

Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public

Department of the Treasury Internal Revenue Service

A F	or the	2022 calendar year, or tax year beginning and e	ending		
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name			52-0851555	
	Initial return		Room/suite	E Telephone number	r
	 □Final □return/	311 WEST 43RD STREET 7TH FLOOR		(212) 807-84	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	64,727,755.
	Ameno return	ed NEW YORK, NY 10036		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: FAOL O BRIEN		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u></u>	ax-exe	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	n number 9240
		organization: X Corporation Trust Association Other	L Year o	of formation: 1966 N	M State of legal domicile: NY
Pa	art I	Summary			
Activities & Governance		Briefly describe the organization's mission or most significant activities: TO ACT : PROMOTE) THE INTERNATIONAL HUMAN RIGHTS MOVEMENT.	IN CONCE	RT WITH (AND	
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
es &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			141
Ϋ́Ε		Total number of volunteers (estimate if necessary)			7537
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ē	l	Contributions and grants (Part VIII, line 1h)		58,442,899.	60,221,938.
Revenue	l	Program service revenue (Part VIII, line 2g)		8,214.	4,794.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,498,977.	270,493.
_	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		191,720.	176,414.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		64,141,810.	60,673,639.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,110,878.	13,188,806.
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		12,534,671.	13,120,072.
ses	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,653,822.	5,595,204.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 14,817,5	 51	3,033,022.	3,333,204.
Ä	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,029,811.	28,808,245.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		53,329,182.	60,712,327.
	l .	Revenue less expenses. Subtract line 18 from line 12		10,812,628.	
- S	15	Teveride less expenses. Subtract line 10 from line 12	Bed	ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)		44,451,870.	55,921,139.
Assi	21	Total liabilities (Part X, line 26)		7,541,402.	23,046,818.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		36,910,468.	32,874,321.
	rt II	Signature Block		,	· · ·
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer l	has any knowledge.	
		0 01 1 -			
Sigi	n	Signature of officer Jean-Claude Toussaint		Date 9/25	/2023
Her	е	JEAN-CLAUDE TOUSSAINT /CHIEF FIN. & ADMIN. OFFICER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	ı	SCOTT THOMPSETT SAN Sompositi		9/25/2023 self-employ	
	arer	Firm's name GRANT THORNTON LLP		Firm's EIN	36-6055558
Use	Only	Firm's address 757 THIRD AVENUE, 3RD FLOOR			
		NEW YORK, NY 10017-2013		Phone no. (21	2) 599-0100
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print AMNESTY INTERNATIONAL OF THE USA, INC. 52-0851555 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 311 WEST 43RD STREET 7TH FLOOR return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10036 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) GLADYS KWATENG AIUSA The books are in the care of > 311 WEST 43RD STREET 7TH FLOOR - NEW YORK, NY 10036 Telephone No. ▶ 212-633-4233 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning _ , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

4C (Code: ____)(Expenses\$ _____12,975,336. including grants of \$ _____12,975,336.) (Revenue \$ ______0.)
INTERNATIONAL PROGRAM - SUPPORTS RESEARCH INTO GLOBAL HUMAN RIGHTS
VIOLATIONS AND THE COORDINATION OF THE INTERNATIONAL CESSATION EFFORTS
OF THE SPECIFIED ABUSES. THE PRIME ELEMENT OF THIS PROGRAM IS THE
ANNUAL ASSESSMENT THAT IS PAID TO THE INTERNATIONAL SECRETARIAT TO FUND
ITS GLOBAL RESEARCH AND ITS SUBSEQUENT ACTIONS TO PREVENT AND END HUMAN
RIGHTS ABUSES SURROUNDING THE ISSUES OF PHYSICAL AND MENTAL INTEGRITY,
FREEDOM OF CONSCIENCE AND EXPRESSION, AND THE FREEDOM FROM
DISCRIMINATION. ALSO INCLUDED ARE THE SUPPORT FOR INTERNATIONAL
MEMBERSHIP AND PROGRAM DEVELOPMENT IN THE GLOBAL SOUTH AND
PARTICIPATION IN INTERNATIONAL MEETINGS, WHICH FURTHER THE GOALS OF THE
COLLECTIVE MOVEMENT.

980,290. including grants of \$
ses 43,037,241.

Form **990** (2022)

Total program service expenses

Other program services (Describe on Schedule O.)

0.) (Revenue \$

52-0851555

Form 990 (2022) AMNESTY INTERNATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a		_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			•
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		V V
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		\vdash
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domostic government on Fartiz, column (A), interfigure 12 if "Yes," complete Schedule I, Parts Fand II		000	

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Form 990 (2022) AMNESTY INTERNATIONAL OF THE USA, INC.

Part IV | Checklist of Bequired Schedules (continued)

Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ı
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_	
Da:	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 77			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	Х	
	(gambing) withings to prize withers:	1c		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 14:	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				x
	to file Form 8282?	I I	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
'	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file ro		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		- /		
Ŭ			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the appropriate appropriate and the second distributions and appropriate 40000		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401			
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		Х
			14a	+	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		
15			15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
_				000	(0000)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Х Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
0000	ion 7. dovorning body and management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year		162	No
	The the hamber of voting members of the governing body at the old of the tax year	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b	-		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
	Did the organization have a written whistleblower policy?	13	Х	
	Did the organization have a written document retention and destruction policy?	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
		16a		х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		4Ch		
	exempt status with respect to such arrangements?	16b		
		only.	ovoile!	alc
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	orlly)	avalidi	JIE
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
40	(J 4:	sial.	
19	Describe on Cabadula O whather (and if as how) the examination model its assumption described as first and in the contract of			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and attachments available to the public during the toy year.	inand	Jiai	
	statements available to the public during the tax year.	i iinand	Jiai	
20		i iinand	Jai	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			((Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) PAUL O'BRIEN	35.00									
EXECUTIVE DIRECTOR	0.00			х				293,987.	0.	54,552.
(2) MARCY BOURNE	35.00									
CHIEF DEVELOPMENT OFFICER	0.00			Х				249,493.	0.	52,197.
(3) RACHEL WARD - INTERIM CHIEF	35.00									
MOVEMENT BUILDING OFFICER	0.00					Х		213,890.	0.	50,580.
(4) IRA LEFTON	35.00									
CHIEF LEGAL AND POLICY OFFICER	0.00			Х				220,984.	0.	38,820.
(5) ADOTEI AKWEI	35.00									
INTERIM CHIEF MEMBER COLLAB. OFF.	0.00					Х		186,489.	0.	46,559.
(6) ANAND KUMAR MISHRA	35.00									
INTERIM CHIEF IMPACT OFFICER	0.00					Х		217,101.	0.	11,039.
(7) THOMAS BOZZELL	35.00	1								
NATIONAL DIRECTOR, OPERATIONS/IT	0.00					Х		187,828.	0.	36,192.
(8) JULIE ANNE HONG - INTERIM CHIEF	35.00	1								
IDEA, PEOPLE & CULTURE OFFICER	0.00			Х				202,624.	0.	17,664.
(9) MICHAEL BEAR KLEINMAN	35.00									
DIRECTOR, SILICON VALLEY INITIATIVE	0.00					Х		201,423.	0.	11,438.
(10) JEAN-CLAUDE TOUSSAINT	35.00	-								
CHIEF FIN & ADMIN OFF(AS OF 10/2022)	0.00			Х				49,868.	0.	6,091.
(11) VIVEK RAJAM RAMKUMAR	35.00	-								
CHIEF OF STAFF (AS OF 11/2022)	0.00			Х				25,403.	0.	22.
(12) ALEXANDRA DURBAK	10.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(13) PENELOPE HALKIADAKIS - BOARD	10.00	ł								
MEMBER/VICE CHAIR (AS OF 09/2022)	0.00	Х		Х				0.	0.	0.
(14) MATTHEW KENNIS	10.00	ł								
TREASURER	0.00	Х		Х		_		0.	0.	0.
(15) DAVID YU	10.00	.,		,,						
DEPUTY TREASURER	0.00	Х		Х				0.	0.	0.
(16) VIBHA VENKATESHA	10.00	Ţ		Į				_		_
BOARD SECRETARY (THRU 09/2022) (17) DEIRDRE STIEGLITZ	0.00	Х	\vdash	Х	\vdash	\vdash		0.	0.	0.
BOARD SECRETARY (AS OF 09/2022)	0.00	х		х				0.	0.	_
DOIND DECKETANT (AD OF 03/2022)	1 0.00	Λ		Λ	<u> </u>		l	1 0.	ı .	0. Form 990 (2022)

232007 12-13-22 Form **990** (2022)

Form 990 (2022) AMNESTY INTE	RNATIONAL O	FΤ	HE	USA	, I	NC.			52-085155	5 Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week (list any		Cer ai	lu a u	recic	I / ii us	lee)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	mper		1099-NEC)	1000 (420)	and related
	below	idual	ution	-ia	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) EMMA GREEN (THRU 09/2022)	10.00									
DEPUTY BOARD SECRETARY	0.00	Х		Х				0.	0.	0.
(19) CHRISTOPHER FOLEY	10.00									
DEPUTY SECRETARY (AS OF 09/2022)	0.00	Х		Х				0.	0.	0.
(20) ALI ARAB	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(21) AARON FELLMETH	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(22) ANGIE HOUGAS	2.00									
BOARD MEMBER (THRU 09/2022)	0.00	Х						0.	0.	0.
(23) ELLEN KENNEDY	2.00									
BOARD MEMBER (03/2022-09/2022)	0.00	Х						0.	0.	0.
(24) JESSICA EVANS	2.00									
BOARD MEMBER (THRU 03/2022)	0.00	Х						0.	0.	0.
(25) KENDRICK PERKINS	2.00									
BOARD MEMBER (03/2022-09/2022)	0.00	Х						0.	0.	0.
(26) LEONARD TORREALBA	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
1b Subtotal								2,049,090.	0.	325,154.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								2,049,090.	0.	325,154.
									000 ())	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AB DATA		
600 AB DATA DRIVE, MILWAUKEE, WI 53217	PROF. FUNDRAISER	4,566,999.
GIVEBRIDGE, 525 W MONORE ST., SUITE 900,		
CHICAGO, IL 60661-3793	PROF. FUNDRAISER	4,170,978.
PUBLIC OUTREACH FUNDRAISING LLC, 1003-207		
WEST HASTINGS ST, VANCOUVER, CANADA V6B	PROF. FUNDRAISER	3,965,340.
DV CANVASS, 11710 PLAZA AMERICA DRIVE,		
SUITE 2000, RESTON, VA 20190	PROF. FUNDRAISER	2,995,963.
GRASSROOT TEAM LLC		
318 W. ADAMS, SUITE 1801, CHICAGO, IL 60606	PROF. FUNDRAISER	2,269,923.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	29	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

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Form 990 AMNESTY INTER	RNATIONAL O	FТ	HE	USA	, I	NC.			52-08515	555
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	k all that apply)			ly)	compensation	compensation	amount of
	per week	or .				loyee		from the	from related organizations	other compensation
	(list any	Individual trustee or director	e e			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organizations	rustee	l trust		ee Ge	u beu				and related organizations
	below	dual tı	rtiona	ا	n plo	stcor	-			Organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highe	Former			
(27) MARCEL KITISSOU	2.00									
BOARD MEMBER (AS OF 03/2022)	0.00	х						0.	0.	0.
(28) PHYLLIS PAUTRAT	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(29) RASHA ABDEL LATIF	2.00									
BOARD MEMBER (AS OF 03/2022)	0.00	Х						0.	0.	0.
(30) ROBYN LINDE	2.00									
BOARD MEMBER (AS OF 09/2022)	0.00	Х						0.	0.	0.
(31) TAMIEKA ATKINS	2.00									
BOARD MEMBER (THRU 03/2022)	0.00	Х				_		0.	0.	0.
(32) RICK HALPERIN	0.00	X						0.	0.	0
BOARD MEMBER (AS OF 09/2022)	0.00							0.	0.	0.
		•	•	•		•	•			
Total to Part VII, Section A, line 1c										

52-0851555

Form 990 (2022) AMNESTY IN Statement of Revenue

		Check if Schedule O contains a respons	e or note to anv lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c					
fts,		d Related organizations 1d					
ij gi							
ons,		Government grants (contributions) 1e					
utic	,	All other contributions, gifts, grants, and	60 221 038				
ĕ		similar amounts not included above 1f	60,221,938.				
ont		Noncash contributions included in lines 1a-1f	001,103.	60 221 020			
O g	r	Total. Add lines 1a-1f	Bi O. d.	60,221,938.			
		NAMES CONTROL VERMING THE	Business Code	4 504	4 704		
ce	2 8	ANNUAL GENERAL MEETING FEES	900099	4,794.	4,794.		
ervi	k	.					
S	•	·					
ran Sev	•	d					
Program Service Revenue	•						
<u>-</u>	f	All other program service revenue					
	9	Total. Add lines 2a-2f		4,794.			
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)		328,299.			328,299.
	4	Income from investment of tax-exempt bond					
	5	Royalties		99,886.			99,886.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 3,984,371					
	ŀ	Less: cost or other basis					
ø	•	and sales expenses 7b 4,042,177					
her Revenue	,	Gain or (loss) 7c -57,806					
eve		Net gain or (loss)	•	-57,806.			-57,806.
<u>~</u>		Gross income from fundraising events (not					0,,000.
	0 6						
Ò							
		contributions reported on line 1c). See	_				
		· · · · · · · · · · · · · · · · · · ·	a b				
			ומ				
		Net income or (loss) from fundraising events					
	9 8	Gross income from gaming activities. See					
			a				
			b				
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns	TO 005				
			72,825.				
		J	Ob 11,939.				
\rightarrow		Net income or (loss) from sales of inventory		60,886.	60,886.		
ဟ			Business Code				. =
e e	11 a	MISCELLANEOUS	900099	15,642.			15,642.
Miscellaneous Revenue	k						
cell Seve	(
Ais	(d All other revenue					
	•	Total. Add lines 11a-11d		15,642.			
	12	Total revenue. See instructions		60,673,639.	65,680.	0.	386,021.

232009 12-13-22

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	213,470.	213,470.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	12,975,336.	12,975,336.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	952,346.	235,430.	316,814.	400,102
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,068,511.	6,893,219.	1,005,289.	2,170,003
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	398,765.	248,998.	49,166.	100,601
9	Other employee benefits	855,547.	608,492.	70,584.	176,471
0	Payroll taxes	844,903.	555,429.	93,384.	196,090
1	Fees for services (nonemployees):				
а	Management				
b	Legal	64,958.	32,479.	32,479.	
С	Accounting	118,693.		118,693.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	5,595,204.			5,595,204
f	Investment management fees	97,292.		97,292.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	3,799,095.	1,903,745.	577,518.	1,317,832
12	Advertising and promotion	2,597,788.	1,621,836.	3,003.	972,949
13	Office expenses	3,228,182.	414,553.	71,787.	2,741,842
14	Information technology	330,148.	206,301.	29,327.	94,520
15	Royalties				
16	Occupancy	1,731,654.	1,094,454.	196,714.	440,486
17	Travel	373,465.	240,468.	75,311.	57,686
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	104 000	24 225	6 000	1.5.10
19	Conferences, conventions, and meetings	104,038.	81,025.	6,889.	16,124
20	Interest				
21	Payments to affiliates	450.055	440 70-	22 251	45.00
22	Depreciation, depletion, and amortization	178,072.	112,727.	20,261.	45,084
23	Insurance	209,827.	132,830.	23,874.	53,123
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	14 046 254	14 046 254		
а	DIRECT COMMUNICATION	14,946,354.	14,946,354.	60.014	420 605
b	DUES AND SUBSCRIPTIONS	1,025,178.	517,679.	68,814.	438,685
C	EQUIPMENT REPAIR/MAINT.	3,501.	2,416.	336.	749
d	 }				
е	All other expenses	60 710 207	42 027 044	0.057.535	14 045 554
:5	Total functional expenses. Add lines 1 through 24e	60,712,327.	43,037,241.	2,857,535.	14,817,551
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	00	44 24 25	_	
	Check here if following SOP 98-2 (ASC 958-720)	20,541,558.	14,946,354.	0.	5,595,204

Form 990 (2022) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			16,474,741.	1	20,899,085
	2	Savings and temporary cash investments		125,200.	2	273,96	
	3	Pledges and grants receivable, net		1,591,934.	3	2,644,70	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	tion 4958(c)(3)(B)		6		
ပ္	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
ĕ	9	Description of the second seco			957,357.	9	1,210,06
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	1,517,617.			
	b	Less: accumulated depreciation	792,792.	773,296.	10c	724,82	
	11	Investments - publicly traded securities			24,529,342.	11	20,539,49
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	9,629,00
	16	Total assets. Add lines 1 through 15 (must ed			44,451,870.	16	55,921,13
	17	Accounts payable and accrued expenses			5,091,350.	17	11,050,49
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ğ		controlled entity or family member of any of th				22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on lin	,	'	2,450,052.	٥-	11,996,32
	06	of Schedule D			7,541,402.	25 26	23,046,818
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl		x X	7,341,402.	26	25,040,01
ဖွ		and complete lines 27, 28, 32, and 33.	IECK HEI	·			
ğ	27	Net assets without donor restrictions			31,046,878.	27	27,619,013
<u>a</u>	28	Net assets with donor restrictions			5,863,590.	28	5,255,310
<u> </u>	20	Organizations that do not follow FASB ASC			-,,	20	-,,
풀		and complete lines 29 through 33.	ok liere				
5 	29	Capital stock or trust principal, or current fund			29		
ets	30	Paid-in or capital surplus, or land, building, or				30	
488	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		36,910,468.	32	32,874,323	
Z	33	Total liabilities and net assets/fund balances			44,451,870.	33	55,921,139

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	60	,673,	639.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60	712,	327.
3	Revenue less expenses. Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	,910,	468.
5	Net unrealized gains (losses) on investments	5	-3	,902,	193.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-95,	266.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	32	874,	321.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	, ,	•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

nt.) See instructions. (A)(iii). (A)(iii).					
(A)(iii). (A)(ii					
(A)(iii). (A)(iii). (a)(iii). (a)(iii). (b)(1)(A)(iii). Enter the hospital's name, a governmental unit described in (1)(A)(v). Intal unit or from the general public described in (conjunction with a land-grant college city, and state of the college or (utions, membership fees, and gross receipts from than 33 1/3% of its support from gross investment coquired by the organization after June 30, 1975.					
(A)(iii). ection 170(b)(1)(A)(iii). Enter the hospital's name, a governmental unit described in 1)(A)(v). Intal unit or from the general public described in conjunction with a land-grant college city, and state of the college or utions, membership fees, and gross receipts from than 33 1/3% of its support from gross investment cquired by the organization after June 30, 1975.					
a governmental unit described in 1)(A)(v). Intal unit or from the general public described in conjunction with a land-grant college city, and state of the college or utions, membership fees, and gross receipts from than 33 1/3% of its support from gross investment coquired by the organization after June 30, 1975.					
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ntal unit or from the general public described in conjunction with a land-grant college city, and state of the college or utions, membership fees, and gross receipts from than 33 1/3% of its support from gross investment cquired by the organization after June 30, 1975.					
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than 33 1/3% of its support from gross investment cquired by the organization after June 30, 1975.					
cquired by the organization after June 30, 1975.					
ın 509(a)(4).					
on 509(a)(4).					
ctions of, or to carry out the purposes of one or					
(2). See section 509(a)(3). Check the box on					
ines 12e, 12f, and 12g.					
l organization(s), typically by giving					
directors or trustees of the supporting					
and detailed on the depositing					
Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having					
ported organization(s), by having at control or manage the supported					
at control or manage the supported					
at control or manage the supported ith, and functionally integrated with,					
at control or manage the supported ith, and functionally integrated with, s A, D, and E.					
ith, and functionally integrated with, s A, D, and E. on with its supported organization(s)					
ith, and functionally integrated with, s A, D, and E. on with its supported organization(s) in requirement and an attentiveness					
ith, and functionally integrated with, s A, D, and E. on with its supported organization(s) in requirement and an attentiveness Part V.					
ith, and functionally integrated with, s A, D, and E. on with its supported organization(s) in requirement and an attentiveness					
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ith control or manage the supported ith, and functionally integrated with, s A, D, and E. on with its supported organization(s) n requirement and an attentiveness Part V.					
it control or manage the supported ith, and functionally integrated with, s A, D, and E. on with its supported organization(s) n requirement and an attentiveness Part V. is a Type I, Type II, Type III					
ith, and functionally integrated with, s A, D, and E. on with its supported organization(s) on requirement and an attentiveness Part V. is a Type I, Type II, Type III isted (v) Amount of monetary (vi) Amount of other support (see instructions)					
ith, and functionally integrated with, s A, D, and E. on with its supported organization(s) in requirement and an attentiveness Part V. is a Type I, Type II, Type III					
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ith, and functionally integrated with, s A, D, and E. on with its supported organization(s) n requirement and an attentiveness Part V. is a Type I, Type II, Type III isted (v) Amount of monetary (vi) Amount of other support (see instructions)					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	45,250,754.	49,549,669.	51 <u>,</u> 477,736.	58,442,899.	60,221,938.	264,942,996.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	45,250,754.	49,549,669.	51,477,736.	58,442,899.	60,221,938.	264,942,996.
5		, ,	, ,	, ,	, ,		· · · · · ·
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6							264,942,996.
	Public support. Subtract line 5 from line 4.						204,942,990.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	. ,	45,250,754.	49,549,669.	51,477,736.	58,442,899.	60,221,938.	(f) Total 264,942,996.
	Amounts from line 4	13,230,731.	13,313,003.	31,177,730.	30,112,033.	00,221,300.	201,512,550.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 156 402	1 111 202	4FF 100	E00 072	420 105	2 651 062
	and income from similar sources	1,156,403.	1,111,203.	455,199.	500,072.	428,185.	3,651,062.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,541.	28,134.	6,849.	3,655.	15,642.	
11	Total support. Add lines 7 through 10					T	268,652,879.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	630,404.
13	First 5 years. If the Form 990 is for the	· ·				. , . ,	
_	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2022 (li					14	98.62 %
	Public support percentage from 2021					15	98.15 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line			
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio		-		• •		
			, . • •	. , , ,			(Form 990) 2022

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
_		
За		
3b		
0-		
3c		
4a		
4b		
4.		
4c		
5a		
5b		
5c		
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8		
9a		
9b		
9с		
10a		
150		
10b		

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Schedule A (Form 990) 2022

Sched	ule A (Form 990) 2022 AMNESTY INTERNATIONAL OF THE USA, INC. 52-085	51555	Pá	age 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b ,	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
;	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
, Ct	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			1
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
(or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
(or management of the supporting organization was vested in the same persons that controlled or managed			
2 1	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
i	ncome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Soot	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.)-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		1	
с 2	Lightham The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
			162	NO
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ol-		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

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Schedule A (Form 990) 2022

За

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mu		•	•			
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
_3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
_3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	tion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2022 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2018 AMOUNT: \$ 4,541.
2019 AMOUNT: \$ 28,134.
2020 AMOUNT: \$ 6,849.
2021 AMOUNT: \$ 3,655.
2022 AMOUNT: \$ 15,642.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

AM	NESTY INTERNATIONAL OF THE USA, INC.	52-0851555
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) If , line 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or educati	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, so onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	ientific,
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section section, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious emplete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	•
LHA For Paperwork Reduct	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)	Page 2
Name of organization	Employer identification number
AMNESTY INTERNATIONAL OF THE USA, INC.	52-0851555

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, audress, and ZiP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Hame, audiess, and Zif + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization

Employer identification number

AMNESTY INTERNATIONAL OF THE USA, INC.

52-0851555

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No.	(b)	(c) FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions.)	Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		_{\$}				

Page 4

Name of o	rganization		Employer identification number
	INTERNATIONAL OF THE USA, INC.		52-0851555
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charitable duplicate copies of Part III if additional sp	nrough (e) and the following line entraritable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of giff	
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	ft Relationship of transferor to transferee
			Total distribution to distribution to
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Section 501(c)(4), (5), or (6) organiza	tions. Complete Part III.		1-	
Name of organization			Em	ployer identification number
	TERNATIONAL OF THE USA,			52-0851555
Part I-A Complete if the org	ganization is exempt und	ier section 50 I(c)	or is a section 527 o	rganization.
Provide a description of the organize	ration's direct and indirect politic	aal aampaign activities	in Dort IV	
2 Political campaign activity expendit	•	. •		¢
3 Volunteer hours for political campa				
Volumed flours for political campa	ight activities			
Part I-B Complete if the org	janization is exempt und	ler section 501(c)(3).	
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.			=0.11	1/01
	ganization is exempt und			
1 Enter the amount directly expended				\$
2 Enter the amount of the filing organ		· ·		
exempt function activities				\$
3 Total exempt function expenditures			•	•
line 17b				\$
4 Did the filing organization file Form				
5 Enter the names, addresses and er made payments. For each organiza				
contributions received that were pr	•			•
political action committee (PAC). If			· ·	99
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(4)	(2) / (33)	(5) =	filing organization's	contributions received and
			funds. If none, enter -0-	promptly and directly delivered to a separate
				political organization.
				If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

232041 11-08-22

		ONAL OF THE USA,			351555 Page 2
Part II-A Complete if the organ	nization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
A Check if the filing organization	on belongs to an affili	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	of excess lobbying e	xpenditures).			
B Check if the filing organization	on checked box A an	d "limited control" pro	visions apply.		
	on Lobbying Expen tures" means amoul	ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (g	rassroots lobbying)		2,646.	
b Total lobbying expenditures to influen		, ,,		132,129.	
c Total lobbying expenditures (add line	es 1a and 1b)	, , , , , , , , , , , , , , , , , , , ,		134,775.	
d Other exempt purpose expenditures			[60,577,552.	
e Total exempt purpose expenditures ((add lines 1c and 1d)			60,712,327.	
f Lobbying nontaxable amount. Enter	the amount from the	following table in both	columns.	1,000,000.	
If the amount on line 1e, column (a) or (b) is: The lobb	ying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000,0	\$100,00	O plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500),000 \$175,00	O plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	00,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (enter	r 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero o				0.	
j If there is an amount other than zero		ne 1i, did the organiza	tion file Form 4720	Г	
reporting section 4911 tax for this ye					Yes No
(Some organizations tha	t made a section 50	raging Period Under : 11(h) election do not h te instructions for lin	ave to complete all o	f the five columns be	low.
	<u> </u>	ditures During 4-Yea			
Calendar year		_			
(or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000
b Lobbying ceiling amount					= 1 1 = = =

300,607.

250,000.

13,671.

2,646. 20,838. Schedule C (Form 990) 2022

134,775.

250,000.

6,000,000.

1,000,000.

1,500,000.

662,462.

80,707.

250,000.

1,550.

146,373.

250,000.

2,971.

(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amo	ount
b c d e f g h i j 2a b c	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section				
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			II-A, line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal			
а	Current year		2a		
	Carryover from last year				
С	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processes the second se	olitical			
5	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		4		
Par					
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-	A, lines 1 a	nd 2 (See	
THE	ORGANIZATION UNDERTAKES ACTIVITIES TO INFLUENCE LEGISLATION AND				
GOVE	RNMENT POLICY ON THE FEDERAL LEVEL AND FILES QUARTERLY LOBBYING				
REPO	RTS WITH CONGRESS. EMPLOYEES WHO ARE INVOLVED IN LOBBYING ARE				
REGI	STERED WITH CONGRESS AS LOBBYISTS AND TRACK THE TIME THEY SPEND ON				
LOBE	YING ACTIVITIES BROKEN DOWN BY THE SPECIFIC TOPIC OR LEGISLATIVE AREA.				
			Schedu	le C (Form	990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

AMNESTY INTERNATIONAL OF THE USA, INC.

Employer identification number

52-0851555

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or Ac	counts. Complete if the			
	, , , , _{, , , , , , , , , , , , , , ,}	(a) Donor advised	funds	(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fund	ds			
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant	funds can be used o	nly			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ing			
	impermissible private benefit?			Yes No			
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes"	on Form 990, Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).					
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a histo	orically important land area			
	Protection of natural habitat		Preservation of a certi	fied historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contributi	on in the form of a co	nservation easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b				2b			
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c			
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, and not	on a				
	historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ten	minated by the organi	zation during the tax			
	year						
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	n, handling of				
	violations, and enforcement of the conservation easements it l	holds?		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservatio	n easements during the year			
_	 						
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfor	rcing conservation eas	sements during the year			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements (of section 170(h)(4)(R)	(i)			
Ü	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·					
9	In Part XIII, describe how the organization reports conservation						
Ū	balance sheet, and include, if applicable, the text of the footnot		•				
	organization's accounting for conservation easements.	oto to the organization o m	idioidi otatoriiorito tri	at describes the			
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treas	sures, or Other S	imilar Assets.			
	Complete if the organization answered "Yes" on Form 9						
1a	If the organization elected, as permitted under FASB ASC 958		ue statement and bala	ance sheet works			
		•					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958			sheet works of			
	art, historical treasures, or other similar assets held for public	•					
	provide the following amounts relating to these items:	,		,			
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
	(m) 4			•			
2	If the organization received or held works of art, historical trea-			provide			
_	the following amounts required to be reported under FASB AS						
а	Revenue included on Form 990, Part VIII, line 1			\$			
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022			

232051 09-01-22

Par	rt III Organizations Mai	ntaining Col	ections of Art	, Historical Tre	asures, or	Other S	imilar Asse	ts _{(conti}	nued)	
3	Using the organization's acquisi	tion, accession,	and other records	, check any of the f	ollowing that n	nake sign	ificant use of its	3		
	collection items (check all that a	ıpply):								
а	Public exhibition		d	Loan or excl	nange progran	า				
b	Scholarly research		е	Other						
С	Preservation for future ge	nerations								
4	Provide a description of the orga	anization's colle	ctions and explain	how they further th	e organization	's exempt	purpose in Pa	rt XIII.		
5	During the year, did the organize									
	to be sold to raise funds rather	han to be maint	ained as part of th	e organization's col	lection?		[Yes		No
Par	rt IV Escrow and Custo	dial Arrange	ments. Comple	te if the organization	n answered "Y	es" on Fo	orm 990, Part IV	', line 9, or	r	
	reported an amount on F									
1a	Is the organization an agent, tru	stee, custodian	or other intermedia	ary for contributions	or other asse	ts not inc	luded			
	on Form 990, Part X?						[Yes		No
b	If "Yes," explain the arrangemen									
								Amour	ıt	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an						?□	Yes		No
	If "Yes," explain the arrangemen									
Par	rt V Endowment Funds	 Complete if the 	ne organization ans	swered "Yes" on Fo	rm 990, Part I\					
		_ (a) Current year	(b) Prior year	(c) Two years	back (d)	Three years bac	k (e) Fou	r years	back
1a	Beginning of year balance		4,160,245.	3,885,494.	3,353,	480.	2,786,004	. 2	,947,	626.
b	Contributions									
С	Net investment earnings, gains,	I	742,793.	488,848.	642,	194.	698,726		-61,	549.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		161,770.	214,097.	110,	180.	131,250		100,	073.
f	Administrative expenses									
g	End of year balance		3,255,682.	4,160,245.	3,885,	494.	3,353,480	. 2	,786,	004.
2	Provide the estimated percentage	ge of the current	t year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endo	wment		_%						
b	Permanent endowment	68.9000	%							
С	Term endowment	31.1000 %								
	The percentages on lines 2a, 2b	, and 2c should	equal 100%.							
За	Are there endowment funds not	in the possessi	on of the organizat	tion that are held an	d administered	d for the				
	organization by:								Yes	No
	(i) Unrelated organizations							. 3a(i)		Х
	(ii) Related organizations							. 3a(ii)		Х
b	If "Yes" on line 3a(ii), are the rela							3b		
4	Describe in Part XIII the intende			vment funds.						
Par	rt VI Land, Buildings, ar			5						
	Complete if the organiza		1	1	T T					
	Description of propert	У	(a) Cost or ot basis (investm	` '			umulated eciation	(d) Boo	k valu	e
1a	Land									
					353,365.		59,148.		294,	217.
					684,967.		577,145.		107,	822.
	Other				479,285.		156,499.		322,	786.
	tal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)									
					,			le D (Forr	n 990)	2022

Corredate B	(1 61111 666) E6EE	,
Part VII	Investments - Other Securities.	

Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 000 Part V col. (P) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSET	9,629,006.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,629,006.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	10,530,194.
(3)	CHARITABLE GIFT ANNUITY OBLIGATION	1,466,133.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,996,327.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 AMNESTY INTERNATIONAL OF THE USA, IN			52-085155	5 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stater	nents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	57,139,549.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		-3,902,193.	-	
b	Donated services and use of facilities		560,661.	-	
С.	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	•		-	-3,341,532.
e	Add lines 2a through 2d			2e 3	60,481,081.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	00,401,001.
а		4a	97,292.		
a b	Other (Describe in Part XIII.)	·····	95,266.	1	
			· · · · · · · · · · · · · · · · · · ·	4c	192,558.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	60,673,639.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ro				_	, , ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	61,175,696.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	560,661.		
b	Prior year adjustments				
С	Other losses	1 4 1			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	560,661.
3	Subtract line 2e from line 1			3	60,615,035.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	97,292.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	97,292.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	60,712,327.
Part XIII Supplemental Information.					
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,					
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					
PART V, LINE 4:					
ENDOWMENT FUNDS					
AIUSA HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS					
THAT ATTEMPT TO PROVIDE A STREAM OF RETURNS THAT WOULD BE UTILIZED TO FUND					
VARI	OUS PROGRAMS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER	OF THE			
ENDO	WMENT ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF				
DONG	PR-RESTRICTED FUNDS THAT AIUSA MUST HOLD IN PERPETUITY AS DI	RECTED BY			
	DOMODA THE ENDOMESIA THE	a 1011m1111			
THE	DONORS. THE ENDOWMENT FUNDS ARE INVESTED IN VEHICLES SUCH A	S MUTUAL			
FINING BONDS AND FOULTHY SECURITIES					
FONE	S, BONDS, AND EQUITY SECURITIES.				
PART IX, LINE (1), RIGHT-OF-USE ASSET, AND PART X, LINE (2), OPERATING					
	, ,				
LEAS	E LIABILITY:				
232054 09-01-22 Schedule D (Form 990) 2					

232055 09-01-22

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization **Employer identification number** AMNESTY INTERNATIONAL OF THE USA, INC. 52-0851555 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) ALBANIA, ANDORRA, AUSTRIA, BELGIUM GRANTMAKING 12,975,336. 0 0 12,975,336. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 12,975,336. and 3b)

232071 10-17-22

Schedule F (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		GREENLAND)	ANNUAL ASSESSMENT	12,975,336.	WIRE	0.		
2 Enter total number of	recipient organization	ns listed above that are r	recognized as charities by the f	oreian country	recognized as a tay			1

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a t	tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

_	

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance Part III can be duplicated if ac			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV	Foreign	Forme
I GILIV	Foreign	LOI IIIS

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

AMNESTY INTERNATIONAL OF THE USA, INC. 52-0851555 Schedule F (Form 990) 2022 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: ASSISTANCE TO ORGANIZATIONS AMNESTY INTERNATIONAL LIMITED IS A NOT-FOR-PROFIT UNITED KINGDOM CORPORATION THAT PERFORMS RESEARCH AND OTHER FUNCTIONS IN SUPPORT OF ITS AFFILIATED ORGANIZATIONS WORLDWIDE. THE ORGANIZATION IS ONE OF THE MANY AFFILIATED NATIONAL ORGANIZATIONS WHICH CONTRIBUTES FUNDS FOR THE SUPPORT OF PROGRAM ACTIVITIES OF AMNESTY INTERNATIONAL LIMITED THROUGH AN ANNUAL ASSESSMENT, FOR THE YEAR ENDING DECEMBER 31, 2022, THIS ASSESSMENT WAS \$12,975,336. AMNESTY INTERNATIONAL OF THE USA IS NOT REQUIRED TO MONITOR THE MANAGEMENT OF THESE FUNDS FURTHER AS THE TWO ORGANIZATIONS HAVE A COMMON MISSION OF PREVENTING HUMAN RIGHTS VIOLATIONS WORLDWIDE. BOTH ORGANIZATIONS COORDINATE THEIR EFFORTS TO PREVENT AND END GRAVE ABUSES OF THE RIGHTS TO PHYSICAL AND MENTAL INTEGRITY, FREEDOM OF CONSCIENCE AND EXPRESSION, AND FREEDOM FROM DISCRIMINATION.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number** AMNESTY INTERNATIONAL OF THE USA, INC 52-0851555 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization contributions' listed in col. (i) AB DATA - 600 AB DATA DRIVE. Yes No MILWAUKEE, WI 53217 Х DIRECT MAIL FUNDRAISING 18,361,062 174,959 18,184,661. BLUE STATE DIGITAL, INC -FLATBUSH AVENUE, 8TH, ONLINE FUNDRAISERS Х 5,876,673 206,230 5,670,443. M & R STRATEGIC SERVICES INC 1101 CONNECTICUT AVE NW 7TH ONLINE FUNDRAISERS Х 1,880,230 128,874 1,751,356. GIVEBRIDGE, INC. -MONORE ST., SUITE 900 DOOR-DOOR FUNDRAISING Х 1,605,939 1,482,840. -123,099. PUBLIC OUTREACH FUNDRAISING LLC - 1003-207 WEST HASTINGS DOOR-DOOR FUNDRAISING Х 1,030,886 1,451,233 -420,347. DV CANVASS - 11710 PLAZA AMERICA DRIVE, SUITE 2000 DOOR-DOOR FUNDRAISING X 1,009,569 1,117,990 -108,421. GRASSROOTS TEAM LLC - 318 W. -79,835. ADAMS, SUITE 1801, CHICAGO DOOR-DOOR FUNDRAISING Х 823,880 744,045 3 SIXTY FUNDRAISING - 134 N 4TH ST., BROOKLYN, NY 11249 DOOR-DOOR FUNDRAISING Х 32,860 86,099 -53,239. 30,418,165. 5 595 204 24 821 519. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY DC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

			(a) Event #1	(b) Event #2	(c) Other events	(al) Tatal const-
						(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
5	1	Gross receipts				
	2	Less: Contributions				
1	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
201120	6	Rent/facility costs				
DII GOL EADGI 19G9	7	Food and beverages				
_ [8	Entertainment				
1	9	Other direct expenses				
1	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			
_	11	Net income summary. Subtract line 10 from li				
'aı	rt II		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	T		T	T
al ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
Hevenue	1	Gross revenue				
2	2	Cash prizes				
חוופרו באלפו ואפא	3	Noncash prizes				
5	,					
	4	Rent/facility costs				
Z L						
	5	Other direct expenses	Yes %	Yes %	Yes %	
1	5			Yes% No	Yes %	
	<u>5</u>	Other direct expenses	Yes %		No No	
	5 6 7	Other direct expenses Volunteer labor	Yes % No 5 in column (d)	No No	No No	
	5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 1 5 in column (d)	No	No No	
9	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes% No 1 5 in column (d) 2 from line 1, column (d) 3 ucts gaming activities:	No	No	
) a	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 15 in column (d) 7 from line 1, column (d) acts gaming activities:ctivities in each of these	No States?	No	
) a	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes% No 15 in column (d) 7 from line 1, column (d) acts gaming activities:ctivities in each of these	No States?	No	
a b	5 6 7 8 Ent lis ti	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and	Yes% No 1 5 in column (d)	states?	No No	Yes N
a b	5 6 7 8 Ent lis ti	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming action, "explain: ere any of the organization's gaming licenses re-	Yes% No 1 5 in column (d)	states?	No No	Yes N

Schedule G (Form 990) 2022 AMNESTY INTERNATIONAL OF THE USA, INC.	52-0851555 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the	amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
- Name	
Gaming manager compensation \$	
Description of complete provided	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	······
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	
(I) NAME OF FUNDRAISER: BLUE STATE DIGITAL, INC	
(I) ADDRESS OF FUNDRAISER: 41 FLATBUSH AVENUE, 8TH, BROOKLYN,, NY 11217	
(I) NAME OF FUNDRAISER: M & R STRATEGIC SERVICES, INC	
(I) ADDRESS OF FUNDRAISER:	
1101 CONNECTICUT AVE NW 7TH FLOOR, WASHINGTON, DC 20036	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization AMNESTY INTERI	NATIONAL OF TH	E USA, INC.					Employer identification number 52-0851555
Part I General Information on Grants a	nd Assistance	·					
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's process. 	stance?				-		
Part II Grants and Other Assistance to recipient that received more than 9					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and	nd government org	anizations listed in the	e line 1 table				
3 Enter total number of other organizations	s listed in the line 1	table					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDIVIDUALS IN NEED	18	173,470.	0.		
GINETTA SAGAN AWARD	2	40,000.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
SCHEDULE I, PART III					
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS 1	IN THE U.S. TO)			
INDIVIDUALS					
A COMMITTEE COMPOSED OF VOLUNTEER MEMBERS, AUGMENT	TED BY INPUT F	ROM THE			
ORGANIZATION'S STAFF, RECEIVES AND REVIEWS APPLICA	ATIONS FOR SMA	LL			
GRANTS IN THE RANGE OF \$500 TO \$5,000 FOR WORK IN					
HUMAN RIGHTS ISSUES. RECIPIENTS ARE SELECTED BASEI					
THEIR PROPOSALS AND THE QUALITY OF THEIR SUBMISSION	JNO. FAKT OF T	пь			
FUNDING FOR THESE GRANTS COMES FROM AN ALLOTMENT I	DESIGNATED AS	THE			

۸ ۵

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

AMNESTY INTERNATIONAL OF THE USA, INC.

Employer identification number 52-0851555

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use			l			
	Travel for companions Payments for business use of personal residence			l			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l			
				l			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee			l			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:	_		77			
	The organization?	5a		X			
b	Any related organization?	5b		^			
_	If "Yes" on line 5a or 5b, describe in Part III.			l			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:	0-		х			
	The organization?	6a		X			
b	Any related organization?	6b					
7	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х			
۰	not described on lines 5 and 6? If "Yes," describe in Part III						
8		8		х			
۵	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	-					
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9					
	negulations section 33.4930-0(c)?	ן ש		i			

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Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation				
(1) PAUL O'BRIEN	(i)	293,987.	0.	0.	15,091.	39,461.	348,539.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MARCY BOURNE	(i)	249,493.	0.	0.	12,736.	39,461.	301,690.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) RACHEL WARD - INTERIM CHIEF	(i)	213,890.	0.	0.	11,119.	39,461.	264,470.	0.	
MOVEMENT BUILDING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) IRA LEFTON	(i)	220,984.	0.	0.	11,241.	27,579.	259,804.	0.	
CHIEF LEGAL AND POLICY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) ADOTEI AKWEI	(i)	186,489.	0.	0.	9,515.	37,044.	233,048.	0.	
INTERIM CHIEF MEMBER COLLAB. OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) ANAND KUMAR MISHRA	(i)	217,101.	0.	0.	8,167.	2,872.	228,140.	0.	
INTERIM CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) THOMAS BOZZELL	(i)	187,828.	0.	0.	9,488.	26,704.	224,020.	0.	
NATIONAL DIRECTOR, OPERATIONS/IT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) JULIE ANNE HONG - INTERIM CHIEF	(i)	202,624.	0.	0.	3,463.	14,201.	220,288.	0.	
IDEA, PEOPLE & CULTURE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) MICHAEL BEAR KLEINMAN	(i)	201,423.	0.	0.	10,126.	1,312.	212,861.	0.	
DIRECTOR, SILICON VALLEY INITIATIVE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

	AMNESTY INTERNATIONAL OF THE USA, INC.				52-08	52-0851555			
Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	1	118	661,169.	MARKET QUOTATION				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles	1							
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organ	ization during	the tax year for c	ontributions					
	for which the organization completed Form 82								
	-		_				Yes	No	
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for				
	exempt purposes for the entire holding period					30a		Х	
b	If "Yes," describe the arrangement in Part II.								
31							х		
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					31			
						32a		Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column (a) is chec	cked,				
	describe in Part II.	(5, 10	-, i= P. 5P 51 ()	(2) 10 01100	,				
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).	Schedule M	(Form	990)	2022	

232141 09-09-22

232142 09-09-22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AMNESTY INTERNATIONAL OF THE USA

Employer identification number

AMNESTI INTERNATIONAL OF THE USA, INC.	52-0651555
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
ORGANIZATION'S MISSION (CONTINUED):	
THE ORGANIZATION'S MISSION IS TO UNDERTAKE RESEARCH AND ACTION FOCUSED	
ON PREVENTING AND ENDING GRAVE ABUSES OF THESE HUMAN RIGHTS.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
MOVEMENT BUILDING (CONTINUED):	
1) CAMPAIGNS - THE CAMPAIGNS UNIT MANAGES CROSS-FUNCTIONAL EFFORTS TO	
ACHIEVE TIMEBOUND DELIVERABLES ON URGENT HUMAN RIGHTS ISSUES.	
CURRENTLY, THESE CAMPAIGNS INCLUDE ENDING GUN VIOLENCE AND PROTECTING	
THE RIGHTS OF REFUGEES AND ASYLUM-SEEKERS, AS WELL AS CRISIS RESPONSE	
CAMPAIGNS ON COVID-19 AND POLICE ACCOUNTABILITY.	
2) PROGRAMS - THE PROGRAMS UNIT CONSISTS OF ISSUE EXPERTS WHO MANAGE	
ONGOING BODIES OF WORK SURROUNDING HUMAN RIGHTS ISSUES AND BUILD THE	
FOUNDATION FOR EFFECTIVE CAMPAIGNS.	
3) RESEARCH - THE RESEARCH UNIT DOCUMENTS HUMAN RIGHTS VIOLATIONS AND	
ABUSES IN THE UNITED STATES AND DEVELOPS INDIVIDUAL CASES FOR ADVOCACY	
BY THE CAMPAIGNS AND PROGRAMS UNITS.	
4) ORGANIZING & ACTIVISM - THE ORGANIZING AND ACTIVISM UNIT ORGANIZES	
AND BUILDS REGIONAL MOBILIZATION CAPACITY IN THE UNITED STATES.	
5) MEMBER LEADERSHIP & TRAINING - THE MEMBER LEADERSHIP AND TRAINING	
UNIT BUILDS CAPACITY FOR GRASSROOTS ADVOCACY BY CONDUCTING TRAINING FOR	

232211 10-28-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** AMNESTY INTERNATIONAL OF THE USA, INC. 52-0851555 MEMBER AND VOLUNTEER LEADERS; THE MEMBER LEADERSHIP AND TRAINING UNIT ALSO MANAGES FIVE VOLUNTEER LEADERSHIP GROUPS: 1) STATE LEGISLATIVE COORDINATORS; 2) AREA COORDINATORS; 3) STUDENT ACTIVIST COORDINATORS; 4) COUNTRY AND THEMATIC SPECIALISTS; AND 5) STATE DEATH PENALTY, ABOLITION COORDINATORS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IMPACT PROGRAM (CONTINUED): 1) MEDIA RELATIONS - THE MEDIA RELATIONS UNIT IS RESPONSIBLE FOR PRESS STRATEGY AND CREATES CONTENT LIKE PRESS RELEASES, PRESS CONFERENCES, EDITORIAL BOARD OUTREACH, OP-ED SUBMISSIONS, AND TARGETED MEDIA PITCHES. 2) DIGITAL PRODUCTION AND SOCIAL MEDIA - THE SOCIAL MEDIA AND DIGITAL PRODUCTION UNITS CREATE ENGAGEMENT STRATEGIES AND CONTENT FOR AIUSA'S TWITTER, INSTAGRAM, FACEBOOK, AND OTHER CHANNELS, AS WELL AS CREATE CONTENT LIKE VIDEOS AND GRAPHICS TO DISTRIBUTE TO AIUSA ACTIVISTS, SUPPORTERS, AND MEMBERS TO EXPAND THE ORGANIZATION'S INFLUENCE. 3) EVENTS - THE EVENTS UNIT ORCHESTRATES THE PLANNING AND COORDINATION OF AIUSA'S ANNUAL GENERAL MEETING AND FIVE ANNUAL REGIONAL CONFERENCES ACROSS THE COUNTRY THAT EDUCATE, MOBILIZE, AND DISTRIBUTE RESOURCES TO BOTH AIUSA MEMBERS AND ACTIVISTS. 4) WEBSITE PRESENCE - THE WEB TEAM OVERSEES ALL AIUSA'S WEBSITES,

MICROSITES, WEB APPLICATIONS, MOBILE APPLICATIONS, AND ONLINE FORMS.

Name of the organization **Employer identification number** AMNESTY INTERNATIONAL OF THE USA, INC. 52-0851555 WORKING RELATIONSHIPS WITH PROMINENT FIGURES IN THE ENTERTAINMENT INDUSTRY AND INFLUENCERS TO EXPAND AIUSA'S REACH ACROSS NEW AUDIENCES. 6) INTERNAL COMMUNICATIONS - THE INTERNAL COMMUNICATIONS UNIT STRATEGIZES ON SYSTEMS AND PROTOCOLS TO UPDATE THE BOARD OF DIRECTORS STAFF, AND MEMBER LEADERS ON SIGNIFICANT ORGANIZATIONAL DEVELOPMENTS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE EXECUTIVE OFFICE INCLUDES THE FOLLOWING UNITS 1) INCLUSION. DIVERSITY, EQUITY, AND ACCESSIBILITY ("IDEA"), 2) ADVOCACY AND GOVERNMENT RELATIONS, 3) STRATEGY AND GOVERNANCE, AND 4) SILICON VALLEY INITIATIVE. 1) IDEA - THE IDEA GROUP OVERSEES ENSURING MORE JUST, INCLUSIVE, AND EQUITABLE WORK THROUGHOUT AIUSA, WITHIN OUR INTERNAL WORKPLACE PRACTICES, AS WELL AS THE HUMAN RIGHTS WORK WE DO GLOBALLY. THEY USE A STRATEGIC BLEND OF SURVEYING BOTH MEMBER LEADERS AND STAFF TO ASSESS ISSUES OF DIVERSITY AND EQUITY, IDENTIFYING CRITICAL GOALS TO BE SET, PROVIDING STAFF AND MEMBER LEADER TRAINING, AND DEVELOPING AND EMPLOYING A SET PLAN TO IMPLEMENT THIS NEW AGENDA OVER A CONTINUED PERIOD. 2) ADVOCACY & GOVERNMENT RELATIONS - THE ADVOCACY AND GOVERNMENT RELATIONS UNIT EDUCATES AND URGES CONGRESS AND FEDERAL GOVERNMENT OFFICIALS TO SUPPORT HUMAN RIGHTS-RESPECTING POLICIES WORLDWIDE. THE IDEA GROUP OVERSEES ENSURING MORE JUST, INCLUSIVE, AND EQUITABLE WORK THROUGHOUT AIUSA, WITHIN OUR INTERNAL WORKPLACE PRACTICES, AS WELL AS THE HUMAN RIGHTS WORK WE DO GLOBALLY. THEY USE A STRATEGIC BLEND OF

Name of the organization **Employer identification number** AMNESTY INTERNATIONAL OF THE USA, INC. 52-0851555 SURVEYING BOTH MEMBER LEADERS AND STAFF TO ASSESS ISSUES OF DIVERSITY AND EQUITY, IDENTIFYING CRITICAL GOALS TO BE SET, PROVIDING STAFF AND MEMBER LEADER TRAINING, AND DEVELOPING AND EMPLOYING A SET PLAN TO IMPLEMENT THIS NEW AGENDA OVER A CONTINUED PERIOD. 3) STRATEGY & GOVERNANCE - THE STRATEGY AND GOVERNANCE UNIT STREAMLINES ALIGNMENT BETWEEN THE INTERNATIONAL SECRETARIAT AND AIUSA AS WELL AS OVERSEEING THE INTERNAL GOVERNANCE PRACTICES OF THE ORGANIZATION BY COLLABORATING WITH THE BOARD OF DIRECTORS AND INTERNAL AIUSA STAFF TO FACILITATE AIUSA'S GOVERNANCE PROCESSES FROM INDIVIDUAL MEMBERS ON UP THROUGH THE INTERNATIONAL SECRETARIAT AND THE INTERNATIONAL BOARD. 4) SILICON VALLEY INITIATIVE - THE SILICON VALLEY INITIATIVE IS A JOINT ENDEAVOR BETWEEN THE INTERNATIONAL SECRETARIAT AND AIUSA TO COLLABORATE WITH PARTNERS IN THE TECHNOLOGY SECTOR FOR THE ADVANCEMENT OF HUMAN RIGHTS. EXPENSES \$ 980,290. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS OR STOCKHOLDERS AMNESTY INTERNATIONAL HAS A LARGE MEMBERSHIP BASE, INCLUDING THOSE INDIVIDUALS WHO ARE DONORS, ACTIVISTS, AND PARTICIPANTS IN OUR WORK. THESE INDIVIDUAL MEMBERS MAY NOMINATE OTHER MEMBERS TO RUN FOR THE DIRECTORS ' BOARD. THE MEMBERSHIP AS A WHOLE IS THEN ENTITLED TO ELECT THE BOARD OF DIRECTORS IN A COMPREHENSIVE SECRET BALLOT AND VOTING PROCESS ADMINISTERED BY A THIRD PARTY. THE MEMBERSHIP MAY PROPOSE RESOLUTIONS AND ACTIONS AT REGIONAL LEVELS VOTED ON AT THE ANNUAL GENERAL MEETING. MEMBERS ARE NOT AUTHORIZED TO VOTE ON DECISIONS THAT ARE THE BOARD'S PURVIEW.

Name of the organization **Employer identification number** AMNESTY INTERNATIONAL OF THE USA, INC. 52-0851555 FORM 990, PART VI, SECTION A, LINE 7A: SEE FORM 990 PART VI, SECTION A LINE 6 FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 REVIEW PROCESS FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. THE DRAFT FORM 990 WAS REVIEWED BY THE ORGANIZATION'S FINANCE DEPARTMENT AND THEN PROVIDED TO ALL BOARD MEMBERS VIA ELECTRONIC MAIL, WITH AN OPPORTUNITY FOR THEM TO COMMENT OR MAKE INQUIRIES BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT AMNESTY INTERNATIONAL HAS A ROBUST CONFLICT OF INTEREST POLICY IN PLACE THAT ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE EXPECTED TO OBSERVE AND BE IN COMPLIANCE WITH. THE ORGANIZATION'S POLICY REQUIRES THAT EACH BOARD OF DIRECTORS MEMBER, UPON ELECTION, MUST SIGN A CONFLICT OF INTEREST FORM THAT REQUIRES THEM TO DISCLOSE ALL POTENTIAL CONFLICTS (IF ANY). AFTER THAT. THE CONFLICT OF INTEREST FORM MUST BE COMPLETED ON AN ANNUAL BASIS. NOT ONLY BY BOARD MEMBERS BUT BY ALL OFFICERS AND KEY EMPLOYEES. THE CONFLICT OF INTEREST FORMS ARE REVIEWED AND MONITORED BY THE CHAIR OF THE BOARD IN CONJUNCTION WITH THE REST OF THE BOARD. ANY CONFLICTS ARE IMMEDIATELY INVESTIGATED AND RESOLVED, AND ALL DECISIONS ARE DOCUMENTED IN THE BOARD OF DIRECTOR'S MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

Name of the organization **Employer identification number** AMNESTY INTERNATIONAL OF THE USA, INC. 52-0851555 PROCESS FOR DETERMINING COMPENSATION OF CEO & EXECUTIVE DIRECTOR THE EXECUTIVE DIRECTOR'S COMPENSATION IS ESTABLISHED AT THE TIME OF HIS HIRING AND MEMORIALIZED IN A WRITTEN EMPLOYMENT CONTRACT WITH A FIXED TERM. COMPENSATION WAS APPROVED BY THE BOARD OF DIRECTORS, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATIONS IS DOCUMENTED IN THE BOARD OF DIRECTORS' MINUTES. THE BOARD ENSURED THAT COMPENSATION WAS COMMENSURATE WITH INDUSTRY STANDARDS. AN EXTERNAL COMPENSATION CONSULTING FIRM SPECIALIZING IN THE NONPROFIT SECTOR PREPARES A FORMAL COMPENSATION STUDY COVERING ALL PAID STAFF EVERY FEW YEARS, WHICH IS USED TO DETERMINE COMPENSATION AMOUNTS. FORM 990, PART VI, SECTION B, LINE 15B: PROCESS FOR DETERMINING COMPENSATION OF OFFICERS & KEY EMPLOYEES COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES REPORTED ON FORM 990 IS DETERMINED BY THE EXECUTIVE DIRECTOR. TO BENCHMARK COMPENSATION FOR CERTAIN POSITIONS, THE EXECUTIVE DIRECTOR REVIEWS COMPENSATION PAID TO SIMILAR POSITIONS AT COMPARABLE NON-PROFITS IN THE INDUSTRY. WHEN AMNESTY INTERNATIONAL COMMISSIONS ITS FORMAL BENCHMARKING SURVEYS. OFFICER POSITIONS (AS WELL AS ALL STAFF POSITIONS) ARE BENCHMARKED TO ENSURE THAT THE WAGES IT PAYS ARE COMMENSURATE WITH THE MARKET. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY FORM 990, PART VI, SECTION C, LINE 19: HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization AMNESTY INTERNATIONAL OF THE USA, INC.	Employer identification number 52-0851555
COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE	
INTERNET AT WWW.GUIDESTAR.ORG. THE AUDITED FINANCIAL STATEMENTS AND FORM	
990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS	
AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE	
PUBLIC BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF GIFT ANNUITY OBLIGATIONS -95,266.	
	_