

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2023

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

### A For the 2023 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization AMNESTY INTERNATIONAL OF THE USA, INC.		<b>D</b> Employer identification number 52-0851555	
	Doing business as		E Telephone number (212) 807-8400	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 67,856,510. <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number 9240	
	311 WEST 43RD STREET 7TH FLOOR			
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036		<b>L</b> Year of formation: 1966 <b>M</b> State of legal domicile: NY		
<b>F</b> Name and address of principal officer: PAUL O' BRIEN SAME AS C ABOVE				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3)    501(c) ( )    (insert no.)    4947(a)(1) or    527				
<b>J</b> Website: WWW.AMNESTYUSA.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation    Trust    Association    Other				

### Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: TO ACT IN CONCERT WITH (AND PROMOTE) THE INTERNATIONAL HUMAN RIGHTS MOVEMENT.		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	143
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	6869
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	60,221,938.	62,854,644.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,794.	9,117.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	270,493.	32,630.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	176,414.	188,259.
		60,673,639.	63,084,650.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,188,806.	11,560,288.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,120,072.	16,628,731.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	5,595,204.	3,291,652.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	14,595,703.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	28,808,245.	30,952,143.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,712,327.	62,432,814.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-38,688.	651,836.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	55,921,139.	52,745,391.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	23,046,818.	16,876,869.
	32,874,321.	35,868,522.	

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	JEAN-CLAUDE TOUSSAINT, CHIEF FIN. & ADMIN. OFFICER <i>Jean-Claude Toussaint</i>		August 14, 2024		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	SCOTT THOMPSETT	<i>Scott Thompsett</i>	8/14/2024	<input type="checkbox"/>	P00741490
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	GRANT THORNTON ADVISORS LLC	99-1856619		(212) 599-0100	
	Firm's address				
	757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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.

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.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions.  <b>AMNESTY INTERNATIONAL OF THE USA, INC.</b>	Taxpayer identification number (TIN)  <b>52-0851555</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>311 WEST 43RD STREET 7TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10036</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **GLADYS KWATENG**  
**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.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: AMNESTY INTERNATIONAL OF THE USA, INC. IS THE UNITED STATES SECTION OF AMNESTY INTERNATIONAL - A WORLDWIDE MOVEMENT OF PEOPLE WHO CAMPAIGN FOR INTERNATIONALLY RECOGNIZED HUMAN RIGHTS. (CONTINUED ON SCHEDULE O).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 21,086,278. including grants of \$ 40,000. ) (Revenue \$ 0. ) THE STRATEGY AND IMPACT DEPARTMENT DRIVES CONTENT, SUBSTANCE AND STRATEGY FOR AIUSA'S HUMAN RIGHTS IMPACT. THE DEPARTMENT CONDUCTS DOMESTIC AND LEVERAGES INTERNATIONAL RESEARCH AS A FOUNDATION FOR LONG-TERM STRATEGIC ADVOCACY ON THE UNITED STATES (AND OTHER) GOVERNMENT AND U.S. CORPORATIONS, LEVERAGING THEIR INFLUENCE AND HOLDING THEM ACCOUNTABLE ON A RANGE OF PRESSING HUMAN RIGHTS ISSUES DOMESTICALLY AND INTERNATIONALLY. THE DEPARTMENT DEVELOPS TARGETED BURSTS OF STRATEGIC CAMPAIGNING TO DRIVE IMPACT WHEN A STRONG HUMAN RIGHTS OPPORTUNITY OR CRISIS EMERGES; ALL SUPPORTED BY A MARKETING AND PUBLIC-FACING COMMUNICATIONS TEAM THAT SERVES AIUSA AND THE BROADER AMNESTY MOVEMENT. THE DEPARTMENT IS COMPRISED OF THE FOLLOWING UNITS 1) PROGRAMS, (CONTINUED ON SCHEDULE O).

4b (Code: ) (Expenses \$ 12,898,246. including grants of \$ 11,423,527. ) (Revenue \$ 0. ) EQUITY, INCLUSION, AND ADVOCACY AND GOVERNANCE INITIATIVES - INCLUDES THE FOLLOWING DEPARTMENTS 1) INCLUSION, DIVERSITY, EQUITY, AND ACCESSIBILITY ("IDEA"), AND 2) CHIEF OF STAFF.

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. (CONTINUED ON SCHEDULE O).

4c (Code: ) (Expenses \$ 10,105,766. including grants of \$ 96,761. ) (Revenue \$ 46,508. ) THE MOVEMENT BUILDING AND MEMBERSHIP ENGAGEMENT DEPARTMENT AT AIUSA IS COMPOSED OF FIVE KEY DIVISIONS: 1) ORGANIZING & ACTIVISM, 2) EVENTS, 3) GRASSROOTS LEADERSHIP & ENGAGEMENT, 4) INDIVIDUALS AT RISK (IAR) AND HUMAN RIGHTS EDUCATION (HRE) AND 5) MEMBER COMMUNICATIONS. THE MOVEMENT BUILDING AND MEMBERSHIP DEPARTMENT IS COMPRISED OF THE FOLLOWING UNITS. (CONTINUED ON SCHEDULE O).

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 44,090,290.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, tax shelter transactions, annual gross receipts, deductible contributions, and various organizational requirements.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 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)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
GLADYS KWATENG - 212-633-4233
311 WEST 43RD STREET 7TH FLOOR, NEW YORK, NY 10036

**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.
  - 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL O'BRIEN EXECUTIVE DIRECTOR	35.00 0.00			X				320,056.	0.	57,311.
(2) MARCY BOURNE CHIEF DEVELOPMENT OFFICER	35.00 0.00			X				269,104.	0.	54,780.
(3) JEAN-CLAUDE TOUSSAINT CHIEF FIN & ADMIN OFFICER	35.00 0.00			X				239,608.	0.	40,251.
(4) IRA LEFTON CHIEF LEGAL AND POLICY OFFICER	35.00 0.00			X				237,817.	0.	40,805.
(5) JULIE ANNE HONG CHIEF IDEA, PEOPLE & CULTURE OFFICER	35.00 0.00			X				242,426.	0.	26,967.
(6) RACHEL WARD NATIONAL DIRECTOR, RESEARCH	35.00 0.00					X		209,691.	0.	52,006.
(7) THOMAS BOZZELL NATIONAL DIRECTOR, OPERATIONS/IT	35.00 0.00					X		204,627.	0.	38,134.
(8) VIVEK RAJAM RAMKUMAR CHIEF OF STAFF	35.00 0.00			X				240,760.	0.	1,764.
(9) MICHAEL BEAR KLEINMAN DIRECTOR, SILICON VALLEY INITIATIVE	35.00 0.00					X		211,054.	0.	25,403.
(10) ADOTEI AKWEI DEVELOPMENT DIRECTOR	35.00 0.00					X		182,593.	0.	50,379.
(11) TARAH ANN DEMANT NATIONAL DIRECTOR OF PROGRAMS	35.00 0.00					X		185,260.	0.	38,204.
(12) NADIA DAAR - CHIEF STRATEGY & IMPACT OFFICER (AS OF 02/2023)	35.00 0.00			X				200,976.	0.	217.
(13) BETHANY CRISS - CHIEF MOVEMENT BLDG & MEM ENG OFF (AS OF 03/2023)	35.00 0.00			X				179,231.	0.	20,447.
(14) ALEXANDRA DURBAK CHAIR	10.00 0.00	X		X				0.	0.	0.
(15) PENELOPE HALKIADAKIS VICE CHAIR	10.00 0.00	X		X				0.	0.	0.
(16) MATTHEW KENNIS TREASURER	10.00 0.00	X		X				0.	0.	0.
(17) DAVID YU - DEPUTY TREASURER (THRU 09/2023)/BOARD MEMBER	10.00 0.00	X		X				0.	0.	0.



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEIRDRE STIEGLITZ - BOARD SEC. (THRU 09/2023)/BOARD MEMBER	10.00 0.00	X		X				0.	0.	0.
(19) PHYLLIS PAUTRAT - BOARD MEM./BOARD SECRETARY (AS OF 09/2023)	10.00 0.00	X		X				0.	0.	0.
(20) CHRISTOPHER FOLEY DEPUTY SECRETARY	2.00 0.00	X		X				0.	0.	0.
(21) RASEL AHMED BOARD MEMBER (AS OF 12/2023)	2.00 0.00	X						0.	0.	0.
(22) ALI ARAB BOARD MEMBER (THRU 09/2023)	2.00 0.00	X						0.	0.	0.
(23) RASHA ABDEL LATIF BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(24) ROSA DEL ANGEL BOARD MEMBER (AS OF 09/2023)	2.00 0.00	X						0.	0.	0.
(25) AARON FELLMETH BOARD MEMBER (THRU 09/2023)	2.00 0.00	X						0.	0.	0.
(26) RICK HALPERIN BOARD MEMBER (THRU 11/2023)	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,923,203.	0.	446,668.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,923,203.	0.	446,668.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 59

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
PUBLIC OUTREACH FUNDRAISING LLC, 1003-207 WEST HASTINGS ST, VANCOUVER, CANADA V6B	PROF. FUNDRAISER	4,897,868.
DV CANVASS LLC, 11710 PLAZA AMERICA DRIVE, SUITE 2000, RESTON, VA 20190	PROF. FUNDRAISER	3,604,168.
AB DATA 600 AB DATA DRIVE, MILWAUKEE, WI 53217	PROF. FUNDRAISER	3,543,406.
GIVEBRIDGE, INC., 525 W MONORE ST., SUITE 900, CHICAGO, IL 60661-3793	PROF. FUNDRAISER	3,031,464.
GRASSROOT TEAM LLC 318 W. ADAMS, SUITE 1801, CHICAGO, IL 60606	PROF. FUNDRAISER	1,977,605.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	32	

SEE PART VII, SECTION A CONTINUATION SHEETS

<b>Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARCEL KITISSOU BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(28) ROBYN LINDE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(29) S. ILGU OZLER BOARD MEMBER (AS OF 09/2023)	2.00 0.00	X						0.	0.	0.
(30) LEONARD TORREALBA BOARD MEMBER (THRU 09/2023)	2.00 0.00	X						0.	0.	0.
(31) SUNITA VISWANATH BOARD MEMBER (AS OF 09/2023)	2.00 0.00	X						0.	0.	0.
(32) VIBHA VENKATESHA - BOARD MEMBER AT LARGE (01/2023-09/2023)	2.00 0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	62,854,644.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,351,667.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		62,854,644.				
Program Service Revenue	<b>2 a</b>	ANNUAL GENERAL MEETING FEES	<b>Business Code</b>					
			900099	9,117.	9,117.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			9,117.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		379,385.			379,385.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....		148,398.			148,398.	
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					4,416,413.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	4,763,168.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	-346,755.				
<b>d</b>	Net gain or (loss) .....			-346,755.		-346,755.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>		46,083.				
				8,692.				
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....			37,391.	37,391.			
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS	<b>Business Code</b>					
			900099	2,470.			2,470.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			2,470.				
<b>12</b>	<b>Total revenue.</b> See instructions .....			63,084,650.	46,508.	0.	183,498.	

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	96,761.	96,761.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	11,463,527.	11,463,527.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,115,170.	808,804.	808,985.	497,381.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	11,506,406.	7,606,236.	1,096,651.	2,803,519.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	487,614.	283,738.	71,321.	132,555.
<b>9</b> Other employee benefits .....	1,503,303.	960,668.	206,234.	336,401.
<b>10</b> Payroll taxes .....	1,016,238.	623,059.	133,062.	260,117.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	166,036.	84,283.	78,623.	3,130.
<b>c</b> Accounting .....	128,821.		128,821.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	3,291,652.			3,291,652.
<b>f</b> Investment management fees .....	95,669.		95,669.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	3,688,156.	1,967,365.	438,977.	1,281,814.
<b>12</b> Advertising and promotion .....	3,054,859.	1,835,931.	4,781.	1,214,147.
<b>13</b> Office expenses .....	3,164,433.	261,058.	61,777.	2,841,598.
<b>14</b> Information technology .....	320,371.	186,521.	38,186.	95,664.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,228,115.	738,351.	166,322.	323,442.
<b>17</b> Travel .....	893,184.	612,169.	193,165.	87,850.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	382,478.	320,142.	46,732.	15,604.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	151,822.	91,807.	20,680.	39,335.
<b>23</b> Insurance .....	1,126,485.	125,277.	50,081.	951,127.
<b>24</b> 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 O.)				
<b>a</b> DIRECT COMMUNICATION	15,379,933.	15,379,933.		
<b>b</b> DUES AND SUBSCRIPTIONS	1,166,505.	641,262.	106,107.	419,136.
<b>c</b> EQUIPMENT REPAIR/MAINT.	5,276.	3,398.	647.	1,231.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	62,432,814.	44,090,290.	3,746,821.	14,595,703.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	18,671,585.	15,379,933.	0.	3,291,652.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	20,899,085.	<b>1</b>	15,844,867.
	<b>2</b> Savings and temporary cash investments .....	273,967.	<b>2</b>	297,037.
	<b>3</b> Pledges and grants receivable, net .....	2,644,700.	<b>3</b>	2,543,469.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,210,064.	<b>9</b>	687,098.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,792,248.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 944,614.	724,825.	<b>10c</b> 847,634.
	<b>11</b> Investments - publicly traded securities .....	20,539,492.	<b>11</b>	23,376,939.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	9,629,006.	<b>15</b>	9,148,347.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	55,921,139.	<b>16</b>	52,745,391.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	11,050,491.	<b>17</b>	5,461,153.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	11,996,327.	<b>25</b>	11,415,716.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	23,046,818.	<b>26</b>	16,876,869.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	27,619,011.	<b>27</b>	27,470,077.
	<b>28</b> Net assets with donor restrictions .....	5,255,310.	<b>28</b>	8,398,445.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	32,874,321.	<b>32</b>	35,868,522.
<b>33</b> Total liabilities and net assets/fund balances .....	55,921,139.	<b>33</b>	52,745,391.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	63,084,650.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	62,432,814.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	651,836.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	32,874,321.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,411,850.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-69,485.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	35,868,522.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** 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? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2023)

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization AMNESTY INTERNATIONAL OF THE USA, INC. Employer identification number 52-0851555

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	49,549,669.	51,477,736.	58,442,899.	60,221,938.	62,854,644.	282,546,886.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	49,549,669.	51,477,736.	58,442,899.	60,221,938.	62,854,644.	282,546,886.
<b>5</b> The portion of total contributions 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, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						282,546,886.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	49,549,669.	51,477,736.	58,442,899.	60,221,938.	62,854,644.	282,546,886.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,111,203.	455,199.	500,072.	428,185.	527,783.	3,022,442.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	28,134.	6,849.	3,655.	15,642.	2,470.	56,750.
<b>11 Total support.</b> Add lines 7 through 10						285,626,078.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	481,941.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.92 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	98.62 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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 must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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

2019 AMOUNT: \$ 28,134.

2020 AMOUNT: \$ 6,849.

2021 AMOUNT: \$ 3,655.

2022 AMOUNT: \$ 15,642.

2023 AMOUNT: \$ 2,470.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

AMNESTY INTERNATIONAL OF THE USA, INC.

Employer identification number

52-0851555

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization  AMNESTY INTERNATIONAL OF THE USA, INC.	Employer identification number  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	<hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  AMNESTY INTERNATIONAL OF THE USA, INC.	Employer identification number  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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  AMNESTY INTERNATIONAL OF THE USA, INC.	Employer identification number  52-0851555
--	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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.

Name of organization <b>AMNESTY INTERNATIONAL OF THE USA, INC.</b>	Employer identification number <b>52-0851555</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and 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) 2023**

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	741.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	53,162.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	53,903.													
<b>d</b> Other exempt purpose expenditures .....	62,378,911.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	62,432,814.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	80,707.	146,373.	134,775.	53,903.	415,758.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	1,550.	2,971.	2,646.	741.	7,908.

Schedule C (Form 990) 2023

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)).

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and taxable amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-A:

THE ORGANIZATION UNDERTAKES ACTIVITIES TO INFLUENCE LEGISLATION AND

GOVERNMENT POLICY ON THE FEDERAL LEVEL AND FILES QUARTERLY LOBBYING

REPORTS WITH CONGRESS. EMPLOYEES WHO ARE INVOLVED IN LOBBYING ARE

REGISTERED WITH CONGRESS AS LOBBYISTS AND TRACK THE TIME THEY SPEND ON

LOBBYING ACTIVITIES BROKEN DOWN BY THE SPECIFIC TOPIC OR LEGISLATIVE AREA.

**Part IV** Supplemental Information (continued)

THE COMPENSATED VALUE OF THEIR TIME, PLUS AN ALLOCATION OF OVERHEADS AND

OTHER DIRECT COSTS, ARE INCLUDED IN THE LOBBYING EXPENDITURE. OUR

REPORTING FOR CONGRESSIONAL LOBBYING MATCHES WITH WHAT WE REPORT ON

SCHEDULE C.

THE ORGANIZATION ALSO UNDERTAKES GRASSROOTS LOBBYING DESIGNED TO ENCOURAGE

OUR MEMBERS AND DONORS TO TAKE ACTIONS TO INFLUENCE GOVERNMENTAL

LEGISLATION AND POLICY. THE PROPORTIONATE COSTS OF ONLINE MEDIA AND

MESSAGING ARE REFLECTED IN THESE EXPENDITURES.

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

2023

Open to Public Inspection

Name of the organization: AMNESTY INTERNATIONAL OF THE USA, INC. Employer identification number: 52-0851555

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included on line 2a, 2d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance 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, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,255,682.	4,160,245.	3,885,494.	3,353,480.	2,786,004.
b Contributions	100,000.				
c Net investment earnings, gains, and losses	451,510.	-742,793.	488,848.	642,194.	698,726.
d Grants or scholarships					
e Other expenditures for facilities and programs	159,775.	161,770.	214,097.	110,180.	131,250.
f Administrative expenses					
g End of year balance	3,647,417.	3,255,682.	4,160,245.	3,885,494.	3,353,480.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment 64.0000%
  - c Term endowment 36.0000%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations?  |     | X  |
| (ii) Related organizations?   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		353,365.	81,732.	271,633.
d Equipment		1,089,198.	636,446.	452,752.
e Other		349,685.	226,436.	123,249.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				847,634.



**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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	9,148,347.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	9,148,347.

**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	10,052,209.
(3) CHARITABLE GIFT ANNUITY OBLIGATION	1,363,507.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	11,415,716.

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	65,364,750.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	2,411,850.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	33,404.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,445,254.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	62,919,496.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	95,669.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	69,485.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	165,154.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	63,084,650.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	62,370,549.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	33,404.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	33,404.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	62,337,145.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	95,669.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	95,669.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	62,432,814.

**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

VARIOUS PROGRAMS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE

ENDOWMENT ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF

DONOR-RESTRICTED FUNDS THAT AIUSA MUST HOLD IN PERPETUITY AS DIRECTED BY

THE DONORS. THE ENDOWMENT FUNDS ARE INVESTED IN VEHICLES SUCH AS MUTUAL

FUNDS, BONDS, AND EQUITY SECURITIES.

PART X, LINE 2:

ASC 740 FOOTNOTE

**Part XIII** Supplemental Information (continued)

AIUSA FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN  
 TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING  
 ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS  
 GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN  
 ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE  
 LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A  
 TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON  
 THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD  
 THAT THE TAX POSITION MAY BE CHALLENGED.

AIUSA IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE INTERNAL REVENUE CODE  
 ("IRC") SECTION 501(C)(3). HOWEVER, IT IS SUBJECT TO TAX ON INCOME  
 UNRELATED TO ITS EXEMPT PURPOSE UNLESS THAT INCOME IS OTHERWISE EXCLUDED  
 BY THE IRC. AIUSA HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE  
 MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED  
 BUSINESS INCOME, TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN  
 JURISDICTIONS FOR WHICH IT HAS NEXUS, AND TO IDENTIFY AND EVALUATE OTHER  
 MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. AIUSA HAS DETERMINED THAT NO  
 MATERIAL UNCERTAIN TAX POSITIONS REQUIRE RECOGNITION OR DISCLOSURE IN ITS  
 FINANCIAL STATEMENTS. IN ADDITION, AIUSA HAS NOT RECORDED A PROVISION FOR  
 INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS  
 INCOME ACTIVITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF GIFT ANNUITY OBLIGATIONS	69,485.
---	---------

**SCHEDULE F (Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

**2023**

Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **AMNESTY INTERNATIONAL OF THE USA, INC.** Employer identification number **52-0851555**

**Part I 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		11,423,527.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING - INDIVIDUAL		20,000.
SOUTH ASIA	0	0	GRANTMAKING - INDIVIDUAL		20,000.
<b>3 a</b> Subtotal .....	0	0			11,463,527.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			11,463,527.

**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 needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(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 ICELAND & GREENLAND)	ANNUAL ASSESSMENT	11,423,527.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a 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 ..... 1

3 Enter total number of other organizations or entities .....

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(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)
GINETTA SAGAN AWARD	EUROPE (INCLUDING ICELAND & GREENLAND)	1	20,000.	WIRE	0.		
GINETTA SAGAN AWARD	SOUTH ASIA	1	20,000.	WIRE	0.		

**Part IV Foreign Forms**

- 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 the Instructions for Form 926)* .....  Yes  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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  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 the Instructions for Form 5471)* .....  Yes  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 the Instructions for Form 8621)* .....  Yes  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 the Instructions for Form 8865)* .....  Yes  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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**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, 2023, THIS ASSESSMENT WAS \$11,423,527.

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.

GINETTA SAGAN AWARD:

A COMMITTEE OF VOLUNTEER ADVISORS AND ORGANIZATION STAFF MEMBERS MEET YEARLY AND SELECTS THE RECIPIENTS OF AN ANNUAL LIFETIME ACHIEVEMENT AWARD FOR INDIVIDUALS WORKING IN THE HUMAN RIGHTS FIELD. THIS AWARD IS IN HONOR OF GINETTA SAGAN AND RECOGNIZES THE NEEDS OF WOMEN AND CHILDREN IN THE AREAS OF HUMAN RIGHTS, EDUCATION, AND THE ERADICATION OF TORTURE.



**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>AMNESTY INTERNATIONAL OF THE USA, INC.</b>	Employer identification number 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.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AB DATA - 600 AB DATA DRIVE, MILWAUKEE, WI 53217	DIRECT MAIL FUNDRAISING		X	15,662,654.	100,775.	15,561,879.
BLUE STATE DIGITAL, INC - 41 FLATBUSH AVENUE, 8TH,	ONLINE FUNDRAISERS		X	5,837,485.	117,785.	5,719,700.
M & R STRATEGIC SERVICES, INC - 1101 CONNECTICUT AVE NW 7TH	ONLINE FUNDRAISERS		X	1,349,179.	73,604.	1,275,575.
PUBLIC OUTREACH FUNDRAISING, LLC - 1003-207 WEST HASTINGS	DOOR-DOOR FUNDRAISING		X	1,338,178.	1,056,102.	282,076.
DV CANVASS - 11710 PLAZA AMERICA DRIVE, SUITE 2000,	DOOR-DOOR FUNDRAISING		X	1,269,154.	794,513.	474,641.
GIVEBRIDGE, INC. - 525 W MONORE ST., SUITE 900,	DOOR-DOOR FUNDRAISING		X	1,181,635.	640,812.	540,823.
GRASSROOTS TEAM LLC - 318 W. ADAMS, SUITE 1801, CHICAGO,	DOOR-DOOR FUNDRAISING		X	419,709.	420,452.	-743.
3 SIXTY FUNDRAISING - 134 N 4TH ST., BROOKLYN,, NY 11249	DOOR-DOOR FUNDRAISING		X	196,587.	87,609.	108,978.
<b>Total</b>				27,254,581.	3,291,652.	23,962,929.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
11	Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 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	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

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 \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

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 spent in the 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

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: PUBLIC OUTREACH FUNDRAISING, LLC

(I) ADDRESS OF FUNDRAISER:

1003-207 WEST HASTINGS ST., VANCOUVER BC, CANADA V6B 1H7

(I) NAME OF FUNDRAISER: DV CANVASS

(I) ADDRESS OF FUNDRAISER:

11710 PLAZA AMERICA DRIVE, SUITE 2000, RESTON, VA 20190

(I) NAME OF FUNDRAISER: GIVEBRIDGE, INC.

(I) ADDRESS OF FUNDRAISER:

525 W MONORE ST., SUITE 900, CHICAGO, IL 60661-3793

(I) NAME OF FUNDRAISER: GRASSROOTS TEAM LLC

(I) ADDRESS OF FUNDRAISER: 318 W. ADAMS, SUITE 1801, CHICAGO, IL 60606

PART I, LINE 2B, COLUMN (V):

PROFESSIONAL FUNDRAISING SERVICES:

SEVERAL OF THE PROFESSIONAL FUNDRAISERS REPORTED ON SCHEDULE G ARE

REPORTED AS AMNESTY'S TOP 5 HIGHEST-PAID INDEPENDENT SERVICE PROVIDERS IN

FORM 990, PART VII. THE COMPENSATION REPORTED IN PART VII REPRESENTS THE

TOTAL FEES PAID TO THE VENDOR, INCLUSIVE OF EXPENDITURES RELATED TO

PRODUCTION AND MAILING COSTS; THIS AMOUNT EXCEEDS WHAT IS REPORTED ON

SCHEDULE G BECAUSE THAT SCHEDULE REQUIRES AMNESTY ONLY TO LIST AMOUNTS

PAID FOR FUNDRAISING SERVICES.

AMNESTY INTERNATIONAL ENGAGES VARIOUS PROFESSIONAL FUNDRAISERS TO SOLICIT

DONATIONS FROM ORGANIZATIONS AND INDIVIDUALS. THESE FUNDRAISING EFFORTS

OFTEN ENTAIL SIGNIFICANT TOUCHPOINTS WITH DONORS OVER THE COURSE OF

**Part IV** Supplemental Information (continued)

YEARS, SO THERE IS NOT NECESSARILY A CORRELATION BETWEEN THE AMOUNT

AMNESTY PAYS THE FUNDRAISER AND THE AMOUNT IT RAISES IN A SPECIFIC YEAR.

IN ADDITION, MANY DONORS SUPPORT AMNESTY ACROSS YEARS, OR IT MAY NOT BE

CLEAR WHAT SPECIFIC FUNDRAISING TOUCHPOINT RESULTED IN THE RECEIPT OF A

GIFT; TO THAT END, IDENTIFYING FUNDRAISING REVENUE GENERATED BY EACH

VENDOR WITHIN A SINGLE YEAR IS NOT A PERFECT SCIENCE AND THE AMOUNTS

REPORTED IN SCHEDULE G REPRESENT THE BEST ALLOCATION THAT AMNESTY COULD

MAKE AT THIS TIME.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization AMNESTY INTERNATIONAL OF THE USA, INC. Employer identification number 52-0851555

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
- 3** Enter total number of other organizations listed in the line 1 table .....

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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	27	96,761.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I, PART III:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S. TO

INDIVIDUALS:

A COMMITTEE COMPOSED OF VOLUNTEER MEMBERS, AUGMENTED BY INPUT FROM THE

ORGANIZATION'S STAFF, RECEIVES AND REVIEWS APPLICATIONS FOR SMALL

GRANTS IN THE RANGE OF \$500 TO \$5,000 FOR WORK IN PROJECTS CENTERED ON

HUMAN RIGHTS ISSUES. RECIPIENTS ARE SELECTED BASED ON THE MERITS OF

THEIR PROPOSALS AND THE QUALITY OF THEIR SUBMISSIONS. PART OF THE

FUNDING FOR THESE GRANTS COMES FROM AN ALLOTMENT DESIGNATED AS THE

**Part IV Supplemental Information**

HANNA GRUNWALD FUND AND SPECIAL INCENTIVE FUND.

Multiple horizontal lines for supplemental information.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

AMNESTY INTERNATIONAL OF THE USA, INC.

Employer identification number

52-0851555

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**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 .....

**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? .....

**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.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**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:

- a** The organization? .....
- b** Any related organization? .....
- 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 not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**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-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(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				
(1) PAUL O'BRIEN EXECUTIVE DIRECTOR	(i)	320,056.	0.	0.	16,268.	41,043.	377,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARCY BOURNE CHIEF DEVELOPMENT OFFICER	(i)	269,104.	0.	0.	13,737.	41,043.	323,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEAN-CLAUDE TOUSSAINT CHIEF FIN & ADMIN OFFICER	(i)	239,608.	0.	0.	2,021.	38,230.	279,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) IRA LEFTON CHIEF LEGAL AND POLICY OFFICER	(i)	237,817.	0.	0.	12,115.	28,690.	278,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULIE ANNE HONG CHIEF IDEA, PEOPLE & CULTURE OFFICER	(i)	242,426.	0.	0.	12,206.	14,761.	269,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RACHEL WARD NATIONAL DIRECTOR, RESEARCH	(i)	209,691.	0.	0.	10,963.	41,043.	261,697.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) THOMAS BOZZELL NATIONAL DIRECTOR, OPERATIONS/IT	(i)	204,627.	0.	0.	10,371.	27,763.	242,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) VIVEK RAJAM RAMKUMAR CHIEF OF STAFF	(i)	240,760.	0.	0.	1,003.	761.	242,524.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL BEAR KLEINMAN DIRECTOR, SILICON VALLEY INITIATIVE	(i)	211,054.	0.	0.	10,642.	14,761.	236,457.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ADOTEI AKWEI DEVELOPMENT DIRECTOR	(i)	182,593.	0.	0.	9,336.	41,043.	232,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TARAH ANN DEMANT NATIONAL DIRECTOR OF PROGRAMS	(i)	185,260.	0.	0.	9,514.	28,690.	223,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) NADIA DAAR - CHIEF STRATEGY & IMPACT OFFICER (AS OF 02/2023)	(i)	200,976.	0.	0.	0.	217.	201,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BETHANY CRISS - CHIEF MOVEMENT BLDG & MEM ENG OFF (AS OF 03/2023)	(i)	179,231.	0.	0.	0.	20,447.	199,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

**2023**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **AMNESTY INTERNATIONAL OF THE USA, INC.**  
Employer identification number: **52-0851555**

Part 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 determining noncash contribution amounts
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	X	130	1,351,667.	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				
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 organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

AMNESTY INTERNATIONAL OF THE USA, INC.

Employer identification number

52-0851555

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:

STRATEGY AND IMPACT DEPARTMENT (CONTINUED):

2) GOVERNMENT RELATIONS AND ADVOCACY, 3) CAMPAIGNS AND CRISIS RESPONSE,  
4) SILICON VALLEY INITIATIVE, 5) RESEARCH, AND 6) MARKETING AND  
COMMUNICATION.

1) THE PROGRAMS UNIT CONSISTS OF ISSUE EXPERTS WHO MANAGE ONGOING  
BODIES OF WORK ON HUMAN RIGHTS ISSUES AND WHO CREATE AND IMPLEMENT  
STRATEGIES TO WIN HUMAN RIGHTS VICTORIES AND MAKE LONG-TERM HUMAN  
RIGHTS IMPACT IN PARTICULAR THEMATIC AREAS.

2) THE CAMPAIGNS AND CRISIS RESPONSE UNIT MANAGES CROSS-FUNCTIONAL  
EFFORTS TO CAMPAIGN ON AND ACHIEVE TIMEBOUND AND INTENSIFIED EFFORTS TO  
WIN HUMAN RIGHTS VICTORIES AND HELP STOP URGENT HUMAN RIGHTS ABUSES.

3) THE GOVERNMENT RELATIONS AND ADVOCACY UNIT EDUCATES U.S. GOVERNMENT  
OFFICIALS ON HUMAN RIGHTS SITUATIONS AROUND THE WORLD, AND ADVOCATES  
FOR U.S. GOVERNMENT POLICIES AND PRACTICES TO HELP STOP HUMAN RIGHTS  
VIOLATIONS BY COUNTRIES AND OTHER ACTORS, IN ADDITION TO ENSURING THE  
U.S. IS NOT VIOLATING HUMAN RIGHTS ABROAD.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization AMNESTY INTERNATIONAL OF THE USA, INC.	Employer identification number 52-0851555
--	--

4) THE SILICON VALLEY INITIATIVE IS A JOINT ENDEAVOR BETWEEN AMNESTY INTERNATIONAL'S INTERNATIONAL SECRETARIAT AND AIUSA TO ENGAGE WITH THE TECHNOLOGY SECTOR FOR THE ADVANCEMENT OF HUMAN RIGHTS.

5) THE RESEARCH UNIT CONDUCTS ORIGINAL HUMAN RIGHTS RESEARCH (REPORTS, POLICY BRIEFINGS, CASE FIELDS, AMICUS BRIEFS, PROTEST MONITORING, AND INTERNATIONAL ADVOCACY) ON DOMESTIC HUMAN RIGHTS ISSUES IN THE UNITED STATES.

6) THE MARKETING AND COMMUNICATIONS UNIT IS RESPONSIBLE FOR LEADING AIUSA'S MEDIA/PRESS WORK AND ENGAGING WITH US-BASED MEDIA, PUBLIC-FACING DIGITAL COMMUNICATIONS INCLUDING AIUSA'S SOCIAL MEDIA CHANNELS AND WEBSITE, MULTIMEDIA PRODUCTION, AND MANAGING RELATIONSHIPS WITH THOSE IN THE ENTERTAINMENT AND ARTS INDUSTRY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

2) CHIEF OF STAFF - THE CHIEF OF STAFF DEPARTMENT STREAMLINES ALIGNMENT BETWEEN THE INTERNATIONAL SECRETARIAT AND AIUSA AS WELL AS OVERSEES THE INTERNAL GOVERNANCE PRACTICES OF THE ORGANIZATION BY COLLABORATING WITH THE BOARD OF DIRECTORS AND AIUSA STAFF. IN ADDITION, THE DEPARTMENT MANAGES AN INTERNAL COMMUNICATIONS UNIT THAT IS RESPONSIBLE FOR DEVELOPING PRODUCTS AND ENSURING INFORMATION FLOWS THAT ENABLE AIUSA'S COMMUNITY TO FUNCTION TRANSPARENTLY, COLLABORATIVELY, EFFECTIVELY, AND IN UNISON. FURTHER, THE DEPARTMENT ALSO OVERSEES AIUSA'S PLANNING & EVALUATION UNIT THAT IS RESPONSIBLE FOR LEARNING AND REPORTING, INCLUDING THROUGH MEL EVALUATIONS. AND, FINALLY, THE DEPARTMENT MANAGES THE INNOVATION & COLLABORATION UNIT THAT IS RESPONSIBLE FOR CREATING FRAMEWORKS, SYSTEMS, AND PROCESSES TO SUPPORT COLLABORATIVE PROJECT

Name of the organization AMNESTY INTERNATIONAL OF THE USA, INC.	Employer identification number 52-0851555
--	--

MANAGEMENT AND DATA-DRIVEN DECISION-MAKING IN ORGANIZATION-WIDE OPERATIONS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MOVEMENT BUILDING AND MEMBERSHIP ENGAGEMENT (CONTINUED):

1) ORGANIZING & ACTIVISM - THE ORGANIZING AND ACTIVISM UNIT ORGANIZES AND BUILDS MOBILIZATION CAPACITY IN THE UNITED STATES.

2) EVENTS - THE EVENTS UNIT ORCHESTRATES THE PLANNING AND COORDINATION OF AIUSA'S ANNUAL GENERAL MEETING AND ANNUAL REGIONAL CONFERENCES ACROSS THE COUNTRY THAT EDUCATE AND MOBILIZE AIUSA MEMBERS, ACTIVISTS, AND ATTENDEES.

3) GRASSROOTS LEADERSHIP & ENGAGEMENT - THE UNIT BUILDS CAPACITY FOR GRASSROOTS ADVOCACY BY RECRUITING, COACHING, AND TRAINING VOLUNTEER MEMBER LEADERS.

4) INDIVIDUALS AT RISK (IAR) AND HUMAN RIGHTS EDUCATION - THE IAR-ME UNIT INTERSECTS WITH DEPARTMENTS AND UNITS ACROSS AIUSA, SEEKING TO GROW ACTION-TAKERS, BUILD MEMBER ENGAGEMENT, AND DIVERSIFY THE MOVEMENT THROUGH THE FOUNDATIONAL LENS OF INDIVIDUALS AT RISK WORK, CENTRAL TO THE MOVEMENT.

5) MEMBER COMMUNICATIONS MEMBER COMMUNICATIONS FOCUSES ON DELIVERING HIGH IMPACT, DIGESTIBLE COMMUNICATIONS AND STRATEGIES FOR MEMBERS, SIMPLIFYING AND MODERNIZING MEMBER-TO-MEMBER AND MEMBER-TO-STAFF COMMUNICATION.



Name of the organization AMNESTY INTERNATIONAL OF THE USA, INC.	Employer identification number 52-0851555
--	--

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.

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

Name of the organization AMNESTY INTERNATIONAL OF THE USA, INC.	Employer identification number 52-0851555
--	--

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:

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

Name of the organization AMNESTY INTERNATIONAL OF THE USA, INC.	Employer identification number 52-0851555
--	--

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  
 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 -69,485.