**FSA-153** 

(10-13-10)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

AGRICULTURAL FOREIGN INVESTMENT DISCLOSURE ACT REPORT

Form Approved –OMB No. 0560-0097 TYPE ACTIVITY (See Instructions on Page 2) (check one) A. Land

B. Land Acquisition C. Land Disposition

D. Land Use Change to Agriculture

Holding

E. Land Use Change to Non-Agriculture

| Note: Read Instructions on Page 2 Before Filing in Any Data Below. (If Additional Spac<br>Needed, Add information in Item 6, Page 2, or attach an additional sheet.) |  |             |   | e is to Agriculture to Non-Agriculture  |   |                    |           |            |          |  |
|--|--|-------------|---|---|---|--------------------|-----------|------------|----------|--|
| ITEM   | dullional snee                                   | <i>=(.)</i> | 1   |   |   | ITEM               |           |            |          |  |
| 2. Tract Location and Description  |  |             | 5.  | Type of I   | nterest Held in the Agric                                       |                    | eck one)  |            | Check    |  |
| A. Legal Description or FSA Tract Number   |  |             | A. Fee Interest (Ownership) Whole   |   |   |                    |           |            |          |  |
|  |  |             | Е   | B. Fee Ir   | nterest (Ownership) Partia                                      | What Percent       | 1         |            |          |  |
|  |  |             |   | C. Life E   |   |                    |           |            |          |  |
|  |  |             |   | Beneficiary   |   |                    |           |            |          |  |
| B. County or Parish C. Number of Acres   |  | Acres       | E. Purchase Contract     F. Other (Check Box and Explain Below:)  |   |   |                    |           |            | -        |  |
| D. Cirit   |  |             | -   | 1. Other (offects box and Explain below.)   |   |                    |           |            |          |  |
| D. State   |  |             |   |   |   |                    |           |            |          |  |
| 3. Owner or Lessee of Tract (In Item 2A) (See Page 2)  |  |             |   |   |   |                    |           |            |          |  |
| A. Name:   |  |             |   |   |   |                    |           |            |          |  |
|  |  |             | 6. How was this Tract Acquired or Transferred?  |   |   |                    |           |            | Check    |  |
| B. Tax ID No. (Nine Digits)  |  |             | A. Cash Transaction   |   |   |                    |           |            |          |  |
| C. Legal Address (Street, City, State/Province, Country)   |  |             | B. Credit or Installment Transaction  |   |   |                    |           |            |          |  |
|  |  |             | C. Trade  |   |   |                    |           |            |          |  |
|  |  |             | D. Gift or Inheritance  |   |   |                    |           |            |          |  |
|  |  |             |   | E. Foreclosure  |   |                    |           |            |          |  |
|  |  |             | '   | F. Other (Check Box and Explain Below:)   |   |                    |           |            |          |  |
| D. Type of Owner (If Item D1 is checked, skip Items D2 and D3  | 3.).   | Check       |   |   |   |                    |           |            |          |  |
| 1. Individual. (Indicate citizenship of husband and/or wife  | ,  |             |   |   |   |                    |           |            |          |  |
| if applicable).  |  |             |   |   | Agricultural Land:  |                    | 1         |            |          |  |
| a. Citizenship of individual(s)  |  |             | /   |   | ase Price of Land or if a la<br>sition, the original price paid | \$                 |           |            |          |  |
| 2. Government (Country)  |  |             |   |   | Purchase, Estimated Value                                       |                    |           |            |          |  |
|  |  |             | "   |   | ruichase, Estimated value<br>juisition                          | at the Time        | \$        |            |          |  |
| 3. Organization  |  | Check       |   |   | is the estimated current va                                     | lue or if a land   |           |            |          |  |
| a. Type  |  |             |   | disposition, the selling price of the tract of land?                                    |   |                    |           | \$         |          |  |
| 1) Corporation   |  |             |   |   | nuch of purchase price in I                                     | tem 7A             | \$        |            |          |  |
| 2) Partnership 3) Estate   |  |             |   |   | ns to be paid?  | Month              |           | Day        | Year     |  |
| 4) Trust   |  |             |   |   | Acquisition or Transfer tructions, Item 8, Page 2.)             |                    |           | 24,        |          |  |
| 5) Institution   |  |             |   | •   |   | - d                | ı         |            |          |  |
| 7) Other (Check box and Explain):  | 6) Association 7) Other (Check box and Explain): |             |   | 9. Current Land Use (Usual use of land.<br>for idle land, report as Other Agriculture). |   |                    |           | Acres      | i        |  |
| b. Government or country under whose law the organization is created   |  |             |   | A. Crop   |   |                    |           |            |          |  |
| ,  |  |             | B. Pasture  |   |   |                    |           |            |          |  |
| c. Principal place of business (For organizations only)  |  |             | C. Forest or Timber   |   |   |                    |           |            |          |  |
|  |  |             | D. Other Agriculture  |   |   |                    |           |            |          |  |
| d. List on separate sheet, the Name, Address and Coun  | •  | •           | E   | E. Non-A  | Agriculture   |                    |           |            |          |  |
| persons who individually or in the aggregate hold sigr<br>substantial control <b>1</b> / in the person owning the land.  | nificant intere                                  | St or       | F   | F. Total  | Acres (Should equal Item  | 2C)                |           |            |          |  |
| E. Complete only if Item 1C, Land Disposition, is checked.   |  |             | 10. Intended Use as of This Date.   |   |   |                    |           | 1          | Check or |  |
| Name of Person Receiving Tract   |  |             | Check one or more or enter "NA" if Item 1C or 1E  |   |   |                    |           | "NA"       |          |  |
| O Address (Obrest Oits Otata/Dravins County)   |  |             |   | above i   | s checked.  |                    |           |            |          |  |
| 2. Address (Street, City, State/Province, Country)   |  |             | A NI- shares  |   |   |                    |           |            |          |  |
|  |  |             | A. No change.  B. Other Agriculture   |   |   |                    |           |            |          |  |
|  |  |             | C. Non-Agriculture  |   |   |                    |           |            |          |  |
|  |  |             | 11  | Relationship of Owner to Producer. Check one or more items                              |   |                    |           |            |          |  |
|  |  |             | • • •   |   | able. Enter "NA" if Item 10                                     |                    |           | CIIIS      |          |  |
| 3. Citizenship: USA Foreign Unknown  | own  |             | _   | • • •   |   |                    |           |            |          |  |
| 4. Representative of Foreign Person (Completing form, if applied)  |  |             | -   | A. Prod   | ucer is:  |                    |           |            |          |  |
| A. Name  |  |             | 1. Owner  |   |   |                    |           |            |          |  |
|  |  |             | 2. Manager  |   |   |                    |           |            |          |  |
| B. Address (Street, City, State/Province, Country)   |  |             | 3. Tenant or sharecropper (Item 11B must be completed.)   |   |   |                    |           |            |          |  |
|  |  |             | B. Rental agreement is: (Not applicable if Item 1C or 1E above is   |   |   |                    |           |            |          |  |
|  |  |             | checked.)   |   |   |                    |           |            |          |  |
|  |  |             |   | 1. A crop share   |   |                    |           |            |          |  |
|  |  |             |   | Cash or fixed rent  |   |                    |           |            |          |  |
| C. Telephone No. (Area Code):  |  |             |   |   |   |                    |           |            |          |  |
| D. Relationship of Representative to Foreign Person  |  | Check       | 12.   |   | oducer on This Tract is:  | lo for Itom 11A tl | non       |            |          |  |
| 1. Attorney  |  |             | Check one or more. If not applicable for Item 11A, then enter "NA". (Not applicable if Item 1C or 1E above is checked.) |   |   |                    |           |            |          |  |
| 2. Manager   |  |             | _   | Λ The   | came person as when the   | root was assuired  | 1         | ŕ          |          |  |
| 3. Agent 4. Other (Explain on Item 6, Page 2)  |  |             | +   |   | same person as when the way person.                             | act was acquired   | 4.        |            |          |  |
| 13. CERTIFICATION: I certify that the information entered  | l in this repo                                   | rt is com   | plete   |   | •   | sification of ren  | orting is | subject to | )        |  |
| a civil penalty not to exceed 25% of the fair market value of the interest held in the tract of land.  |  |             |   |   |   |                    |           |            |          |  |
| 14A. SIGNATURE (Owner or Legally Authorized Representative) 14B. TITLE   |  |             | E   |   |   | 14C                | . DATE    | (MM-DD-Y   | YYY)     |  |
|  |  |             |   |   |   |                    |           |            |          |  |

NOTE:

ation identified on this form is 7 CFR Part

781 and the Agricultural Foreign Investment Disclosure Act of 1978 (Pub. L. 95-460). The information will be used to ensure that a foreign person who acquires, disposes of, or holds an interest in United States agricultural land discloses such transactions and holdings to the Secretary of Agriculture and to determine the effects of such transactions and holdings on family farms and rural communities. 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 mandatory. Failure to furnish the requested information or falsification of reporting will result in a determination of non-compliance with the program which is subject to a civil penalty not to exceed 25 percent of the fair market value, as determined by the Farm Service Agency on the date of the assessment of such penalty, of the foreign person's interest in the agricultural land with respect to which such violation occurred.

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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. 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 an "individual/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:                        |  |  |  |
|--|--|--|--|
| 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 <b>AM</b> 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, organization or government," 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: |  |  |  |
| 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 <u>1</u> / 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 and two (2) copies to the County Farm Service Agency (FSA) Office where the tract of land is located. Retain a copy for your records.

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.

# ITEMS 1 AND 8 BELOW ARE TO BE USED AS INSTRUCTIONS ONLY. THESE INSTRUCTIONS ARE TO BE USED FOR INFORMATION AS YOU COMPLETE ITEMS 1 AND 8 ON PAGE 1.

### 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. Land Holding X 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 page of this document was, on or after February 2, 1979:

- Acquired, check B. Land Acquisition X
- Disposed of, check C. Land Disposition X
- Changed from non-agricultural to agricultural use, check D. Land Use Change to Agriculture
- Changed from agricultural to non-agricultural, use check 
  E. Land Use Change to Non-Agriculture

NOTE: REPORT DATE. If activity B, C, D or E is checked in Item 1 above, then return the completed FSA-153 within ninety (90) days from the date of the transaction.

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

Box A or B -Date acquired.

Box C -Date disposed of.

Box D or E -Date land use changed.

6. Additional Information (Use additional sheets if more space is needed).

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

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Sec