

**TABLE OF CHANGES – FORM  
Form I-924A, Supplement to Application for Regional Center  
Under the Immigrant Investor Program  
OMB Number: 1615-0061  
Date 09/30/2014**

**Reason for Revision:** Revisions to Form I-924 and associated documents are required to enhance adjudications and improve program integrity. The form and instructions have been reformatted and standard language and new signature sections have been incorporated.

[illegible]

	<p>Street Address/P.O. Box:</p> <p>City:</p> <p>State:</p> <p>Zip Code:</p> <p>Web site address:</p> <p>Fax Number <i>(include area code)</i>:</p> <p>Telephone Number <i>(include area code)</i>:</p> <p>C. Name of Other Agent:</p> <p>Street Address/P.O. Box:</p> <p>City:</p> <p>State:</p> <p>Zip Code:</p> <p>Web site address:</p> <p>Fax Number <i>(include area code)</i>:</p> <p>Telephone Number <i>(include area code)</i>:</p>	<p><b>Managing Company or Agency Mailing Address</b></p> <p><b>2.a.</b> In Care Of Name</p> <p><b>2.b.</b> Street Number and Name or PO Box</p> <p><b>2.c.</b> Apt. Ste. Flr.</p> <p><b>2.d.</b> City or Town</p> <p><b>2.e.</b> State</p> <p><b>2.f.</b> ZIP Code</p> <p><b>Contact Information for Managing Company or Agency</b></p> <p><b>3.</b> Daytime Telephone Number</p> <p><b>4.</b> Fax Number</p> <p><b>5.</b> Email Address (if any)</p> <p><b>6.</b> Web site Address (if any)</p> <p><b>7. Multiple Managing Companies or Agencies.</b> If more than one managing company or agency is associated with the regional center, provide the above information for all other managing companies or agencies in the space provided in <b>Part 11. Additional Information.</b></p>
<p><b>Page 1, Part 2.</b></p> <p><b>Application Type (check one)</b></p>	<p><b>Part 2. Application Type</b> <i>(check one)</i></p> <p><b>a.</b> Supplement for the Fiscal Year Ending September 30, [Fillable Field] (YYYY)</p> <p><b>b.</b> Supplement for a Series of Fiscal Years Beginning on October 1, [Fillable Field] (YYYY) and Ending on September 30, [Fillable Field] (YYYY)</p>	<p><b>[Page 1]</b></p> <p><b>Part 3. Reporting Period for Regional Center Activity</b></p> <p>Select <b>only one</b> box.</p> <p><b>1. Reporting for the fiscal year</b> ending September 30, [Fillable Field] (yyyy).</p> <p><b>2. Reporting for a series of fiscal years</b> beginning October 1, [Fillable Field] (yyyy) and ending September 30, [Fillable Field] (yyyy).</p>
<p><b>Page 1, Part 1.</b></p> <p><b>Information About Principal of the Regional Center</b></p>	<p><b>Part 1. Information About Principal of the Regional Center</b></p>	<p><b>[Page 2]</b></p> <p><b>Part 4. Information About the Organizational Structure, Ownership, and Control of Regional Center Entity</b></p> <p><b>Principals of the Regional Center Entity – Owners</b></p> <p>List all persons (natural) and companies ( non-natural) who own, or have a percentage of ownership in the regional center entity. For natural persons, include each owner’s name, date of birth, country of birth, the percentage of ownership, and the position held within the regional center (if applicable). For any non-natural owner of the regional center entity, list the names of all natural persons who have an ultimate beneficial ownership interest in the entity through that non-natural owner. Additionally, for any non-natural owner, provide the name of the company, any trade</p>



		<p><b><i>Principals of the Regional Center Entity – Non-Owners</i></b></p> <p>List all principals associated with the regional center, other than those already identified in <b>Part 4., Item Number 1.a.</b> Include each principal’s name, position within the regional center entity, date of birth, country of birth, and position held within the regional center. If you need extra space, use the space provided in <b>Part 11. Additional Information.</b></p> <p><b><i>Information About Non-Owners of the Regional Center Entity</i></b>  <b>15.a.</b> Family Name (Last Name)  <b>15.b.</b> Given Name (First Name)  <b>15.c.</b> Middle Name</p> <p><b>16.</b> Date of Birth (mm/dd/yyyy)  <b>17.</b> Country of Birth</p> <p><b>18.</b> Company Name (for a non-natural owner)  <b>19.</b> Federal Employee Identification Number (for a non-natural owner)  <b>20.</b> Natural person having ownership, control, or beneficial interest in a Company listed in <b>Item Number 18.</b> of this section</p> <p><b><i>Other Names Used By Owners of the Regional Center Entity (if applicable)</i></b>  <b>21.a.</b> Family Name (Last Name)  <b>21.b.</b> Given Name (First Name)  <b>21.c.</b> Middle Name  <b>21.d.</b> Trade Name (“DBA,” if any) (for a non-natural owner)</p> <p><b><i>Mailing Address of Non-Owner</i></b>  <b>22.a.</b> In Care Of Name  <b>22.b.</b> Street Number and Name or PO Box  <b>22.c.</b> Apt. Ste. Flr.  <b>22.d.</b> City or Town  <b>22.e.</b> State  <b>22.f.</b> ZIP Code</p> <p><b><i>Other Information About Non-Owner</i></b>  <b>23.</b> Daytime Telephone Number  <b>24.</b> Fax Number  <b>25.</b> Email Address (if any)  <b>26.</b> Web site Address (if any)  <b>27.</b> Position Held Within the Regional Center</p>
<b>Page 2, Part 3.</b> <b>Information About the Regional Center</b>	<p><b>[Page 2]</b></p> <p>Answer the following questions for the time period identified in <b>Part 2</b> of this form. <b>Note:</b> If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.</p>	<p><b>[Page 3]</b></p> <p><b>Part 5. Information about the Regional Center’s Operations</b></p> <p><b><i>Aggregate Capital Investment and Job Creation</i></b></p>

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Regional Center		Enterprise
	<p><b>3.</b> Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:</p> <p><b>a.</b> Name of Commercial Enterprise: Industry Category Title:</p> <p>Address (Street Number and Name):</p> <p>City: State: Zip Code:</p> <p>Aggregate EB-5 Capital Investment:</p> <p>Aggregate Direct and Indirect Job Creation:</p> <p>Aggregate Jobs Maintained:</p> <p>Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?</p> <p><b>[Page 3]</b></p> <p>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.</p> <p><b>(1)</b> Business Name: Industry Category Title:</p> <p>Address (Street Number and Name):</p> <p>City: State: Zip Code:</p> <p>EB-5 Capital Investment:</p>	<p>Provide the following information for each <b>new commercial</b> enterprise located within the geographic scope of <b>the</b> regional center that has received EB-5 investor capital. <b>If the regional center oversees more than one new commercial enterprise, provide the information below for each new commercial enterprise in the space provided in Part 11. Additional Information.</b></p> <p><b>1.</b> Name of New Commercial Enterprise [Deleted]</p> <p><b>Mailing Address</b>  <b>2.a.</b> In Care Of Name  <b>2.b.</b> Street Number and Name or PO Box  <b>2.c.</b> Apt. Ste. Flr.  <b>2.d.</b> City or Town  <b>2.e.</b> State  <b>2.f.</b> ZIP Code</p> <p><b>Other Information</b>  <b>3.a.</b> Name of Industry  <b>3.b.</b> NAICS Code for Industry Category  <b>3.c.</b> Aggregate EB-5 Capital Investment  <b>3.d.</b> Aggregate Non-EB-5 Capital Investment  <b>3.e.</b> Aggregate Number of Direct, Indirect, and/or Induced Jobs Created  <b>3.f.</b> Aggregate Number of Jobs Maintained through Investments in Troubled Businesses  <b>3.g.</b> Does <b>the new commercial</b> enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?</p> <p><b>If you answered “Yes” to Item Number 3.g.,</b> identify the name and address of each job creating <b>entity</b> as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating <b>entity</b>.</p> <p><b>Information about the Job Creating Entity</b>  <b>4.a.</b> Entity Name  <b>4.b.</b> Name of Industry</p> <p><b>Other Information About the Job Creating Entity</b>  <b>5.a.</b> Street Number and Name or PO Box  <b>5.b.</b> Apt. Ste. Flr.  <b>5.c.</b> City or Town  <b>5.d.</b> State  <b>5.e.</b> ZIP Code</p> <p><b>6.a.</b> Aggregate EB-5 Capital Investment</p>

	<p>Direct and Indirect Job Creation:</p> <p>Jobs Maintained:</p> <p>(2) Business Name  Industry Category Title:  Address (Street Number and Name):  City:  State:  Zip Code:  EB-5 Capital Investment:  Direct and Indirect Job Creation:  Jobs Maintained:</p> <p><b>b.</b> Name of Commercial Enterprise:  Industry Category Title:  Address (Street Number and Name):  City:  State:  Zip Code:  Aggregate EB-5 Capital Investment:  Aggregate Direct and Indirect Job Creation:  Aggregate Jobs Maintained:</p> <p>Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? Yes No</p> <p>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.</p> <p>(1) Business Name:  Industry Category Title:  Address (Street Number and Name):  City:  State:  Zip Code  EB-5 Capital Investment  Direct and Indirect Job Creation  Jobs Maintained</p> <p><b>[Page 4]</b></p> <p>(2) Business Name:  Industry Category Title:  Address (Street Number and Name):  City:  State:  Zip Code  EB-5 Capital Investment  Direct and Indirect Job Creation  Jobs Maintained</p> <p><b>c.</b> Name of Commercial Enterprise:</p>	<p><b>6.b.</b> Aggregate Non-EB-5 Capital Investment  <b>6.c.</b> Aggregate Number of Direct, Indirect, and/or Induced Jobs Created  <b>6.d.</b> Aggregate Number of Jobs Maintained through Investment in Troubled Businesses</p> <p>If you need extra space to complete this section, use the space provided in <b>Part 11. Additional Information.</b></p> <p>[Remaining data collections/information deleted]</p>
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	<p> <b>Industry Category Title:</b>  <b>Address (Street Number and Name):</b>  <b>City:</b>  <b>State:</b>  <b>Zip Code:</b>  <b>Aggregate EB-5 Capital Investment:</b>  <b>Aggregate Direct and Indirect Job Creation:</b>  <b>Aggregate Jobs Maintained:</b> </p> <p>           Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?   Yes   No         </p> <p>           If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.         </p> <p> <b>(1) Business Name:</b>  <b>Industry Category Title:</b>  <b>Address (Street Number and Name):</b>  <b>City:</b>  <b>State:</b>  <b>Zip Code</b>  <b>EB-5 Capital Investment</b>  <b>Direct and Indirect Job Creation</b>  <b>Jobs Maintained</b> </p> <p> <b>(2) Business Name:</b>  <b>Industry Category Title:</b>  <b>Address (Street Number and Name):</b>  <b>City:</b>  <b>State:</b>  <b>Zip Code</b>  <b>EB-5 Capital Investment</b>  <b>Direct and Indirect Job Creation</b>  <b>Jobs Maintained</b> </p> <p><b>[Page 5]</b></p> <p> <b>d. Name of Commercial Enterprise:</b>  <b>Industry Category Title:</b>  <b>Address (Street Number and Name):</b>  <b>City:</b>  <b>State:</b>  <b>Zip Code:</b>  <b>Aggregate EB-5 Capital Investment:</b>  <b>Aggregate Direct and Indirect Job Creation:</b>  <b>Aggregate Jobs Maintained:</b> </p> <p>           Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes?   Yes   No         </p> <p>           If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job         </p>	
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	<p>creation/maintenance associated with each job creating business.</p> <p>(1) Business Name:  Industry Category Title:  Address (Street Number and Name):  City:  State:  Zip Code  EB-5 Capital Investment  Direct and Indirect Job Creation  Jobs Maintained</p> <p>(2) Business Name:  Industry Category Title:  Address (Street Number and Name):  City:  State:  Zip Code  EB-5 Capital Investment  Direct and Indirect Job Creation  Jobs Maintained</p> <p>e. Name of Commercial Enterprise:  Industry Category Title:  Address (Street Number and Name):  City:  State:  Zip Code:  Aggregate EB-5 Capital Investment:  Aggregate Direct and Indirect Job Creation:  Aggregate Jobs Maintained:</p> <p>Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? Yes No</p> <p><b>[Page 6]</b></p> <p>If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.</p> <p>(1) Business Name:  Industry Category Title:  Address (Street Number and Name):  City:  State:  Zip Code  EB-5 Capital Investment  Direct and Indirect Job Creation  Jobs Maintained</p> <p>(2) Business Name:  Industry Category Title:  Address (Street Number and Name):  City:</p>	
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	State: Zip Code EB-5 Capital Investment Direct and Indirect Job Creation Jobs Maintained	
<b>Page 6, Part 3.</b> <b>Information About the</b> <b>Regional Center</b>	<b>[Page 6]</b>  <p>4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (<b>Note:</b> If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)</p> <p><b>Form I-526 Petition Final Case Actions</b>  <b>Approved</b>  <b>Denied</b>  <b>Revoked</b></p> <p>5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (<b>Note:</b> If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)</p> <p><b>Form I-829 Petition Final Case Actions</b>  <b>Approved</b>  <b>Denied</b>  <b>Revoked</b></p> <p><b>NOTE:</b> USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.</p>	<b>[Page 5]</b>  <p><b>Part 7. Petitions Filed by EB-5 Investors</b></p> <p><i>Immigrant Petition by Alien Entrepreneur (Form I-526)</i></p> <p>Provide the total number of approved, denied, and revoked Form I-526, <b>Immigrant Petition by Alien Entrepreneur</b>, petitions filed by EB-5 investors making capital investments sponsored by the regional center.</p> <p><b>NOTE:</b> If an adverse action was ultimately reversed and the petition was approved, then <b>list</b> the case as approved.</p> <p><b>Form I-526 Petition Final Case Actions</b>  <b>1.a.</b> Approved  <b>1.b.</b> Denied  <b>1.c.</b> Revoked</p> <p><i>Petition by Entrepreneur to Remove Conditions (Form I-829)</i></p> <p>Provide the total number of approved <b>and</b> <b>denied</b> Form I-829, <b>Petition by Entrepreneur to Remove Conditions</b>, petitions filed by EB-5 investors making capital investments sponsored by the regional <b>center</b>.</p> <p><b>Form I-829 Petition Final Case Actions</b>  <b>2.a.</b> Approved  <b>2.b.</b> Denied  <b>[Deleted]</b></p> <p><b>NOTE:</b> <b>In certain instances</b>, USCIS may require case-specific data relating to individual EB-5 petitions, <b>job creation</b>, <b>and</b> the allocation methodologies <b>used</b> by a regional <b>center in</b> order to verify the aggregate data provided above.</p>
<b>Page 5, Part 4.</b> <b>Applicant Signature</b>	<p><b>Part 4. Applicant Signature</b> (<i>Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete <b>Part 5.</b></i>)</p>	<b>[Page 6]</b>  <p><b>Part 8. Statement, Contact Information, Certification, and Signature of the Authorized Individual</b></p> <p>Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If applicable, select the box for <b>Item Number 2.</b></p>

	<p><b>Printed Name of Applicant</b>  <b>Relationship to the Regional Center Entity</b>  <b>(Managing Member, President, CEO, etc.)</b>  <b>Daytime Phone Number</b> <i>(Area/Country Codes)</i></p> <p><b>E-Mail Address</b></p> <p>I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the</p>	<p><b>1.a.</b> I can read and understand English, and have read and understand each and every question and instruction on this supplement as well as my answer to each question.</p> <p><b>1.b.</b> The interpreter named in <b>Part 9</b>, has also read to me each and every question and instruction on this supplement, as well as my answer to each question, in [Fillable Field], a language in which I am fluent. I understand each and every question and instruction on this supplement as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.</p> <p><b>2.</b> I have requested the services of and consented to [Fillable Field], who is/is not an attorney or accredited representative, preparing this supplement for me.</p> <p><b>Authorized Individual's Contact Information</b>  <b>3.a.</b> Authorized Individual's Family Name (Last Name)  <b>3.b.</b> Authorized Individual's Given Name (First Name)  <b>4.</b> Authorized Individual's Title  <b>5.</b> Authorized Individual's Daytime Telephone Number  <b>6.</b> Authorized Individual's Mobile Telephone Number (if any)  <b>7.</b> Authorized Individual's Email Address (if any)  <b>8.</b> Authorized Individual's Web site Address (if any)</p> <p><b>Authorized Individual's Certification</b>  Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require the regional center to submit original documents to USCIS at a later date.  Furthermore, I authorize the release of any information from the regional center's records that USCIS may need to determine the regional center's continued eligibility.</p> <p>I also authorize release of information contained in this supplement, in supporting documents, and in USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws and, as appropriate, for law enforcement purposes or in the interest of national security.</p> <p>I certify, under penalty of perjury, that the information in this supplement and any documents submitted with this supplement are complete, true and correct. I am filing this</p>
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	<p>release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.</p> <p><b>Signature of Applicant</b>  <b>Date</b> (mm/dd/yyyy)</p>	<p>supplement on behalf of the regional center entity, and I certify that I am empowered to do so by the regional center entity.</p> <p><i>Authorized Individual's Signature</i>  <b>9.a.</b> Authorized Individual's Signature  <b>9.b.</b> Date of Signature (mm/dd/yyyy)</p>
<p><b>New</b></p>		<p><b>[Page 6]</b></p> <p><b>Part 9. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i>  <b>1.a.</b> Interpreter's Family Name (Last Name)  <b>1.b.</b> Interpreter's Given Name (First Name)  <b>2.</b> Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i>  <b>3.a.</b> Street Number and Name  <b>3.b.</b> Apt. Ste. Flr.  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p><i>Interpreter's Contact Information</i>  <b>4.</b> Interpreter's Daytime Telephone Number  <b>5.</b> Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i>  <b>I certify that:</b></p> <p>I am fluent in English and [Fillable Field], which is the same language provided in <b>Part 8., Item Number 1.b.;</b></p> <p>I have read to the authorized individual of the regional center every question and instruction on this supplement, as well as the answer to every question, in the language provided in <b>Part 8., Item Number 1.b.;</b> and</p> <p>The authorized individual of the regional center has informed me that he or she understands every instruction and question on the supplement, as well as the answer to every question, and the authorized individual of the regional center verified the accuracy of every</p>



	<p>I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.</p> <p><b>Attorney or Representative:</b> In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?</p> <p><b>Signature of Preparer</b>  <b>Date</b> (mm/dd/yyyy)</p>	<p>Representative, with this application.</p> <p><b>Preparer's Certification</b>  By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this supplement on behalf of, at the request of, and with the express consent of the authorized individual of the regional center. I completed this supplement based only on responses the authorized individual of the regional center provided to me. After completing the supplement, I reviewed it and all of the responses with the authorized individual of the regional center, who agreed with each and every answer on the supplement. If the authorized individual of the regional center supplied additional information concerning a question on the supplement, I recorded it on the supplement.</p> <p><b>[Deleted]</b></p> <p><b>Preparer's Signature</b>  <b>8.a.</b> Preparer's Signature  <b>8.b.</b> Date of Signature (mm/dd/yyyy)</p>
<p><b>New</b></p>		<p><b>[Page 8]</b></p> <p><b>Part 11. Additional Information</b></p> <p>If you need extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with your supplement or attach a separate sheet of paper. Include the regional center entity's name at the top of each sheet; indicate the <b>Page Number</b>, <b>Part Number</b>, and <b>Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p><b>1.</b> Name of Regional Center Entity  <b>2.</b> Regional Center Identification Number</p> <p><b>3.a.</b> Page Number  <b>3.b.</b> Part Number  <b>3.c.</b> Item Number  <b>3.d.</b> [Fillable Field]</p> <p><b>4.a.</b> Page Number  <b>4.b.</b> Part Number  <b>4.c.</b> Item Number  <b>4.d.</b> [Fillable Field]</p> <p><b>5.a.</b> Page Number  <b>5.b.</b> Part Number  <b>5.c.</b> Item Number  <b>5.d.</b> [Fillable Field]</p>

		<div>6.a. Page Number</div> <div>6.b. Part Number</div> <div>6.c. Item Number</div> <div>6.d. [Fillable Field]</div> <div>7.a. Page Number</div> <div>7.b. Part Number</div> <div>7.c. Item Number</div> <div>7.d. [Fillable Field]</div> <div>8.a. Regional Center Authorized Individual's Signature</div> <div>8.b. Date of Signature (mm/dd/yyyy)</div>
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