



# 2026 Hospital Property Tax Exemption

Idaho Code 63-602D

## Please Return by February 15th



Exemption from property taxation has been granted to the below described property for the previous year. To obtain this exemption for another year it is necessary to complete and return this declaration and a copy this organization's most recent Form 990 submitted to the IRS by April 15th per Idaho Code 63-602. To allow for faster processing please return by February 15th.

**PIN: 31084000 0**

SAINT ALPHONSUS MEDICAL CENTER NAMPA INC

FINANCE =

1055 N CURTIS RD

BOISE ID 83706

**Lot Size:** 16.19 Acres

**Site:** 4400 E FLAMINGO AVE, NAMPA

**Description:** 13-3N-2W NE

TX 34 IN E 1/2 LS W 725', TX

95179, 03203 & LS RD,, TX 3-B IN NESE & LS RD NBRHD: 101 Class: 681

Total: 167432850

*If you no longer own this property or no longer qualify for this exemption, please write 'cancel' and return*

1. Describe, in detail, the type of facility on this property and how it is used. \_\_\_\_\_
2. What is the maximum number of people this site can care for at one time? \_\_\_\_\_
3. How many consecutive hours a day is this care offered? \_\_\_\_\_
4. How many hours a day is professional nursing care provided at this site? \_\_\_\_\_
5. How many physicians are employed at this site full time? \_\_\_\_\_
6. Describe what kind of care is offered to inpatients experiencing acute illness at this site. \_\_\_\_\_
7. Is diagnostic, therapeutic, treatment, care, and rehabilitation services for injured, disabled, or sick persons and obstetrical care offered at this site? \_\_\_\_\_
8. Describe the psychiatric services offered at this site. \_\_\_\_\_
9. How do charges compare to those of similar for-profit companies? \_\_\_\_\_
10. Amount of charity care given in Canyon County the previous year. \_\_\_\_\_ Bad Debt \_\_\_\_\_
11. What is the total amount of indigent care reimbursement received from Canyon County the previous year? \_\_\_\_\_
12. Estimated Market Value of Property for statistical purposes (You may use the insured value for the buildings) \_\_\_\_\_
13. Is any part of the subject property used by another individual or other organization? \_\_\_\_\_ Square footage \_\_\_\_\_ Amount Paid \_\_\_\_\_  
Name of individual or organization \_\_\_\_\_ Length of use \_\_\_\_\_  
Criteria used to qualify potential user \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

By signing below you certify, under penalty of perjury, that all information provided is true, complete, and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this ORIGINAL form to Canyon County Assessor, Attn Exemptions, 111 NORTH 11th Ave, Suite 250, Caldwell, ID 83605**

For questions or to request an address change, contact us at 2cAsr@canyoncounty.id.gov or (208)454-6015

### Canyon County Board of Commissioners

	No Change in Exemption	Partially Remove Exemption	Remove Exemption Completely
Chairman	_____	_____	_____
Commissioner	_____	_____	_____
Commissioner	_____	_____	_____
Attest	_____	_____	Date _____



# 2026 Hospital Personal Property Tax Exemption

Idaho Code 63-602D

## Please Return by February 15th



Exemption from property taxes has been granted on certain personal property on this pin for the previous year. To obtain this exemption for another year it is necessary to complete and return this declaration and a copy this organization's most recent Form 990 submitted to the IRS by April 15th per Idaho Code 63-602. To allow for faster processing please return by February 15th.

**Personal Property PIN: 64940734 0**  
SAINT ALPHONSUS REGIONAL MEDICAL CENTER STARS

**Located:** 131 CONSTITUTION WAY, NAMPA  
19239  
PP ACCOUNT Exempt 63-602D HOSP

**ATTN FINANCE DEPT**  
1055 N CURTIS RD  
BOISE ID 83706

*If you no longer own this property or no longer qualify for this exemption, please write 'cancel' and return*

1. Name of the hospital using the subject property. \_\_\_\_\_
2. PIN of the **real property** where subject property is located. \_\_\_\_\_
3. Describe the type facility using the subject property. \_\_\_\_\_

*If the subject property is owned (not leased) by a hospital, please answer the following questions.*

4. What is the maximum number of people this site can care for at one time? \_\_\_\_\_
5. How many consecutive hours a day is this care offered? \_\_\_\_\_
6. How many hours a day is professional nursing care provided at this site? \_\_\_\_\_
7. How many physicians are employed at this site full time? \_\_\_\_\_
8. Describe what kind of care is offered to inpatients experiencing acute illness at this site. \_\_\_\_\_
9. Is diagnostic, therapeutic, treatment, care, and rehabilitation services for injured, disabled, or sick persons and obstetrical care offered at this site? \_\_\_\_\_
10. Describe the psychiatric services offered at this site. \_\_\_\_\_
11. Is the subject property ever used by persons who are not employees of the qualified hospital? If so, please explain. \_\_\_\_\_
12. How is the subject property used and how does that compare with the purpose for which the hospital is organized? \_\_\_\_\_
13. What are the main sources of revenue for the hospital derived from the subject property? \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

By signing below you certify, under penalty of perjury, that all information provided is true, full, complete, and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return these **ORIGINAL** forms to Canyon County Assessor, Attn Exemptions, 111 NORTH 11th Ave, Suite 250, Caldwell, ID 83605

### Canyon County Board of Commissioners

	No Change in Exemption	Partially Remove Exemption	Remove Exemption Completely
Chairman	_____	_____	_____
Commissioner	_____	_____	_____
Commissioner	_____	_____	_____
Attest	_____ Date _____		