

PIN	990	Leased	memo_id	MemoText	keyValue_To	DisplayName	situsaddress	SiteCity	AttnLine	MailingAddress	Mailing2
649410990			HOSP	PPACCOU1	262051	BIRKELAND MATERNITY CENTER & HEART CARE CENTER	4402 E FLAMINGO AVE	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
649406560			HOSP	PPACCOU1	66846	GENERAL SURGERY NAMPA	4400 E FLAMINGO AVE STE 200	NAMPA	PULMONARY AND SLEEP NAMPA	1055 N CURTIS RD	BOISE ID 83706
649375380			HOSP	PPACCOU1	86425	MERCY PHYSICIAN CARDIOLOGY	4424 E FLAMINGO AVE	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
649406450			HOSP	PPACCOU1	13322135	NAMPA HOSPITAL	4300 E FLAMINGO AVE	NAMPA	SAINT ALPHONSUS	1055 N CURTIS RD	BOISE ID 83706
649406520			HOSP	PPACCOU1	9330	NHP OCC MED	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
649406510			HOSP	PPACCOU1	65603	NHP STARS	4424 E FLAMINGO AVE STE 120	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
649406540			HOSP	PPACCOU1	67172	NHP WOUND HYPERBARIC	4400 E FLAMINGO AVE	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
649415850			HOSP	PPACCOU1	741463	SAINT ALPHONSUS EMERGENCY DEPARTMENT NEIGHBORHOOD	1150 12TH AVE RD	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
3112010 0			HOSP	Urgent Carr	598250	SAINT ALPHONSUS MEDICAL CENTER	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83687-3138
31084000 0			HOSP	5/15/13 Pai	1.86E+08	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	4400 E FLAMINGO AVE	NAMPA	FINANCE =	1055 N CURTIS RD	BOISE ID 83706
31084012A0			HOSP	7/1/19 Part	1491790	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	4280 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	4211 E FLAMINGO AVE	NAMPA	FINANCE =	1055 N CURTIS RD	BOISE ID 83706
31096000 0			HOSP	NON-PROF	368740	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
31098000 0			HOSP	NON-PROF	6072300	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
31099000 0			HOSP	NON-PROF	306220	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
31100000 0			HOSP	NON-PROF	74480	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
311040110			HOSP	NON-PROF	165530	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
311040120			HOSP	5/7/2019 G	326620	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
649416280			HOSP	5/7/2019 G	246360	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
649416280			HOSP	PPACCOU1	7250	SAINT ALPHONSUS MEDICAL CENTER NAMPA INC	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64941293 0			HOSP	PPACCOU1	30324	SAINT ALPHONSUS PHYSICIAN SERVICES INC	315 E ELM ST	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64940734 0			HOSP	PPACCOU1	19239	SANT ALPHONSUS REGIONAL MEDICAL CENTER STARS	131 CONSTITUTION WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64940655 0			HOSP	PPACCOU1	623147	SAMG NAMPA OB GYN	4424 E FLAMINGO AVE STE 200	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64941293 0			HOSP	PPACCOU1	49237	ST ALPHONSUS MEDICAL CENTER KARCHER CLINIC	11035 W KARCHER RD	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64932721 0			HOSP	PPACCOU1	221130	ST ALPHONSUS PHYSICIAN SERVICING	1150 N SISTER CATHERINE WAY	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
32043142 0			HOSP	6/13/24 Ful	5463180	ST LUKE'S NAMPA MEDICAL CENTER LTD	85 S MIDDLETON RD	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
64942071 0			HOSP	PPACCOU1	1279760	ST LUKE'S NAMPA MEDICAL CENTER LTD	85 S MIDDLETON RD	NAMPA	ATTN FINANCE	1055 N CURTIS RD	BOISE ID 83706
60664500 0			HOSP	PPACCOU1	270793	ST LUKE'S REGIONAL MEDICAL CENTER	1906 FAIRVIEW AVE STE 350	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64940185 0			HOSP	PPACCOU1	203788	ST LUKE'S REGIONAL MEDICAL CENTER	3165 GREENHURST RD	NAMPA	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64940186 0			HOSP	PPACCOU1	1695579	ST LUKE'S REGIONAL MEDICAL CENTER	9850 W ST LUKE'S DR	NAMPA	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64940243 0			HOSP	PPACCOU1	661307	ST LUKE'S REGIONAL MEDICAL CENTER	9850 W ST LUKE'S DR	NAMPA	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64941410 0			HOSP	PPACCOU1	2264	ST LUKE'S REGIONAL MEDICAL CENTER	1620 S KIMBALL AVE	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64941482 0			HOSP	PPACCOU1	176529	ST LUKE'S REGIONAL MEDICAL CENTER	1722ND ST	NAMPA	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64941492 0			HOSP	PPACCOU1	6472050	ST LUKE'S REGIONAL MEDICAL CENTER	9860 W ST LUKE'S DR	NAMPA	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64941624 0			HOSP	PPACCOU1	0	ST LUKE'S REGIONAL MEDICAL CENTER	1906 FAIRVIEW AVE STE 330	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64941625 0			HOSP	PPACCOU1	2134	ST LUKE'S REGIONAL MEDICAL CENTER	1702ND ST	NAMPA	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64941679 0			HOSP	PPACCOU1	2502374	ST LUKE'S REGIONAL MEDICAL CENTER	9870 W ST LUKE'S DR	NAMPA	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
0164610 0			HOSP	4/20/21 Ex	135040	ST LUKE'S REGIONAL MEDICAL CENTER LTD	SKIMBALL AVE	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
0164800 0			HOSP	5/5/22 Part	379580	ST LUKE'S REGIONAL MEDICAL CENTER LTD	112 W LOGAN ST	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
0164900 0			HOSP	5/7/2019 G	986960	ST LUKE'S REGIONAL MEDICAL CENTER LTD	1620 S KIMBALL AVE	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
30995000 0			HOSP	5/5/2020 F1	563500	ST LUKE'S REGIONAL MEDICAL CENTER LTD	CHERRY LN	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
30995011 0			HOSP	Partial Grar	38780950	ST LUKE'S REGIONAL MEDICAL CENTER LTD	9850 W ST LUKE'S DR	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
30995011B0			HOSP	5/5/22 Full	17390770	ST LUKE'S REGIONAL MEDICAL CENTER LTD	9951 W ST LUKE'S DR	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
30995011F0			HOSP	NON-PROF	1.24E+08	ST LUKE'S REGIONAL MEDICAL CENTER LTD	9860 W ST LUKE'S DR	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
30995012 0			HOSP	4/20/21 Ful	30021370	ST LUKE'S REGIONAL MEDICAL CENTER LTD	9870 W ST LUKE'S DR	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64936391 0			HOSP	PPACCOU1	66875	ST LUKE'S REGIONAL MEDICAL CENTER LTD	290 W GEORGIA AVE	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64937764 0			HOSP	PPACCOU1	3276	ST LUKE'S REGIONAL MEDICAL CENTER LTD	4620 ENTERPRISE WAY STE 105	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706
64941896 0			HOSP	PPACCOU1	3239519	ST LUKE'S REGIONAL MEDICAL CENTER LTD	9951 W ST LUKE'S DR	CALDWELL	C/O FINANCE FIXED ASSETS	1055 N CURTIS RD	BOISE ID 83706



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 ALPHONUS 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?	Length of Lease
Name of lessee(s)	Monthly Rent
Square footage of leased area	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)	
Bonus	Salary
Dividends	Assets at reduced or no cost
	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 _____

Approve _____ Disapprove _____

Chairman _____

Commissioner _____

Commissioner _____

Attest _____ Date _____

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 organization's 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

Class: 525 Common areas

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

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.

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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 _____

