

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning , **2022**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C MUSLIMS FOR PROGRESSIVE VALUES 1465 TAMARIND AVE #702 LOS ANGELES, CA 90028		D Employer identification number 26-1125983
	F Name and address of principal officer: ZURIANI ZONNEVELD SAME AS C ABOVE		E Telephone number (323) 696-2678
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 496,638.	
J Website: WWW.MPVUSA.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
L Year of formation: 2007		M State of legal domicile: CA	
H(c) Group exemption number			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>MPV CREATING A CULTURE ROOTED IN HUMAN RIGHTS IN MUSLIM SOCIETIES IN THE U.S. AND AROUND THE WORLD.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	6
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	441,007.	467,502.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,498.	29,076.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7.	60.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	466,512.	496,638.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	141,880.	378,176.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	92,588.	118,576.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	33,581.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,660.	116,218.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	302,128.	612,970.
19 Revenue less expenses. Subtract line 18 from line 12	164,384.	-116,332.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	247,832.	732,051.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	600,551.
		247,832.	131,500.

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.

Sign Here	<i>Zuriani Zonneveld</i> Signature of officer DC74FF790B9B4A9...	5/6/2023 Date	
	ZURIANI ZONNEVELD Type or print name and title	PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name NARINE MASROPIAN	Date 5/2/2023	Check <input type="checkbox"/> if self-employed PTIN P00758690
	Firm's name MASROPIAN CPA, INC ID604D39BC448B...		Firm's EIN 82-5128781
	Firm's address 16501 VENTURA BLVD ENCINO, CA 91436		Phone no. 818-572-4450

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

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:

MUSLIMS FOR PROGRESSIVE VALUES ADVOCATES FOR HUMAN RIGHTS, SOCIAL JUSTICE AND INCLUSION IN THE UNITED STATES AND AROUND THE WORLD.

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 \$ 394,315. including grants of \$ 378,176.) (Revenue \$)

GLOBAL INITIATIVES - MPV'S WORK INCLUDES INNOCULATING AGAINST EXTREMISM AND CREATING AN INCLUSIVE ECOSYSTEM THROUGH THE IMPLEMENTATION OF #IMAMSFORSHE IN BURUNDI, DRC AND RWANDA; IMPLEMENTATION OF AN INCLUSIVE ISLAM CURRICULUM IN MADRASSAS IN BURUNDI; DESIGNED AND LAUNCHED AN MPV-URDU PAGE ON MPVUSA.ORG AS WELL AS A FACEBOOK PAGE OF MPV'S ENGLISH CONTENTS TRANSLATED INTO URDU TO PROMOTE UNIVERSAL HUMAN RIGHTS VALUES.

4b (Code:) (Expenses \$ 135,825. including grants of \$) (Revenue \$)

US ADVOCACY - MOST ADVOCACY ACTIVITIES ON SEPARATION OF RELIGION AND STATE, FREEDOM OF CONSCIENCE, ERA, LGBTQ+ RIGHTS, REPRODUCTIVE JUSTICE, ANTI-FGM AND FORCED/EARLY CHILD MARRIAGE. MPV IMPLEMENTED AN AGGRESSIVE PUBLIC EDUCATION CAMPAIGN ON THESE ISSUES; PARTICIPATION IN AMICUS BRIEFS WITH LIKE MINDED FAITH AND NONFAITH ORGANIZATIONS; POST COVID WE RESUSCITATED MPV CHAPTERS IN DC, NY, SAN FRANCISCO AND BOSTON. TO CREATE AN INCOME STREAM, WE RAMPED UP OUR INTERFAITH MARRIAGE SERVICES AND CHAPLAINCY ENDORSEMENT.

4c (Code:) (Expenses \$ 14,415. including grants of \$) (Revenue \$)

MPV'S UNITED NATIONS ADVOCACY - MPV IS A MEMBER OF THE UN INTER-AGENCY MULTI-FAITH ADVISORY COUNCIL, CO-CHAIR OF ITS GENDER WORKING GROUP; MEMBER OF THE UN WOMEN'S EQUALITY IN LAW FOR WOMEN AND GIRLS BY 2030; STEERING COMMITTEE OF GLOBAL CAMPAIGN FOR FAMILY LAW REFORM; ADVOCATES FOR AND CONTRIBUTES TO REPORTS ON FREEDOM OF RELIGION AND BELIEF AND THROUGH NUMEROUS UN MECHANISMS ON ISSUES AS IT RELATES TO WOMEN, LGBTQIA+ RIGHTS AND ESPECIALLY IN CHALLENGING BIASES AND GENDER BASED VIOLENCE IN THE NAME RELIGION.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 8,884. including grants of \$) (Revenue \$)

4e Total program service expenses 553,439.

TAXABLE YEAR

2022

California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name MUSLIMS FOR PROGRESSIVE VALUES <small>Additional information. See instructions.</small>		California corporation number 3046486
Street address (suite or room) 1465 TAMARIND AVE #702		FEIN 26-1125983
City LOS ANGELES	State CA	Zip code 90028
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) ● _____</p> <p>E Check accounting method: 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p>F Federal return filed? 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990) 4 <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8. ●	1	29,136.
	2	Gross dues and assessments from members and affiliates. ●	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B. ●	3	467,502.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B. ●	4	496,638.
	5	Cost of goods sold. ●	5	
	6	Cost or other basis, and sales expenses of assets sold. ●	6	
	7	Total costs. Add line 5 and line 6. ●	7	
	8	Total gross income. Subtract line 7 from line 4. ●	8	496,638.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18. ●	9	612,970.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. ●	10	-116,332.
Filing Fee	11	Total payments. ●	11	
	12	Use tax. See General Information K. ●	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. ●	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. ●	14	
	15	Penalties and interest. See General Information J. ●	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result. ●	16	0.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Declared by: Signature of officer: <i>Swiani Konneveld</i> Title: PRESIDENT Date: 5/6/2023	Telephone: (323) 696-2678			
Paid Preparer's Use Only	Preparer's signature: <i>Marine Masropian</i> DC74FF790B9B4A9... Date: 5/2/2023 Check if self-employed: <input type="checkbox"/>	Firm's FEIN: P00758690			
	Firm's name (or yours, if self-employed) and address: MASROPIAN CPA, INC. 16501 VENTURA BLVD ENCINO, CA 91436	Telephone: 82-5128781 818-572-4450			
	May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

MUSLIMS FOR PROGRESSIVE VALUES

26-1125983

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	29,136.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	29,136.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	378,176.
	10	Disbursements to or for members.	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule.	●	11	110,000.
	12	Other salaries and wages.	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	8,576.
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 2	●	17	116,218.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	612,970.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		209,298.	●	718,826.
2	Net accounts receivable		27,141.	●	9,472.
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule.			●	
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule. STM 3		11,393.	●	3,753.
13	Total assets		247,832.		732,051.
Liabilities and net worth					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	194,732.
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM 4				405,819.
19	Capital stock or principal fund		247,832.	●	131,500.
20	Paid-in or capital surplus. Attach reconciliation.			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		247,832.		732,051.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	●	-116,332.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5.		-116,332.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule.	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6.		-116,332.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

MUSLIMS FOR PROGRESSIVE VALUES

Employer identification number

26-1125983

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

[X] 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).

Name of organization MUSLIMS FOR PROGRESSIVE VALUES	Employer identification number 26-1125983
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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	WALLACE GLOBAL FUND 2040 S STREET, NW WASHINGTON, DC 20009	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	A&A FUND 101 ARCH STREET 18TH FLOOR BOSTON, MA 02110	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	OPEN SOCIETY FOUNDATION 224 W 57TH ST NEW YOURK, NY 10019	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	AMIN FOUNDATION 10203 SANTA MONICA BLVD, #300 LOS ANGELES, CA 90067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COM OF LITERARY MAGAZINES & PRESS 154 CHRISTOPHER STREET STE 3C NEW YORK, NY 10014	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	VIOLET JABARA CHARITABLE TRUST 60 EAST 42ND STREET, 38TH FL NEW YORK, NY 10165	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MUSLIMS FOR PROGRESSIVE VALUES	Employer identification number 26-1125983
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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
7	NETHERLANDS FOREIGN MINISTRY RIJNSTRAAT 8, 2515 XP DEN HAAG, EUROPE 20061 NETHERLANDS	\$ 447,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MUSLIMS FOR PROGRESSIVE VALUES	Employer identification number 26-1125983
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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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

TAXABLE YEAR

CALIFORNIA FORM

2022 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name MUSLIMS FOR PROGRESSIVE VALUES	California corporation number 3046486
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year	
WEBSITE	3/01/2019	25,000.	17,360.	197	3	7,640.	
20 Total. Add the amounts in column (g).....						20	7,640.
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22	

2022**CALIFORNIA STATEMENTS****PAGE 1****MUSLIMS FOR PROGRESSIVE VALUES****26-1125983****STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

OTHER INVESTMENT INCOME.....	\$	60.
PROGRAM SERVICE REVENUE.....		29,076.
	TOTAL \$	<u>29,136.</u>

**STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES**

ACCOUNTING FEES.....	\$	13,600.
AMORTIZATION.....		7,640.
BANK CHARGES.....		605.
DUES AND SUBSCRIPTIONS.....		3,787.
INFORMATION TECHNOLOGY.....		5,656.
INSURANCE.....		14,162.
MEALS AND ENTERTAINMENT.....		3,430.
MISCELLANEOUS.....		3,498.
OUTSIDE SERVICES.....		42,006.
POSTAGE.....		1,200.
TELEPHONE AND UTILITIES.....		870.
TRAVEL OR ENTERTAINMENT FOR PUBLIC OFFICIALS.....		19,764.
	TOTAL \$	<u>116,218.</u>

**STATEMENT 3
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS**

PREPAID EXPENSES AND DEFERRED CHARGES.....		3,753.
	TOTAL \$	<u>3,753.</u>

**STATEMENT 4
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES**

DEFERRED REVENUE.....		405,819.
	TOTAL \$	<u>405,819.</u>