



Petition for a Nonimmigrant Worker

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
	Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted	

▶ **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

1. Legal Name of Individual Petitioner

Family Name (Last Name)	Given Name (First Name)	Middle Name

2. Company or Organization Name

Open Arms Music Academy

3. Mailing Address of Individual, Company or Organization

[\(USPS ZIP Code Lookup\)](#)

In Care Of Name
Susan Piper

Street Number and Name
627 8th Street NE

Apt. Ste. Flr. Number

City or Town
Pretty Tree

State
DC

ZIP Code
20002

Province

Postal Code

Country

4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
2025552948		pipers@openarms.edu

Other Information

5. Federal Employer Identification Number (FEIN)

▶ 34-0957294

*The response to Q6 will depend on one's 501(c)3 status.
Please refer to USCIS' Form I-129 instructions for details.*

6. Are you a nonprofit organized as tax exempt or a governmental research organization? Yes No



Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

4. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)	Given Name (First Name)	Middle Name

5. Other Information

Date of birth (mm/dd/yyyy) Gender Male Female U.S. Social Security Number (if any)

Alien Registration Number (A-Number) Country of Birth

Province of Birth Country of Citizenship or Nationality

6. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number

Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance

Current Nonimmigrant Status Date Status Expires (mm/dd/yyyy) or D/S

Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)

7. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Part 4. Processing Information

1. If a beneficiary or beneficiaries named in Part 3. is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select only one box): Consulate Pre-flight inspection Port of Entry

b. Office Address (City) c. U.S. State or Foreign Country



Part 4. Processing Information (continued)

d. Beneficiary's Foreign Address

Street Number and Name	Apt. Ste. Flr.	Number
129 Shaw St	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City or Town	State	
Toronto		
Province	Postal Code	Country
Ontario	1W9 M7Y	Canada

- 2. Does each person in this petition have a valid passport? Yes No. If no, go to **Part 9.** and type or print your explanation.

- 3. Are you filing any other petitions with this one?
 Yes. If yes, how many? No

- 4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
 Yes. If yes, how many? No

- 5. Are you filing any applications for dependents with this petition?
 Yes. If yes, how many? No

- 6. Is any beneficiary in this petition in removal proceedings?
 Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). No

- 7. Have you ever filed an immigrant petition for any beneficiary in this petition?
 Yes. If yes, how many? No

- 8. Did you indicate you were filing a new petition in **Part 2.**?
 Yes. If yes, answer the questions below. No. If no, proceed to **Item Number 9.**
 - a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No
 - b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No

- 9. Have you ever previously filed a nonimmigrant petition for this beneficiary?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No

- 10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?
 Yes. If yes, proceed to **Part 9.** and type or print your explanation. No

- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b.** No

- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

****Remember that selecting Yes for certain questions requires brief explanation in Part 9**



Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title **Indweba Player and Instructor** 2. LCA or ETA Case Number **N/A**

3. Address(es) where the beneficiary(ies) will work if different from address in Part 1. If you need to provide more than two additional addresses, use Part 9. Additional Information.

Address 1

Street Number and Name **See itinerary** Apt. Ste. Flr. Number

City or Town State ZIP Code

Is this a third-party location? **N/A** Yes No

If you answered "Yes," provide the name of the third-party organization.

****Enter pertinent information as applicable**

Address 2

Street Number and Name ****Enter pertinent information as applicable** Apt. Ste. Flr. Number

City or Town State ZIP Code

Is this a third-party location? Yes No

If you answered "Yes," provide the name of the third-party organization.

****Enter pertinent information as applicable**

4. Did you include an itinerary with the petition? Yes No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? Yes No

7. Is this a full-time position? Yes No

8. If the answer to Item Number 7. is no, how many hours per week for the position? **15**

9. Wages: \$ **See contracts** per (Specify hour, week, month, or year)

10. Other Compensation (Explain) **Hours vary. Other compensation includes travel, hotel, and per diem.**

11. Dates of intended employment From: (mm/dd/yyyy) **09/1/2025** To: (mm/dd/yyyy) **05/26/2026**



Part 5. Basic Information About the Proposed Employment and Employer (continued)

12. Type of Business

Music Academy

13. Year Established

1940

14. Current Number of Employees in the United States

25

The response to Q15 will vary. Please refer to USCIS' Form I-129 instructions for details.

15. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization?

Yes No

16. Gross Annual Income

\$5,000,000

17. Net Annual Income

\$0

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

- A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
- A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Piper

Given Name (First Name)

Susan

Title

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.) (continued)

2. Signature and Date

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)



[Original wet signature in blue ink recommended]

[mm/dd/yyyy]

3. Signatory's Contact Information

Daytime Telephone Number

Email Address (if any)

2025552948

pipers@openarms.edu

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

3. Preparer's Mailing Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Preparer's Contact Information

Daytime Telephone Number

Fax Number

Email Address (if any)

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer

Date of Signature (mm/dd/yyyy)





O and P Classifications Supplement to Form I-129

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2027

Section 1. Complete This Section if Filing for O or P Classification

1. Name of the Petitioner

Open Arms Music Academy

Name of the Beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries included.

2.a. Name of the Beneficiary

Nathi Kouanda Gbashne

OR

2.b. Provide the total number of beneficiaries:

3. Classification sought (select only one box)

- a. O-1A Beneficiary of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry)
- b. O-1B Beneficiary of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry
- c. O-2 Accompanying beneficiary who is coming to the United States to assist in the performance of the O-1
- d. P-1 Major League Sports
- e. P-1 Athlete or Athletic/Entertainment Group (includes minor league sports not affiliated with Major League Sports)
- f. P-1S Essential Support Personnel for P-1
- g. P-2 Artist or entertainer for reciprocal exchange program
- h. P-2S Essential Support Personnel for P-2
- i. P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique
- j. P-3S Essential Support Personnel for P-3

4. Explain the nature of the event.

Recitals and master classes.

5. Describe the duties to be performed.

Present workshops to students on the Indweba, a culturally unique and traditional African Musical instrument, at music schools and academies throughout the U.S.

6. If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the O-1 or P principal.

7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

- Yes. If yes, please explain in **Item Number 7.b.** No.



Section 1. Complete This Section if Filing for O or P Classification (continued)

7.b. Explanation

[Redacted text area]

8. Does an appropriate labor organization exist for the petition?

Yes No. If no, proceed to **Part 9**, and type or print your explanation.

9. Is the required consultation or written advisory opinion being submitted with this petition?

Yes No - copy of request attached N/A

If no, provide the following information about the organization(s) to which you have sent a duplicate of this petition.

O-1 Extraordinary Ability

10.a. Name of Recognized Peer/Peer Group or Labor Organization

[Redacted text area]

10.b. Physical Address

Street Number and Name

[Redacted text area]

Apt. Ste. Flr. Number

[Redacted text area]

City or Town

[Redacted text area]

State

[Redacted text area]

ZIP Code

[Redacted text area]

10.c. Date Sent (mm/dd/yyyy)

[Redacted text area]

10.d. Daytime Telephone Number

[Redacted text area]

O-1 Extraordinary achievement in motion pictures or television

11.a. Name of Labor Organization

[Redacted text area]

11.b. Complete Address

Street Number and Name

[Redacted text area]

Apt. Ste. Flr. Number

[Redacted text area]

City or Town

[Redacted text area]

State

[Redacted text area]

ZIP Code

[Redacted text area]

11.c. Date Sent (mm/dd/yyyy)

[Redacted text area]

11.d. Daytime Telephone Number

[Redacted text area]

12.a. Name of Management Organization

[Redacted text area]

12.b. Physical Address

Street Number and Name

[Redacted text area]

Apt. Ste. Flr. Number

[Redacted text area]

City or Town

[Redacted text area]

State

[Redacted text area]

ZIP Code

[Redacted text area]

12.c. Date Sent (mm/dd/yyyy)

[Redacted text area]

12.d. Daytime Telephone Number

[Redacted text area]



Section 1. Complete This Section if Filing for O or P Classification (continued)

O-2 or P beneficiary

13.a. Name of Labor Organization

This info will vary depending on circumstance

13.b. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

13.c. Date Sent (mm/dd/yyyy)

13.d. Daytime Telephone Number

Section 2. Statement by the Petitioner

I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

1. **Name of Petitioner**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Piper

Susan

2. **Signature and Date**

Signature of Petitioner

Date of Signature (mm/dd/yyyy)



[Original wet signature in blue ink recommended]

[mm/dd/yyyy]

3. **Petitioner's Contact Information**

Daytime Telephone Number

Email Address (if any)

2025552948

pipers@openarms.edu

