

Pin	990	Leased	memo_id	MemoText	yrkValue	To DisplayName	statusaddress	Site City	Attn Line	Mailingaddress	Mailing 2
64941099 0			HOSP	PP ACCOU	262051	BIRELAND MATERNITY CENTER & HEART CARE CENTER	4402 E FLAMINGO AVE	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64940656 0			HOSP	PP ACCOU	66846	GENERAL SURGERY NAMPA	4400 E FLAMINGO AVE STE 200	NAMPA	PULMONARY AND SLEEP NAMPA	1055 N CURTIS RD	BOISE ID 83706
64937538 0			HOSP	PP ACCOU	86425	MERCY PHYSICIAN CARDIOLOGY	4424 E FLAMINGO AVE	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64940645 0			HOSP	PP ACCOU	13322135	NAMPA HOSPITAL	4300 E FLAMINGO AVE	NAMPA	SAINT ALPHONSUS	1055 N CURTIS RD	BOISE ID 83706
64940652 0			HOSP	PP ACCOU	9330	NHP OOC MED	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64940651 0			HOSP	PP ACCOU	65603	NHP STARS	4424 E FLAMINGO AVE STE 120	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64940654 0			HOSP	PP ACCOU	67172	NHP WOUND HYPERBARIC	4400 E FLAMINGO AVE	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64941585 0			HOSP	PP ACCOU	741463	SAINT ALPHONSUS EMERGENCY DEPARTMENT NEIGHBORHOOD	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	4300 E FLAMINGO AVE	NAMPA ID 83687-3138
31112010 0			HOSP	Urgent Car	598250	SAINT ALPHONSUS MEDICAL CENTER	4400 E FLAMINGO AVE	NAMPA	FINANCE =	1055 N CURTIS RD	BOISE ID 83706
31084000 0			HOSP	5/15/13 Pat	1.86E+08	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	4280 E FLAMINGO AVE	NAMPA	FINANCE =	1055 N CURTIS RD	BOISE ID 83706
31084012A0			HOSP	7/1/19 Pat	1491790	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	4211 E FLAMINGO AVE	NAMPA	FINANCE =	1055 N CURTIS RD	BOISE ID 83706
31095000 0			HOSP	5/7/2019 G	780080	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA		4300 E FLAMINGO AVE	NAMPA ID 83687-3138
31096000 0			HOSP	NON-PROF	368740	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA		4300 E FLAMINGO AVE	NAMPA ID 83687-3138
31098000 0			HOSP	NON-PROF	6072300	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA		4300 E FLAMINGO AVE	NAMPA ID 83687-3138
31099000 0			HOSP	NON-PROF	306220	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA		4300 E FLAMINGO AVE	NAMPA ID 83687-3138
31099010 0			HOSP	NON-PROF	74480	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA		4300 E FLAMINGO AVE	NAMPA ID 83687-3138
31100000 0			HOSP	NON-PROF	165530	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA		4300 E FLAMINGO AVE	NAMPA ID 83687-3138
31104011 0			HOSP	5/7/2019 G	326620	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	N JACOB ALLCOTT WAY	NAMPA	DIRECTOR OF REAL ESTATE=	1055 N CURTIS RD	BOISE ID 83706
31104012 0			HOSP	5/7/2019 G	246360	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	N JACOB ALLCOTT WAY	NAMPA	DIRECTOR OF REAL ESTATE=	1055 N CURTIS RD	BOISE ID 83706
64941628 0			HOSP	PP ACCOU	7250	SAINT ALPHONSUS PHYSICIAN ADMIN OFFICES	1524 12TH AVE RD	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64935408 0			HOSP	PP ACCOU	33024	SAINT ALPHONSUS PHYSICIAN SERVICES INC	315 E ELM ST	CALDWELL	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706-1452
64940734 0			HOSP	PP ACCOU	19239	SAINT ALPHONSUS REGIONAL MEDICAL CENTER STARS	131 CONSTITUTION WAY	NAMPA	ATTN FINANCE DEPT	1055 N CURTIS RD	BOISE ID 83706
64940655 0			HOSP	PP ACCOU	623147	SAMG NAMPA OB GYN	4424 E FLAMINGO AVE STE 200	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64941293 0			HOSP	PP ACCOU	49237	ST ALPHONSUS MEDICAL CENTER KAROCHER CLINIC	11036 W KAROCHER RD	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64932721 0			HOSP	PP ACCOU	221130	ST ALPHONSUS PHYSICIAN SERV INC	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
32043142 0			HOSP	6/13/24 Ful	5463180	ST LUKES NAMPA MEDICAL CENTER LTD	85 S MIDDLETON RD	NAMPA		190 E BANNOCK ST	BOISE ID 83712
64942071 0			HOSP	PP ACCOU	1279760	ST LUKES NAMPA MEDICAL CENTER LTD	85 S MIDDLETON RD	NAMPA		190 E BANNOCK ST	BOISE ID 83712
60664500 0			HOSP	PP ACCOU	270793	ST LUKES REGIONAL MEDICAL CENTER	1906 FAIRVIEW AVE STE 350	CALDWELL	C/O FINANCE FIXED ASSETS	190 E BANNOCK ST	BOISE ID 83712
64940185 0			HOSP	PP ACCOU	203788	ST LUKES REGIONAL MEDICAL CENTER	3165 GREENHURST RD	NAMPA	C/O FINANCE FIXED ASSETS	190 E BANNOCK ST	BOISE ID 83712
64940186 0			HOSP	PP ACCOU	1695579	ST LUKES REGIONAL MEDICAL CENTER	9850 W ST LUKES DR	NAMPA	C/O FINANCE FIXED ASSETS	190 E BANNOCK ST	BOISE ID 83712
64940243 0			HOSP	PP ACCOU	661307	ST LUKES REGIONAL MEDICAL CENTER	9850 W ST LUKES DR	NAMPA	C/O FINANCE FIXED ASSETS	190 E BANNOCK ST	BOISE ID 83712
64941410 0			HOSP	PP ACCOU	2264	ST LUKES REGIONAL MEDICAL CENTER	1620 S KIMBALL AVE	CALDWELL	C/O FINANCE FIXED ASSETS	190 E BANNOCK	BOISE ID 83712
64941482 0			HOSP	PP ACCOU	176529	ST LUKES REGIONAL MEDICAL CENTER	1722 2ND ST S	NAMPA	C/O FINANCE FIXED ASSETS	190 E BANNOCK ST	BOISE ID 83712
64941492 0			HOSP	PP ACCOU	6472050	ST LUKES REGIONAL MEDICAL CENTER	9860 W ST LUKES DR	NAMPA	C/O FINANCE FIXED ASSETS	190 E BANNOCK ST	BOISE ID 83712
64941624 0			HOSP	PP ACCOU	0	ST LUKES REGIONAL MEDICAL CENTER	1906 FAIRVIEW AVE STE 330	CALDWELL	ATTN FINANCE FIXED ASSET	190 E BANNOCK ST	BOISE ID 83712
64941625 0			HOSP	PP ACCOU	2134	ST LUKES REGIONAL MEDICAL CENTER	170 2ND ST	NAMPA		190 E BANNOCK ST	BOISE ID 83712
64941679 0			HOSP	PP ACCOU	2502374	ST LUKES REGIONAL MEDICAL CENTER	9870 W ST LUKES DR	NAMPA	C/O FINANCE FIXED ASSET	190 E BANNOCK ST	BOISE ID 83712
01646010 0			HOSP	4/20/21 Ex	135040	ST LUKES REGIONAL MEDICAL CENTER LTD	S KIMBALL AVE	CALDWELL		190 E BANNOCK ST	BOISE ID 83712
01648000 0			HOSP	5/5/22 Part	379580	ST LUKES REGIONAL MEDICAL CENTER LTD	112 W LOGAN ST	CALDWELL		190 E BANNOCK ST	BOISE ID 83712
01649000 0			HOSP	5/7/2019 G	986960	ST LUKES REGIONAL MEDICAL CENTER LTD	1620 S KIMBALL AVE	CALDWELL		190 E BANNOCK ST	BOISE ID 83712
30995000 0			HOSP	5/5/2020 Fl	563500	ST LUKES REGIONAL MEDICAL CENTER LTD	CERRY LN	NAMPA		190 E BANNOCK ST	BOISE ID 83712
30995011 0			HOSP	Partial Grar	38780950	ST LUKES REGIONAL MEDICAL CENTER LTD	9850 W ST LUKES DR	NAMPA		190 E BANNOCK ST	BOISE ID 83712
30995011B0			HOSP	5/5/22 Full	17390770	ST LUKES REGIONAL MEDICAL CENTER LTD	9951 W ST LUKES DR	NAMPA		190 E BANNOCK ST	BOISE ID 83712
30995011F0			HOSP	NON-PROF	1.24E+08	ST LUKES REGIONAL MEDICAL CENTER LTD	9860 W ST LUKES DR	NAMPA		190 E BANNOCK ST	BOISE ID 83712
30995012 0			HOSP	4/20/21 Ful	30021370	ST LUKES REGIONAL MEDICAL CENTER LTD	9870 W ST LUKES DR	NAMPA		190 E BANNOCK ST	BOISE ID 83712
64936391 0			HOSP	PP ACCOU	65875	ST LUKES REGIONAL MEDICAL CENTER LTD	290 W GEORGIA AVE	NAMPA	C/O FINANCE FIXED ASSETS	190 E BANNOCK ST	BOISE ID 83712
64937764 0			HOSP	PP ACCOU	3276	ST LUKES REGIONAL MEDICAL CENTER LTD	4620 ENTERPRISE WAY STE 105	CALDWELL		190 E BANNOCK ST	BOISE ID 83712
64941896 0			HOSP	PP ACCOU	3239519	ST LUKES REGIONAL MEDICAL CENTER LTD	9951 W ST LUKES DR	NAMPA		190 E BANNOCK ST	BOISE ID 83712



Application for Property Tax Exemption

Certain Hospitals ~ 63-602D



Due April 15th

Site Address: 0 MEDICAL DR, CA

Land: \$0

Size: 0.06 Acres

NBHD: 510005

Improvement: \$0

Inst: 200413299

Date: Mar 11 2004

Total Value: \$0

TAG: 001-00

Class: 525 Common ar

00691102 0

ST ALPHONSUS REGIONAL MEDICAL CENTER INC

Legal Description:

26-4N-3W NE MEDICAL WAY SUB NO 1 LT 1 BLK 2 & LT 1 BLK 3 - COMMON AREA

1055 N CURTIS RD
BOISE ID 83706

If this organization owns multiple parcels, please only refer to the property described above when completing this application.

1. Please provide the date this property was acquired by this organization

2. The purchase price

3. Please describe the facility or facilities on this property.

4. Is any part of the subject property used for purposes other than those for which this organization is organized?

5. If the subject property is a hospital please indicate if it is **primarily engaged** in providing the following, by or under the supervision of physicians:
Concentrated medical and nursing care on a 24 hour basis to inpatients experiencing acute illness
Diagnostic and therapeutic services for medical and psychiatric diagnosis and treatment
Treatment, and care of injured, disabled, or sick persons as well as obstetrical care
Rehabilitation services for injured, disabled, or sick persons

6. If this facility is a hospital corporation please state the number of patient beds at this location.

7. Does this facility derive income from the subject property other than from patients? Please explain.

8. Is **any part** of the subject property leased to another individual, business or other organization?
Name of lessee(s)
Square footage of leased area
Length of Lease
Monthly Rent
Criteria used to qualify potential lessee(s)

9. Estimated market value of subject property for statistical purposes. (You may use the insured value)

10. Is compensation of any kind (monetary, assets or other) given to board members or the equivalent?

11. What type of compensation is paid to employees and the equivalent (please check all that apply)
Salary
Assets at reduced or no cost
Bonus
Dividends
Benefits to private interests
Other (please specify on the attachment)

Provide with this application a letter, with supporting documents, explaining the basis for granting this exemption requested under Idaho Code 63-602D. This letter should answer the questions listed in Attachment D and should accompany the documents referred to in said attachment.

Print Name

Title

Phone

Website

Email

Certification by Taxpayer: Under penalty of perjury, I declare that all information provided is true, complete, and correct.

Signature

Date

Return this form and attachments to Canyon County Assessor, Attention Jennifer, 111 N 11th Ave, Caldwell, ID 83605. For questions, or to request an address change, contact us at: jloutz@canyoncounty.id.gov or (208)454-6696.

For Official Use Only

Canyon County Board of Commissioners

Full Year

Partial Year

Beginning the month of

For Tax Year

Full Exempt

Partial Exempt

Excluded from Exemption

Chairman

Commissioner

Commissioner

Attest

Date

Approve

Disapprove

Attachment D

Code 36-602D

Certain Hospitals

****If the application was given to you electronically, please print it on LEGAL SIZE paper. Applications shrunk to letter size cannot be accepted. ****

Note: As used below, the term subject property refers to the property, real or personal, for which you are claiming an exemption

Application Instructions

1. Date the property for which exemption is being requested was purchased or otherwise acquired by this organization.
2. The price paid for the subject property.
3. Describe the type of facility and services provided at the subject property. If the subject property is not a hospital please indicate the parcel number of the related hospital that the subject property supports.
4. This organization was formed for a particular purpose. Is any portion of the subject property used for any other purpose? Please explain.
5. If the subject property is a hospital answer yes or no whether each service is offered as described. If the subject property is not a hospital simply write n/a on the space provided.
6. If the subject property is a hospital write the number of beds on the space provided.
7. Does the subject property produce income from any other source than patients? IE sales of goods or services, rent...
8. Does another group or individual pay a donation or fee to use any part (room, building, land...) of this property on a regular basis? If so, please enter the terms of that arrangement in the space provided and attach a copy of the lease.
9. What is this property worth? In other words, what could you reasonably sell this property for today? If that number is not known, you may enter the value the property is insured for.
10. Please enter any benefits paid to board members of this organization.
11. Place an X next to all types of benefits paid to employees of this organization.

The following is a list of additional requests that should accompany the application.

1. Provide a copy of this facility's certificate issued by the secretary of state establishing non-profit status pursuant to chapter 3, title 30 of Idaho Code or the equivalent laws in the state of incorporation.
2. Include additional lease information not mentioned on the application.
3. Provide a copy of the articles of incorporation.
4. Provide verification that this facility has received an exemption from taxation from the Internal Revenue Service pursuant to section 501(c) (3) of the Internal Revenue Code.
5. Provide a copy of the most recent audit performed on your facility.
6. Provide a copy of your organizations' latest Idaho Corporation Annual Report Form.
7. Provide a copy of the most recent audit performed on your organization.
8. Provide a community benefits report that itemizes this facility's amount of un-reimbursed services for the prior year (including charity care, bad debt, and under-reimbursed care covered through government programs); special services and programs the hospital provides below its actual cost; donated time, funds, subsidies and in-kind services; additions to capital such as physical plan and equipment; and indication of the process the hospital has used to determine general community needs which coincide with the hospital's mission.
9. What percentage of your organization's overall yearly income is received in the form of donations from non-governmental entities? What are the amounts and sources of these donations? (please include donated funds, items and labor) What are these donations expended for? Have any of these donations been used for the subject property? If so, what percentage of the operating expenses for the subject property, including debt service and provided services, are paid for with these donations?
10. What percentage of your organization's overall yearly income is received in the form of grants from governmental entities? What are the amounts and sources of these grants? What are these grants expended for? Have any of these grants been used for the subject property? If so, what percentage of the operating expenses for the subject property, including debt service and provided services, are paid for with these grants?
11. Do any of the government grants that your organization receives require matching funds and/or services to be received or expended by your organization? If so, please indicate each such grant received the percentage of matching funds and/or services required and whether your organization meets or exceeds these requirements. If these requirements are exceeded, by how much are they exceeded?

For questions contact Jennifer in the Assessor's office at
(208) 454-6696 or jloutz@canyoncounty.id.gov



Application for Property Tax Exemption
For Personal Property Only
Certain Hospitals ~ 63-602D
Due April 15th



00691102 0
ST ALPHONSUS REGIONAL MEDICAL CENTER INC

1055 N CURTIS RD
BOISE ID 83706

Located: 0 MEDICAL DR, CALDWELL
Value: \$0
Description: 26-4N-3W NE MEDICAL WAY SUB NO 1 LT 1 BLK 2 & LT 1 BLK 3 - COMMON AREA
Class: 525 Common areas

The items listed on the "Idaho Business Personal Property Declaration" under the pin listed above is the only property subject to this application.

Describe, in detail, the type of facility and its function at the location of the subject property.

Is this organization staffed to provide professional nursing care on a 24 hour basis each day of the year at the location of the subject property?

Does this organization provide care for two or more individuals for 24 or more hours on a regular basis at the location of the subject property?

Is this organization primarily engaged in providing any of the following, by or under the supervision of physicians at the location of the subject property:

Concentrated medical and nursing care on a 24 hour basis to inpatients experiencing acute illness

Diagnostic and therapeutic services for medical and psychiatric diagnosis and treatment

Treatment, and care of injured, disabled, or sick persons as well as obstetrical care

Rehabilitation services for injured, disabled, or sick persons

If the subject property is not located at a hospital, does it support a hospital where the above services are provided? If so, please provide the name, parcel number and / or address of said hospital.

Is the subject property used exclusively for the purposes for which the qualified hospital is organized?

Is the subject property ever used by persons who are not employees of the qualified exempt hospital?

Does the qualified exempt hospital derive an income from the subject property other than from patients?

What percentage of this organization's overall yearly income is received in the form of donations from nongovernmental entities?

What percentage of this organization's overall yearly income is received in the form of grants from governmental entities?

Print Name

Title

Phone

Website

Email

Certification by Taxpayer: Under penalty of perjury, I declare that all information provided is true, complete, and correct.

Signature

Date

Return this form and attachments to Canyon County Assessor, Attn Jennifer, 111 NORTH 11th Ave, Suite 250, Caldwell, ID 83605. For questions, or to request an address change, contact us at: jloutz@canyoncounty.id.gov or (208)454-6696.

For Official Use Only

Canyon County Board of Commissioners

Full Year

Partial Year

Beginning the month of

For Tax Year

Full Exempt

Partial Exempt

Excluded from Exemption

Approve

Disapprove

Chairman

Commissioner

Commissioner

Attest

Date

Created: CC\HThompson 12/30/2025 9:10:32 AM

