Identification Number (TIN) of parent or guardian. Note: If the complete TIN is already on file at FSA, only the last 4 digits are required.

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Item	Instruction	
6	IF any minor listed in Part D...	
(a)	is a producer on a farm and the parent or guardian has no interest	"Yes".
	is a producer on a farm and the parent or guardian has an interest in the farming operation	"No".
(b)	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	"Yes".
	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	"No".
(c)	who is represented by a court-appointed guardian or conservator, lives in a household other than the parents' households, and has a vested ownership in the farm	"Yes".
	who is represented by a court-appointed guardian or conservator, does not live in a separate household other than the parents' households, and does not have a vested ownership in the farm	"No".
(d)	If "Yes" is selected for all items 6(a) through 6(c), write the name of the minor in the space provided.	

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Item	Instruction
Part E	If any member listed in Parts A, B, or C is not a U.S. citizen, provide the following information about that member. If all of the members listed in Parts A-C are U.S. citizens, check "N/A" (not applicable), then go to Part F.
7A	Check "YES" if all members/shareholders are U.S. citizens. Go to Part F. Check "NO" if 1 or more members/shareholders is not a U.S. citizen. Complete item 7 B.
7B	For each member/shareholder who is not a U.S. citizen: <ul style="list-style-type: none"> • enter name of individual • check if Form I-551 is valid. Go to Part F.
Part F	Certification
1	An individual member, or an authorized representative of the entity in Part A, must sign the certification.
2	If an authorized representative for the entity in Part A signs CCC-901, use this item to show the individual's representative capacity. For example, "Agent" or "Attorney-in-fact."
3	Enter the date CCC-901 was signed.

113 Completing CCC-901's (Continued)

E Example of CCC-901

The following is an example of a completed CCC-901.

This form is available electronically.		OMB Control Number: 0560-0297 Expiration Date: 03/31/2021		
CCC-901 (09-28-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. County Johnson County	2. State TX	
MEMBER'S INFORMATION		3. Program Year 2020		
<p><small>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 members of a legal entity. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.</small></p> <p><small>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).</small></p> <p><small>Public Burden Statement: For CFAP 2.0 only, public reporting burden for this collection is estimated to average 30 minutes per response, including reviewing 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</small></p>				
<p>PART A - For each individual or entity who is a member of this entity, list the member's name, social security/employer identification number, address and percentage share of ownership. If a member has both types of identification numbers, list both.</p>				
Name of Legal Entity <u>Flatland Farms LLC</u>		Complete Tax ID Number <u>XX</u> - <u>XXXXXX</u>		
1. Member's Name	2. SSN or Tax ID Number <i>(Last 4 digits if already on file)</i>	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? <i>(Yes or No)</i>
William A Farmer	xxxx	123 Antelope Road Centerville, OK XXXXX-XXXX	50 %	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Jane C Farmer	xxxx	123 Antelope Road Centerville, OK XXXXX-XXXX	25 %	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
William B Farmer Trust	xxxx	321 Rush Ave. Centerville, OK XXXXX-XXXX	25 %	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>PART B - Embedded Entities: For any member listed in Part A, who is an entity, list such embedded entity's name and list the requested information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part A is an entity, provide the requested information for each entity on supplemental sheets.</p>				
Name of Embedded Legal Entity <u>William B Farmer Trust</u>		Complete Tax ID Number <u>XX</u> - <u>XXXX</u>		
1. Member's Name	2. SSN or Tax ID Number <i>(Last 4 digits if already on file)</i>	3. Address	4. Percent Share	5. Does this member have signature authority for the legal entity? <i>(Yes or No)</i>
John D Farmer	xxxx	123 Antelope Road Centerville, OK XXXXX-XXXX	50 %	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Teresa E Farmer	xxxx	123 Antelope Road Centerville, OK XXXXX-XXXX	50 %	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
			%	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><small>In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.</small></p> <p><small>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.</small></p> <p><small>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.</small></p>				

113 Completing CCC-901's (Continued)

E Example of CCC-901 (Continued)

CCC-901 (09-28-20) Name of Entity (as identified in Part A): Flatland Farms LLC		Page 2 of 2	
PART C - Embedded Entities: For any member listed in Part B, who is an entity, list such embedded entity's name and list the requested, information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part B is an entity, provide the requested information for each entity on supplemental sheets.			
Name of Embedded Legal Entity		Complete Tax ID Number	
1. Member's Name	2. SSN or Tax ID Number. <i>(Last 4 digits if already on file)</i>	3. Address	
		4. Percent Share	
		5. Does this member have signature authority for the legal entity? <i>(Yes or No)</i>	
		% <input type="checkbox"/> YES <input type="checkbox"/> NO	
		% <input type="checkbox"/> YES <input type="checkbox"/> NO	
		% <input type="checkbox"/> YES <input type="checkbox"/> NO	
		% <input type="checkbox"/> YES <input type="checkbox"/> NO	
PART D - Minor Members or Shareholders - For any member or Shareholder who is a minor, provide the following: <input type="checkbox"/> N/A			
1. Minor's Name	2. Date of Birth <i>(MM-DD-YYYY)</i>	3. Parent's or Guardian's Name	
		4. Parent's or Guardian's Address	
		5. Parent's or Guardian's SSN or Tax ID No. <i>(Last 4 digits if already on file)</i>	
Teresa Farmer	12-13-2009	Jane C Farmer	
		123 Antelope Road Centerville, OK XXXXX-XXXX	
		XXXX	
6. Separate Status of Minors			
(a) Is any minor a producer on a farm in which the parent or guardian has no interest?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(b) Does any minor maintain a separate household from the parent or guardian and personally carry out farming activities with respect to the minor's farming operation, including maintaining separate accounting?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(c) Does any minor who is represented by a court-appointed guardian or conservator responsible for the minor: 1) live in a household other than the parents' household(s), and 2) have a vested ownership in the farm?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(d) If any minor with an interest in this farming operation can answer "YES" to Items 6(a)-6(c), list that minor's name:			
Part E. Foreign Persons - For any Member or Shareholder who is a foreign person, provide the following:			
7A. Citizenship Status - Is each Member and Shareholder of the legal entity identified in Part A, and any embedded entity identified in Parts C, D and E a U.S. Citizen? <input checked="" type="checkbox"/> YES, all members/shareholders are US Citizens - Go to Part F <input type="checkbox"/> NO, one or more members/shareholders is not a US Citizen - Complete Item 7B			
7B. For each member or shareholder (direct or embedded) who is not a US Citizen, provide the following:			
(1) Name of Individual	(2) This individual has a valid Form I-551	FOR FSA USE ONLY	
		Form I-551 Presented to FSA	CCC Initials
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PART F - CERTIFICATION - By Signing: - I certify that I have signature authority for the entity identified in Part A and all information entered on this document is true and correct - I understand that furnishing incorrect information will result in forfeiture of payments and benefits. - I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in the information provided.			
1. Representative's Signature (By)	2. Title/Relationship of Individual Signing in the Representative	3. Date (MM-DD-YYYY)	
	President, Flatland Farms LLC		