** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. 2022 ОСТ 1 2021 and ending SEP 30

Α	For the	lpha 2021 calendar year, or tax year beginning $$ OCT $$ 1 , $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ and $$	ending S	<u>EP 30, 2022</u>	2	
В	Check if applicable	C Name of organization		D Employer identi	fication number	
	Addres	Shoreline Plaza, Inc.				
	Name change			82-03745	516	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er	
	Final return/	1001 S. Orchard Street		208-287-		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	881,576.	
	Ameno return	Boise, ID 63703		H(a) Is this a group	return	
	Applic tion	F Name and address of principal officer. O diliame Doilinelly	'zul	for subordinate	es? Yes X No	
_	pendir	same as C above		H(b) Are all subordinates	included? Yes No	
		empt status: $501(c)(3)$ \boxed{X} $501(c)$ ($\boxed{4}$) \blacktriangleleft (insert no.) 4947(a)(1) c	or 527		a list. See instructions	
		e: > www.bcacha.org		H(c) Group exempti		
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1977	M State of legal domicile: ID	
P	art I	Summary			0	
ģ	1 1	Briefly describe the organization's mission or most significant activities: $ { t To} { t deg} $ ${ t maintain}$, $ { t and} { t operate} { t low} { t income} { t housing}$.	элетор	o, construct	, OWII,	
Jan 2		Check this box if the organization discontinued its operations or dispos	ad of mara	than 25% of its not a	a a a ta	
Ā	3			1	_	
ć	3 4	Number of independent voting members of the governing body (Part VI, line 1b)				
o v	5 5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)				
ě	6	Total number of volunteers (estimate if necessary)				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			_	
٩	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
Œ	8	Contributions and grants (Part VIII, line 1h)		68,236.		
Ē	9	Program service revenue (Part VIII, line 2g)		729,098		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-135		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		797,199.	· · · · · · · · · · · · · · · · · · ·	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 159,912.		
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		159,912.		
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	<u> </u>	0.	
X	17	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		446,598.	601,009.	
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		606,510		
		Revenue less expenses. Subtract line 18 from line 12		190,689		
- Jo	<u> </u>	Tovando lodo experiodo. Gabitado into To Itom into 12	Be	ginning of Current Year		
ets	20	Total assets (Part X, line 16)		1,903,941.		
Ass	21	Total liabilities (Part X, line 26)		2,985,892.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		-1,081,951.		
Р	art II	Signature Block				
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of n	ny knowledge and belief, it is	
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.		
		Cianatura of officer		Doto		
Sign Signature of officer Date						
He	re	Julianne Donnelly-Tzul, Chairperson Type or print name and title				
				Date Check	PTIN	
Da:	4	Print/Type preparer's name Kim Hunwardsen, CPA Kim Hunwardsen,		08/10/23 of self-empl		
Pai Pre		Kim Hunwardsen, CPA Kim Hunwardsen, Firm's name ► Eide Bailly LLP	CPA (45-0250958	
Preparer Firm's name ► Elde Ballly LLP Firm's EIN ► 45-0250958 Use Only Firm's address ► 800 Nicollet Mall, Ste. 1300						
	, only	Minneapolis, MN 55402-7033		Phone no 6	L2-253-6500	
— Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		1 Holle Ho. 0 -	X Yes No	
	001 12-09		ns.		Form 990 (2021)	

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To develop, construct, own, maintain, and operate multifamily housing
	for the elderly, handicapped, and disabled pursuant to section 8 of
	the united states housing act of 1937, as amended, or other federal,
	state or local assistance programs.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 675,720 • including grants of \$) (Revenue \$ 806,551 •)
	Shoreline Plaza was formed for the purpose of owning and operating an
	80-unit low-income housing complex to promote and advance low-rent
	housing for senior citizens and other lower income persons in the City
	of Boise, Idaho, as part of a program of the Housing Authority of the
	City of Boise, Idaho by, among other things rendering financial
	assistance to the Housing Authority: by financing and constructing in
	or near the City of Boise, Idaho, one or more buildings usable for
	public housing purposes of the City or other purposes not inconsistent
	therewith.
	CHELEMICH.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 675 , 720 .
	Form 990 (2021)

Form 990 (2021) Shoreline Plaza, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? f "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		7.7	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	17
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			, v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2021) Shoreline Plaza, Inc. 82-0374516 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			\ v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00		X
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		X
00	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		1
30		30		X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	"		1
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_
٠,	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u> </u>	

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? _7d d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? <u>1</u>5 If "Yes," see the instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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.

_	Cneck if Schedule O contains a response or note to any line in this Part VI			Λ				
Sec	tion A. Governing Body and Management			ı				
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	4						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b							
2	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	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?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0						
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5						
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 -						
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12.5						
·	on Schedule O how this was done	12c	х					
13		13		Х				
14		14	Х					
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	21					
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
_		150		Х				
_	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		Λ				
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х				
	taxable entity during the year?	16a						
b	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	401						
500	exempt status with respect to such arrangements? tion C. Disclosure	16b						
17		o order	ovelle l	olo.				
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)	availal	л е				
	for public inspection. Indicate how you made these available. Check all that apply.							
	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, an	a tinan	cial					
	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							
	Diana Meo, Finance Director - 208-287-1065							
	1001 S. Orchard Street, Boise, ID 83705							

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

X

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, 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.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)			(C)			Satt	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per week	box	, unles	ss per	rson i	s both	n an	compensation from	compensation from related	amount of other
	(list any	ctor				organizations	compensation			
	hours for	Individual trustee or director	a .			ited		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	truste		99	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	Institutional trustee	_	Key employee	Highest compensated employee	er	1099-NEO)		organizations
	line)	Indivi	Institi	Officer	Key e	Highe	Former			
(1) Deanna L. Watson, Secretary	4.40									
Treasurer, Executive Director	35.60			Х				0.	125,109.	34,129.
(2) Diana Meo	4.40								00 005	26.666
Finance Director	35.60			Х				0.	90,985.	36,666.
(4) Julianne Donnelly-Tzul President/Board Chair	1.00	Х							0	0
(5) Raquel Guglielmetti	5.00 1.00	Λ		Х				0.	0.	0.
President/Board Chair (Until 04/22)	5.00	Х		X				0.	0.	0.
(6) Kent Rock	1.00	25						•	•	
Vice President/Board Vice Chair	3.00	х		x				0.	0.	0.
(7) Jennifer Seamon	1.00									
Board Member	1.00	Х						0.	0.	0.
(8) Shellan Rodriguez	1.00									
Board Member	1.00	Х						0.	0.	0.
(9) Jamie Hansen	1.00									•
Board Member	1.00	Х						0.	0.	0.
(10) Tiffany McKee	1.00	٠,,							0	0
Board Member	1.00	Х						0.	0.	0.
		-								
		-								
		1								

Fai	T VII Section A. Officers, Directors, Trus		<u>oloy</u>	ees,			ghes	st C						
	(A)	(B)			Pos	C)	,		(D)	(E)			(F)	
	Name and title	Average		not c	heck	more	than		Reportable	Reportable	- 1		timate	
		hours per week					is botl or/trus		compensation	·			nount	of
		(list any		T	T		T	Ι,	from	from related			other	
		hours for	lirect				_		the organization	organizatior (W-2/1099-MI)			pensa om the	
		related	9 Or (stee			sate		(W-2/1099-MISC/	1099-NEC	- 1		anizati	
		organizations	Individual trustee or director	nstitutional trustee		yee	la du		1099-NEC)		·		d relate	
		below	dual	ution	<u> </u>	Key employee	sst co	er	,				anizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			<u> </u>											
			-											
			-				 							
			1											
				_										
			1											
			_				_							
			Γ											
			-											
			1											
1b	Subtotal	1						<u> </u>	0.	0. 216,094. 70,7				
С	Total from continuation sheets to Part VI							\	0.		0.			0.
	Total (add lines 1b and 1c)								0.	216,0	94.	7	0,79	95.
2	Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable	 е			
	compensation from the organization											-	1	0
•	Diel de conserie di collina de conserie de					1		. 1. !			1		Yes	No
3	Did the organization list any former officer			•		•		·		•		2		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								ar componentian from t			3		-22
4	and related organizations greater than \$15	•							•	J		4	х	
5	Did any person listed on line 1a receive or a			•								7		
Ū	rendered to the organization? If "Yes." con	•				•			J			5		Х
Sec	tion B. Independent Contractors	ipiete Corregan	201	07 00	<u> </u>	0070	,011				,,,,,,,		'	
1	Complete this table for your five highest co	•									pensat	tion fro	m	
	the organization. Report compensation for (A)	the calendar ye	<u>ear e</u>	enair	ng w	ith o	or wi	tnin	the organization's tax y	ear.		(C	٠١	
	Name and business	address	N	INC	Ξ				Description of s	ervices	С	omper		า
	Total number of independent contractors (i	ncludina but n	ot lir	niter	d to	thos	se lis	sted	above) who received mo	ore than				
_	\$100,000 of compensation from the organi)						000	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 74,468. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 74,468. h Total. Add lines 1a-1f Business Code 2 a Sec. 8 Housing Assista 536,301. 536,301. 624200 Program Service Revenue b Tenant Rent 624200 267,025. 267,025. С 3,225. 3,225. f All other program service revenue 900099 806,551. g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 557. 557. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ▶ (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis 361. Other Revenue and sales expenses -361. c Gain or (loss) 7c -361. -361. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

196.

0.

Total revenue. See instructions

881,215.

806,551.

Form 990 (2021) Shoreline Plaza, Inc. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All other	r organizations must con	nplete column (A).					
	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	115 005	50.050	26 525					
7	Other salaries and wages	115,995.	79,258.	36,737.					
8	Pension plan accruals and contributions (include	01 151	01 151						
_	section 401(k) and 403(b) employer contributions)	21,151.	21,151. 36,343.						
9	Other employee benefits	36,343. 9,608.	6,565.	2 042					
10	Payroll taxes	9,008.	0,303.	3,043.					
11	Fees for services (nonemployees):								
a	Management	2,022.		2,022.					
b	Legal	9,500.		9,500.					
	Accounting	9,300.		9,300.					
d	Lobbying Dysfessional fundaciona convises Cos Bost IV line 17								
e	Professional fundraising services. See Part IV, line 17 Investment management fees								
f q	Other. (If line 11g amount exceeds 10% of line 25,								
g	column (A), amount, list line 11g expenses on Sch 0.)	60,987.	4 842.	56,145.					
12	Advertising and promotion	987.	4,842.	182.					
13	Office expenses	2,589.	2,589.						
14	Information technology	2,0001	2,3031						
15	Royalties								
16	Occupancy	44,062.	44,062.						
17	Travel	757.	,	757.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	2,475.	2,475.						
20	Interest	97,488.	97,488.						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	75,708.	75,708.						
23	Insurance	54,148.	54,148.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)								
а	Maintenance & Repairs	223,536.	223,536.						
b	Payment in lieu of tax	22,574.	22,574.						
c	Collection Losses	3,721.	3,721.						
d		·	•						
e	All other expenses	455.	455.						
25	Total functional expenses. Add lines 1 through 24e	784,106.	675,720.	108,386.	0.				
26	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 if following SOP 98-2 (ASC 958-720)								
100010	12-09-21				Form 990 (2021)				

Pa	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to any line in this F	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	20.	1	20.	
	2	Savings and temporary cash investments	637,906.	2	766,081.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		6,997.	4	56,247.
	5	Loans and other receivables from any current or former officer, direct	tor,			
		trustee, key employee, creator or founder, substantial contributor, or	r 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined as a defined person of the control of t	ned			
		under section 4958(f)(1)), and persons described in section 4958(c)(3			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		46,283.	9	6,559.
	10a	,				
		basis. Complete Part VI of Schedule D 10a 4,88	35,632.	1 011 550		055 405
	b		28,135.	1,011,579.	10c	957,497.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		201 156	14	105 774
	15	Other assets. See Part IV, line 11		201,156.	15	185,774.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,903,941.	16	1,972,178. 63,555.	
	17	Accounts payable and accrued expenses	40,032.	17	03,333.	
	18	Grants payable		5,359.	18 19	5,887.
	19 20	Deferred revenue Tax-exempt bond liabilities		3,333.	20	3,007.
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule I		20,427.	21	21,238.
	22	Loans and other payables to any current or former officer, director,	ا	20,427	21	21,250.
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or	35%			
ρij					22	
<u>Fi</u>	23			2,898,702.	23	2,841,268.
	24				24	
	25	Other liabilities (including federal income tax, payables to related thir				
		parties, and other liabilities not included on lines 17-24). Complete P				
		of Schedule D		20,552.	25	25,072.
	26	Total liabilities. Add lines 17 through 25		2,985,892.	26	2,957,020.
		Organizations that follow FASB ASC 958, check here				
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		-1,081,951.	27	-984,842.
Bal	28	Net assets with donor restrictions			28	
pu		Organizations that do not follow FASB ASC 958, check here				
ŕ		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds			31	
Net	32	Total net assets or fund balances		-1,081,951.	32	-984,842.
	33	Total liabilities and net assets/fund balances		1,903,941.	33	1,972,178.

Form **990** (2021)

Oili	1000 (2021)	<u> </u>	, , <u>, , , , , , , , , , , , , , , , , </u>	ıα	gc
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	78	4,1	06.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,08	1,9	51.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-98	4,8	42.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

Sh	noreline Plaza, Inc.	82-0374516						
	rganization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	$oxed{X}$ 501(c)($oldsymbol{4}$) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
, ,	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.						
X For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	, ,						
Special Rules								
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fig. line 1. Complete Parts I and II.	d that received from any one						
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ero) instead of the contributor name and address), II, and III.	entific,						
year, contributions is checked, enter h purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled monere the total contributions that were received during the year for an exclusively religious mplete any of the parts unless the General Rule applies to this organization because it re, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., eceived <i>nonexclusively</i>						
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Foe 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	, ·						

123451 11-11-21

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

Name of organization

Employer identification number

Shoreline Plaza, Inc.

82-0374516

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

Name of organization Employer identification number

Shoreline Plaza, Inc.

82-0374516

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

Name of organization **Employer identification number** Shoreline Plaza, 82-0374516 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 Part III 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

	Shoreline Plaza, Inc.		82-0374516
Par	rt I Organizations Maintaining Donor Advised Funds or Oth	er Similar Funds or F	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
	(a) Donor a	dvised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the asse	ets held in donor advised fu	ınds
	are the organization's property, subject to the organization's exclusive legal cont		
6	Did the organization inform all grantees, donors, and donor advisors in writing th		
	for charitable purposes and not for the benefit of the donor or donor advisor, or the	· ·	•
	impermissible private benefit?	, , ,	
Par			
1	Purpose(s) of conservation easements held by the organization (check all that ap	oply).	
	Preservation of land for public use (for example, recreation or education)	· —	storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation co	ontribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	-		2b
С	Number of conservation easements on a certified historic structure included in (a		
d	Number of conservation easements included in (c) acquired after 7/25/06, and no		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished		anization 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, in	spection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation	ns, and enforcing conservat	tion easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, ar	nd enforcing conservation ϵ	easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the require	ments 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 state	ement and
	balance sheet, and include, if applicable, the text of the footnote to the organization	tion's financial statements t	that describes the
	organization's accounting for conservation easements.		
Par	rt III Organizations Maintaining Collections of Art, Historical		Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	<u> </u>	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in it	s revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, educ	ation, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its financial statements that	t describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its re-	venue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education	on, or research in furtheran	ce 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 sim	ilar assets for financial gain	n, provide
	the following amounts required to be reported under FASB ASC 958 relating to t		
а	Revenue included on Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		• \$

Schedule D (Form 990) 2021

126,798

957,497

32,756

311,672.

214,390.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

438,470.

247,146.

Part VII Investments - Other Securities.	laza, inc.	82-	-03/4516 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) Tenant Security Deposits			21,238.
(2) Restricted Deposits			164,536.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•	185,774.
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		, ,	(b) Book value
(1) Federal income taxes			. ,
(2) Due to Related Party			25,072.
(3)			23,0,20
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (h) must equal Form 990, Part X, col. (B) line	25.)	N	25,072.

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

	dule D (Form 990) 2021 Shoreline Plaza, Inc.			374516 Page
Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	881,576
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d	361.	
е	Add lines 2a through 2d		2e	361
3	Subtract line 2e from line 1		3	881,215
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12	<u>2,) </u>	5	881,215
Pai	t XII Reconciliation of Expenses per Audited Financial S	tatements With Exp	enses per Returr).
	Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a.		
1	Total expenses and losses per audited financial statements		1	784,467
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	361.	
е	Add lines 2a through 2d		2e	361
3	Subtract line 2e from line 1		3	784,106
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 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 IV, line 2b:

Pursuant to management policy, the Corporation has set aside \$21,238 as of

September 30, 2022, to repay tenant security deposits after lease

termination in accordance with requirements established by the HUD

regulatory agreement.

Part X, Line 2:

Management believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements. The Corporation would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are

784,106.

4

Schedule D (Form 990) 2021 Shoreline Plaza, Inc. Part XIII Supplemental Information (continued)	82-0374516 Page 5
Part XIII Supplemental Information (continued)	
incurred.	
Part XI, Line 2d - Other Adjustments:	
Loss on Disposition of Assets reported in Part VIII	361.
Part XII, Line 2d - Other Adjustments:	
Loss on Disposition of Assets reported in Part VIII	361.

SCHEDULE J (Form 990)

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 for instructions and the latest information.

Name of the organization

Department of the Treasury

Internal Revenue Service

Shoreline Plaza, Inc.

Employer identification number

82-0374516

OMB No. 1545-0047

Open to Public

Inspection

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c 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? Х 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 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 Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2021

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.

Compensation incentive reportable compensation compensati	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (i) Base (ii) Bonus & (iii) Other	-2 and/or 1099-MISC compensation (ii) Bonus &	and/or 1099-NEC (iii) Other	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
125,109, 0			compensation	incentive compensation	reportable compensation				on prior Form 990
11 125,109 0 0 16,106 19,195 160,410 16 19 195 160,410 16 19 195 160,410 19 19 19 19 19 19 19	Secretary	(i)		• 0	0.	0.			• 0
	Executive Director	▣	125,109	0	0	16,106.	, 195	-	0
		Ξ							
		▤							
		Ξ							
		<u> </u>							
		ε							
		: ≘							
		∣≘							
		: ≘							
(ii) (iii) (∣≘							
		: ≘							
		Ξ							
(i) (ii) (ii) (iii) (iii		∷≘							
(ii) (iii)		Ξ							
(ii) (iii) ((iii							
(ii) (ii) (ii) (ii) (ii) (ii) (ii) (ii)		Ξ							
(i) (ii) (ii) (iii		▣							
(i) (ii) (ii) (iii) (iii		Ξ							
(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)		▣							
(ii) (iii) (Ξ							
(i) (ii) (ii) (ii) (iii)		▣							
(ii) (ii) (ii) (iii) (iiii) (iiii) (iiiiiiii		Ξ							
(ii) (ii) (ii) (iii) (ii		▣							
(ii) (ii) (iii) (i		Ξ							
(i) (ii) (ii) (ii) (iii)		(iii							
(ii) (ii) (iii)		Ξ							
(ii) (ii) (iii)		▣							
(i) (ii)		Ξ							
(i)		▣							
(ii)		Ξ							
		(ii)							

Schedule J (Form 990) 2021	Shoreline Plaza,	Inc. 82-0374516	Pe
Part III Supplemental Information	u		
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 inform:	'n.

is required for Part ,	The Organization does not establish the compensation of the Executive irector. Compensation is determined Boise City Housing Authority (BCHA),	organization and the organiz																Schedule J (Form 990) 202
------------------------	--	------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---------------------------

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.

2U21
Open to Public Inspection

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Shoreline Plaza, Inc.

Employer identification number 82-0374516

Form 990, Part V, Line 2:

Employee compensation is paid by Boise City Housing Authority (BCHA) on behalf of Shoreline Plaza. Employee wages, benefits, and payroll taxes reported on Part IX, Lines 7-10 reflect amounts reimbursed to BCHA for these services. All W-2s are issued by BCHA.

Form 990, Part VI, Section A, line 2:

Diana Meo and Deanna L. Watson have a business relationship with the board members as Diana and Deanna are officers compensated by Boise City Housing Authority (BCHA), a related organization, and the board members also serve as board members of BCHA.

Form 990, Part VI, Section A, line 7a:

When the office of a Director becomes vacant, the Mayor of the City of Boise and the Commissioners of Ada County jointly appoint a new Director.

The Board of Directors of the Corporation also serves as the Board of

Commissioners of Boise City Housing Authority (BCHA) and Ada County Housing

Authority (ACHA). The Commissioners are appointed in alternating years by

the Mayor of Boise and Ada County Commissioners. The Mayor of Boise

appoints members in odd numbered years and the Ada County Commissioners in

even numbered years.

Form 990, Part VI, Section A, line 8b:

The organization does not have any committees with authority to act on

behalf of the governing body.

<u>Schedule O (Form 990) 2021</u>

Name of the organization
Shoreline Plaza, Inc.
Employer identification number 82-0374516

Form 990, Part VI, Section B, line 11b:

A copy of the Form 990 is e-mailed to the entire Board for review prior to filing. Any concerns or questions from the Board are answered before the 990 is filed.

Form 990, Part VI, Section B, Line 12c:

The organization regularly and consistently monitors compliance with the conflict of interest policy. The Executive Director and Board of

Commissioners review potential conflicts of interest and appropriate counseling or action is taken. All potential or perceived Board of Directors conflicts of interest are addressed during board meetings with legal counsel in attendance.

Form 990, Part VI, Section B, Line 15:

Compensation for the Executive Director and Finance Director is determined and paid by a related organization, Boise City Housing Authority (BCHA).

BCHA uses a pay for performance system with regard to compensation. A human resources consulting group assisted with the pay for performance system and performs salary surveys with organizations similar in size and structure. BCHA receives cost of living adjustment amounts annually. This information is used to adjust the pay scale on an annual basis.

Form 990, Part VI, Section C, Line 19:

All documents are available to the public upon request.

Form 990, Part VII, Section A, Line 1a, Column F:

Deanna Watson and Diana Meo participate in the Public Employee

SCHEDULE R (Form 990)

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number 82-0374516

2021

OMB No. 1545-0047

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

Shoreline Plaza, Inc.

Name of the organization

Department of the Treasury Internal Revenue Service

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **e** Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II Part I

סופשוובמנוסום ממווופן נוזכ נמא לכמו.							
(a)	(q)	(၁)	(p)	(e)	(f)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 5 (2(b)(13) controlled	(SI)(a)
of related organization		foreign country)	section	status (if section	entity	entity?	~
				501(c)(3))		Yes	٩ ٧
Ada County Housing Authority - 82-0442236							
1001 S. Orchard Street							
Boise, ID 83705	Housing Authority	Idaho		2	N/A		×
Boise City Housing Authority - 82-0290739							
1001 S. Orchard Street							
Boise, ID 83705	Housing Authority	Idaho		-	N/A		×
Affordable Housing Solutions, Inc				H	Boise City/Ada		
27-2800521, 1001 S. Orchard Street, Boise,					County Housing		
ID 83705	Low Income Housing	Idaho	501(c)(3)	Line 12b, II Authority	Authority		×

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

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82-0374516

Page 2

Shoreline Plaza, Inc. Schedule R (Form 990) 2021

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(K)	General or Percentage managing ownership partner?								
9	neral or inaging artner?								
(i)	Code V-UBI General or Pramount in box managing or Schedule K-1 (Form 1065) Yes No								
	ions?								
E	Disproportionate allocations?								
(6)	Share of end-of-year assets								
(±)	Share of total income								
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)								
(p)	Direct controlling entity								
၁	Legal domicile (state or foreign country)								
(q)	Primary activity								
(a)	Name, address, and EIN of related organization								

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	ı	I	I	I	I
ition 5)(13) colled ity?					
(i) Section 512(b)(13) controlled entity?					
(h) Percentage ownership					
(g) Share of end-of-year assets					
(f) Share of total income					
ling Type of entity Sh: (C corp., S corp, or trust)					
(d) Direct control entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ŝ

Yes

× × × × × × × ×

×

×

×

× ×

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2

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

s Other transfer of cash or property from related organization(s)

r Other transfer of cash or property to related organization(s)

Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses

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Sharing of paid employees with related organization(s)

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Inc. Shoreline Plaza, Schedule R (Form 990) 2021

ᆵ ₽ <u>4</u> <u>4</u> 유 19 ¥ ¥ 무 Ŧ = During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 6

(d) Method of determining amount involved						
(c) Amount involved						
(b) Transaction type (a·s)						
(a) Name of related organization	(1)	(2)	(3)	(4)	(5)	(9)

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

;	-UBI box 20 ile K-1	1065) Yes No																
:	(h) F Disproportionate allocations?	assets Yes No (Form 1																
		Yes No Income																
	(d) Predominant income (related, unrelated, excluded from tax unc	sections 512-514) Ye																
	(c) Legal domicile (state or foreign	country)																
	(b) Primary activity																	
,	(a) Name, address, and EIN of entity																	