



This document is dated May 15, 2026

UNAUDITED QUARTERLY REPORT

For the Three and Nine-Month Periods Ended
March 31, 2026 and 2025

The information in this report
has been provided by
CommonSpirit Health

COMMONSPIRIT HEALTH

TABLE OF CONTENTS

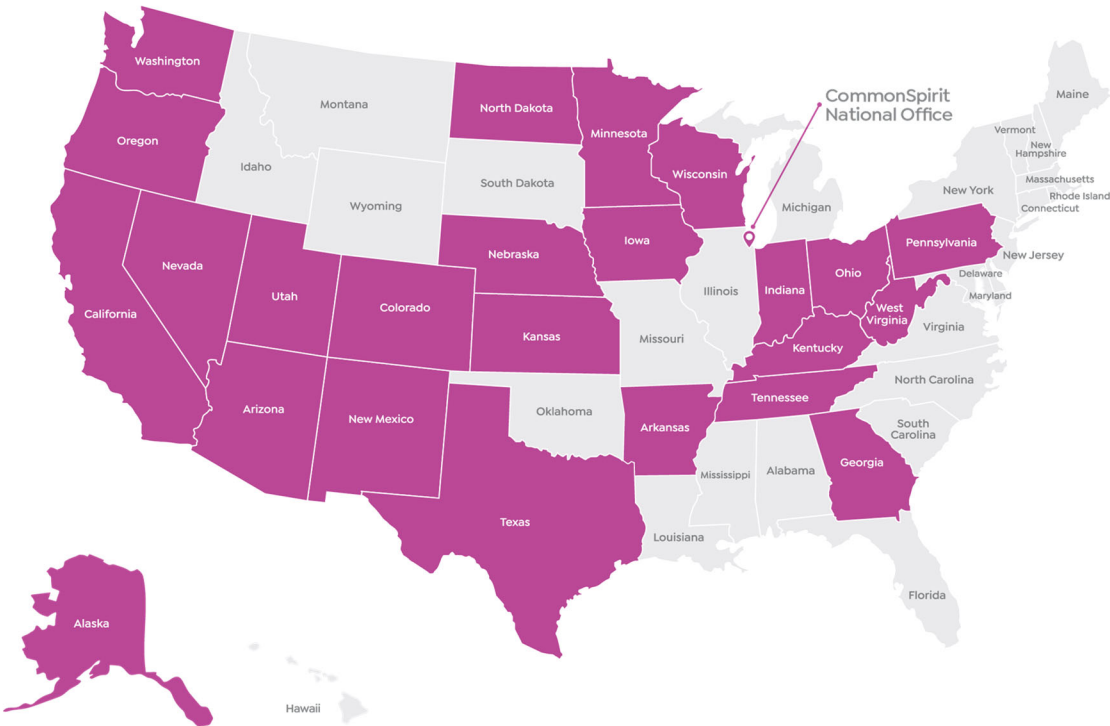
	Page
MANAGEMENT DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS	1
- Overview	1
- Forward-Looking Statements	2
- Financial Highlights and Summary	2
- California Provider Fee Program	4
- Significant Transactions	5
Results of Operations	5
- Operating Revenues and Volume Trends	5
- Operating Revenues by Region	8
- Operating Expenses	10
- Nonoperating Results	13
Balance Sheet Metrics	15
- Liquidity	15
- Capital Resources	15
- Debt Portfolio	16
Strategic Focus and Priorities	17
Exhibit I – Unaudited Condensed Consolidated Financial Statements for the Three and Nine-Month Periods Ended March 31, 2026 and 2025	22

Management Discussion and Analysis of Financial Condition and Results of Operations

Overview

CommonSpirit Health is a Colorado nonprofit public benefit corporation exempt from federal and state income taxes. CommonSpirit Health is a Catholic health care system sponsored by the public juridic person, Catholic Health Care Federation (“CHCF”).

CommonSpirit Health owns and operates health care facilities in 24 states and is the sole corporate member (parent corporation) of other primarily nonprofit corporations. CommonSpirit Health and substantially all of its direct affiliates and subsidiaries have been granted exemptions from federal income tax as charitable organizations under Section 501(c)(3) of the Internal Revenue Code. With its national office in Chicago, and a team of approximately 160,000 employees and over 25,000 physicians and advanced practice clinicians, as of May 15, 2026, CommonSpirit Health is comprised of approximately 2,400 care sites, including 137 hospitals accounted for in continuing operations, consisting of academic health centers, major teaching hospitals and critical access facilities; community health services organizations; accredited nursing colleges; home health agencies; living communities; a medical foundation and other affiliated medical groups; and other facilities and services that span the inpatient and outpatient continuum of care. An additional 20 hospitals are operated through unconsolidated joint ventures. The unaudited condensed consolidated financial statements in Exhibit I include CommonSpirit Health and its direct affiliates and subsidiaries (together, “CommonSpirit” or the “System”).



Forward-Looking Statements

Certain of the discussions in this document may include “forward-looking statements” which involve known and unknown risks and uncertainties inherent in the operation of health care facilities. Actual actions or results may differ materially from those presented herein, and past or current trends may not continue. Specific factors that might cause such differences include competition from other health care facilities in the service areas of CommonSpirit, federal and state regulation of health care providers, the impact of policies such as those related to trade, including changes in, or the imposition of, tariffs and/or trade barriers, the impact of staffing shortages, organized labor initiatives, and reimbursement policies of state and federal governments and managed care organizations. In particular, statements that are preceded by, followed by or include the words “believes,” “estimates,” “expects,” “anticipates,” “plans,” “intends,” “scheduled,” or other similar expressions are or may constitute forward-looking statements.

CommonSpirit’s forward-looking statements are based on its current plans and expectations and are subject to a number of known and unknown uncertainties and risks, many of which are beyond its control, which could significantly affect current plans and expectations and our future financial position and results of operations.

These factors include, but are not limited to:

- Changes in or related to general economic or business conditions nationally and regionally in its markets, including inflation, the impact of trade policies, including changes in, or the imposition of, tariffs and/or trade barriers, and potential shutdowns of the federal government.
- The impact of current and future health care public policy developments and the implementation of new, and possible changes to existing, federal, state or local laws and regulations affecting the health care industry, including the effects of the House Resolution Act 1 (the “HR1”), signed in July 2025, which includes significant changes to U.S. health care policy, coverage and reimbursement systems. While the most substantial health care provisions are not scheduled to take effect until 2027 and thereafter, the HR1 introduces new limitations and eligibility requirements that are expected to materially impact Medicaid funding and enrollment, as well as the health insurance marketplace and provider fee programs. CommonSpirit is unable to predict at this time how states will implement various requirements of the law.
- The impact of the current and future Medicaid Disproportionate Share Hospital (“DSH”) payments, since changes to this program could materially affect program payments to many hospitals and could negatively impact CommonSpirit’s operating results. In February 2026, Congress passed a funding package that extended the delay of DSH payment cuts. These cuts, which total \$8 billion annually, were eliminated for federal fiscal years 2026 and 2027 with only one year of the cuts remaining for federal fiscal year 2028.

CommonSpirit has presented its operating results for the three and nine-month periods ended March 31, 2026 and 2025, in accordance with accounting principles generally accepted in the United States of America (“GAAP”) and on a non-GAAP basis for EBITDA (earnings before interest, tax, depreciation and amortization, special charges, including contract termination and asset impairment, and nonoperating income). The non-GAAP financial measures are in addition to, not a substitute for, measures of financial performance prepared in accordance with GAAP.

Special charges, including contract termination and asset impairments (“special charges”): include certain non-routine, nonrecurring costs that are unusual in nature such as impairment of long-lived assets included in the brand unification initiative and certain contract termination costs.

CommonSpirit believes that its presentation of non-GAAP financial measures provides useful supplementary information to and facilitates additional analysis by investors. CommonSpirit uses certain non-GAAP financial measures to enhance an investor’s overall understanding of the financial performance and prospects for the future of CommonSpirit’s ongoing business activities by facilitating comparisons of results of ongoing business operations among current, past and future periods.

Financial Highlights and Summary

CommonSpirit recorded operating losses before special charges of \$734 million and \$1.2 billion, as reported, during the three and nine-month periods ended March 31, 2026, respectively, compared to operating losses before special charges of \$241 million and \$438 million, during the same periods in the prior year, respectively. Normalized for the California provider fee program (as discussed below), CommonSpirit reported operating losses before special charges

of \$578 million and \$743 million for the three and nine-month periods ended March 31, 2026, compared to operating losses before special charges of \$85 million and \$282 million in the same periods in the prior year, respectively.

CommonSpirit's EBITDA was a loss of \$85 million for the three-month period ended March 31, 2026, compared to a gain of \$278 million during the same period in the prior year. The EBITDA margin for the three-month period ended March 31, 2026, was -0.9%, a decrease from 2.9% in the same period of the prior year. Normalized for the California provider fee program, EBITDA for the three-month period ended March 31, 2026, was a gain of \$71 million, or an EBITDA margin of 0.7%, compared to EBITDA of \$434 million, or an EBITDA margin of 4.3% for the same period in the prior year. EBITDA for the three-month period ended March 31, 2026, includes net Employee Retention Credits ("ERC") of \$0 and prior year results include \$272 million in Federal Emergency Management Agency ("FEMA") grant revenue.

CommonSpirit's EBITDA was \$514 million for the nine-month period ended March 31, 2026, a decrease from \$1.2 billion as reported during the same period in the prior year. The EBITDA margin for the nine-month period ended March 31, 2026, was 1.7%, a decrease from 4.0% in the same period of the prior year. Normalized for the California provider fee program, EBITDA results for the nine-month period ended March 31, 2026, of \$980 million, with an EBITDA margin of 3.2%, declined from \$1.3 billion, or 4.5%, reported during the same period in the prior year. EBITDA for the nine-month period ended March 31, 2026, includes net ERC of \$144 million and the prior year results include \$650 million in FEMA grant revenue. EBITDA results improved from prior year when excluding ERC and FEMA grant revenue.

CommonSpirit's EBITDA results for the three and nine-month periods ended March 31, 2026, reflect a decline from the prior quarter and prior year. The decrease in financial performance is primarily due to continued revenue yield challenges resulting from case mix/acuity declines, collection performance, and deterioration in payor mix. Unfavorable results were partially offset by strong volumes, length-of-stay improvements, and higher productivity.

CommonSpirit has multiple efforts underway to improve operating performance, including, but not limited to:

- Volume growth with an emphasis on improving network integrity, expansion of ambulatory services, physician enterprise, emergency department, and capacity optimization for perioperative and imaging services.
- Continued efforts for revenue realization improvements through a focus on clinical denials prevention, escalation and resolution of disputes with payors, collaboration with the organization's revenue cycle vendor partners and ongoing managed care negotiations to reflect performance.
- Labor cost management via deployment of standard department staffing models across the organization as well as reduced contract labor utilization and spend.
- Other expense reduction efforts through renegotiation of supply chain contracts, rationalization of purchased service contracts, insourcing of group purchasing contracts, length-of-stay improvement, and improved management of out of network expenses for at-risk contracts.
- Focused improvement efforts, including service rationalization, for those markets where performance is currently below requirements.

In May 2026, the organization was notified of additional FEMA obligations of \$383 million for reimbursement of expenses related to the COVID-19 pandemic. This grant revenue will be recorded in other operating revenue in the statement of operations and changes in net assets during the quarter ended June 30, 2026.

Key Indicators Financial Summary*					
(\$ in millions)	Three-Month Periods Ended				
	March 31,				
	2026	2026**	2025	2025**	Change***
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
EBITDA	\$ (85)	\$ 71	\$ 278	\$ 434	\$ (363)
Margin %	(0.9%)	0.7%	2.9%	4.3%	(3.6%)
Operating loss before special charges	\$ (734)	\$ (578)	\$ (241)	\$ (85)	\$ (493)
Margin %	(7.6%)	(5.8%)	(2.5%)	(0.9%)	(4.9%)
Excess (deficit) of revenues over expenses					
before special charges	\$ (918)	\$ (762)	\$ (42)	\$ 114	\$ (876)
Margin %	(9.7%)	(7.8%)	(0.4%)	1.1%	(8.9%)

*All key financial indicators exclude special charges.

** Adjusted to normalize the California provider fee program net income.

*** Comparing March 31, 2026, as adjusted, to the same period in the prior year.

Key Indicators Financial Summary*					
(\$ in millions)	Nine-Month Periods Ended				
	March 31,				
	2026	2026**	2025	2025**	Change***
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
EBITDA	\$ 514	\$ 980	\$ 1,159	\$ 1,315	\$ (335)
Margin %	1.7%	3.2%	4.0%	4.5%	(1.3%)
Operating loss before special charges	\$ (1,209)	\$ (743)	\$ (438)	\$ (282)	\$ (461)
Margin %	(4.0%)	(2.4%)	(1.5%)	(1.0%)	(1.4%)
Excess (deficit) of revenues over expenses					
before special charges	\$ (186)	\$ 280	\$ 325	\$ 481	\$ (201)
Margin %	(0.6%)	0.9%	1.1%	1.6%	(0.7%)

*All key financial indicators exclude special charges.

** Adjusted to normalize the California provider fee program net income.

*** Comparing March 31, 2026, as adjusted, to the same period in the prior year.

California Provider Fee Program

On March 13, 2026, the state of California submitted its revised Hospital Fee Program tax model to CMS for approval of the new 12-month provider fee program beginning January 1, 2025 (California resubmitted its application based on CMS request). Approval of the 2025 program has not been received. As such, during the three and nine-month periods ended March 31, 2026, CommonSpirit did not recognize any California provider fee net income, compared to \$0 and \$311 million recorded in the same periods of the prior year for the three and nine-month periods, respectively.

As a result of the CMS approval timing, EBITDA, operating revenues and expenses for the three and nine-month periods ended March 31, 2026 and 2025, has been adjusted where indicated in this report to normalize the California provider fee program revenue and expenses as though CMS approval had occurred as of January 1st of each year, commensurate with the start of the program.

Following is a summary of the impact of normalizing provider fee net income:

California Provider Fee Program						
(\$ in millions)	Three-Month Periods Ended			Nine-Month Periods Ended		
	March 31,			March 31,		
	2026	2025	Change	2026	2025	Change
California provider fee as recorded						
Net patient and premium revenues	\$ -	\$ -	\$ -	\$ -	\$ 638	\$ (638)
Operating expenses	-	-	-	-	327	(327)
Provider fee net income	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 311</u>	<u>\$ (311)</u>
Normalized California provider fee						
Net patient and premium revenues	\$ 319	\$ 319	\$ -	\$ 957	\$ 957	\$ -
Operating expenses	163	163	-	491	490	1
Provider fee net income	<u>\$ 156</u>	<u>\$ 156</u>	<u>\$ -</u>	<u>\$ 466</u>	<u>\$ 467</u>	<u>\$ (1)</u>
Impact of Normalizing California provider fee						
Net patient and premium revenues	\$ 319	\$ 319	\$ -	\$ 957	\$ 319	\$ 638
Operating expenses	163	163	-	491	163	328
Provider fee net income	<u>\$ 156</u>	<u>\$ 156</u>	<u>\$ -</u>	<u>\$ 466</u>	<u>\$ 156</u>	<u>\$ 310</u>

Significant Transactions

In January 2026, CommonSpirit entered into an agreement with a revenue cycle solutions vendor to terminate services effective December 31, 2026. Terms of the agreement included the redemption of an equity interest held in the vendor by CommonSpirit for \$540 million. The termination is a strategic decision to bring the revenue cycle operations in-house for the facilities currently served by this vendor. As part of the agreement, CommonSpirit will pay an aggregate amount of \$1.9 billion, of which \$540 million was applied during the three and nine-month periods ended March 31, 2026, through the redemption of the equity interest, with the remaining balance payable in equal installments over the next three years. The termination agreement and loss on sale of the equity interest total a charge of \$2.2 billion and are included in special charges in the statements of operations and changes in net assets for the three and nine-month periods ended March 31, 2026, and current portion of long-term debt and long-term debt of \$453 million and \$765 million, respectively, were recorded in the unaudited balance sheets as of March 31, 2026.

In February 2024, CommonSpirit entered into an agreement to transfer two hospitals, along with associated clinics in San Francisco, to The University of California – San Francisco Health. The associated assets and liabilities were classified as held for sale as of June 30, 2024, within other current assets and other accrued liabilities – current, respectively, in the associated consolidated balance sheets. The transfer was finalized in August 2024 and the operations of the facilities held for sale are not material to the statement of operations and changes in net assets.

Results of Operations

Operating Revenues and Volume Trends

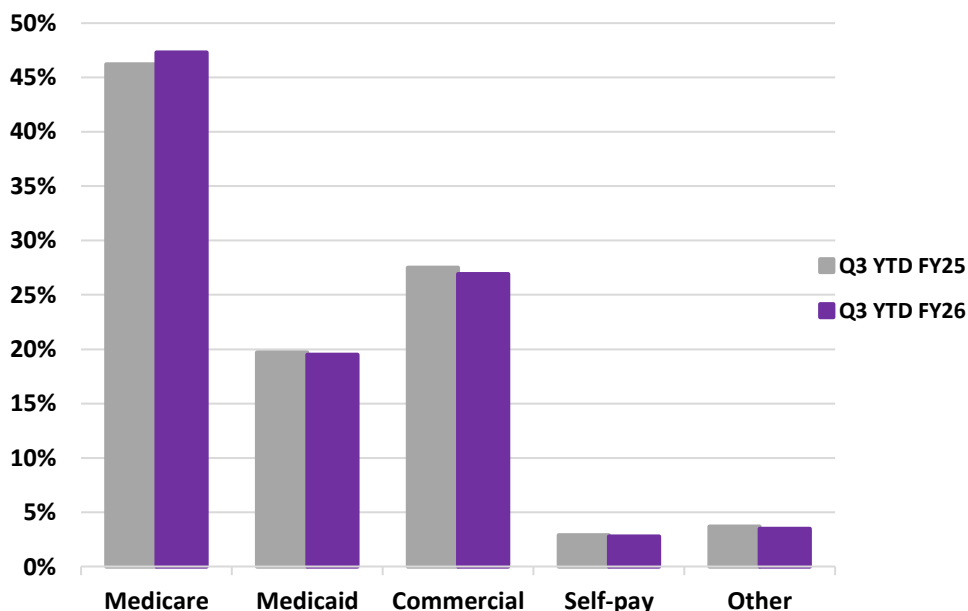
Net patient and premium revenues increased \$264 million, or 3.0%, and increased \$999 million, or 3.7%, over the same periods in the prior year for the three and nine-month periods ended March 31, 2026, respectively. Normalizing for the California provider fee revenues, net patient and premium revenue increased \$264 million, or 2.9%, and \$1.6 billion, or 6.0%, over the same periods in the prior year, for the three and nine-month periods ended March 31, 2026, respectively. The increase is primarily due to higher volume levels, improved rates and the approval of the Nebraska provider fee program. Normalized net patient and premium revenue per adjusted admission decreased 0.3%, but increased 1.6%, from the prior year, for the three and nine-month periods ended March 31, 2026, respectively.

For the three and nine-month periods ended March 31, 2026, CommonSpirit’s volumes on an adjusted admission basis were favorable to the same periods in the prior year by 3.2% and 4.3%, respectively. The growth in volume this quarter was impacted by an increase in surgeries, partially offset by lower respiratory volume when compared to prior year. The acute average length of stay (“ALOS”) of 4.70 days and 4.62 days for the three and nine-month periods ended March 31, 2026, was lower than the same periods in the prior year of 4.83 and 4.74, respectively.

Volumes	Three-Month Periods Ended				Nine-Month Periods Ended			
	March 31,				March 31,			
	2026	2025	Change	%	2026	2025	Change	%
Acute admissions	225,011	218,475	6,536	3.0%	667,907	640,431	27,476	4.3%
Adjusted admissions	458,423	444,205	14,218	3.2%	1,384,048	1,326,891	57,157	4.3%
Acute inpatient days	1,057,091	1,055,430	1,661	0.2%	3,087,795	3,033,087	54,708	1.8%
Adjusted patient days	2,235,583	2,222,304	13,279	0.6%	6,654,032	6,540,643	113,389	1.7%
Acute average length of stay	4.70	4.83	(0.13)	(2.7%)	4.62	4.74	(0.12)	(2.5%)
Outpatient visits	7,491,468	7,401,737	89,731	1.2%	22,319,702	21,846,014	473,688	2.2%
ED visits	1,024,060	1,026,381	(2,321)	(0.2%)	3,046,363	3,061,899	(15,536)	(0.5%)
Gross outpatient revenue as a % of total gross patient services revenue	50.8%	50.7%	0.1%	0.1%	51.6%	51.6%	0.0%	0.0%

Payor mix based on gross revenues for the nine-month period ended March 31, 2026, had a slight decline when compared to the same period in the prior year. The following chart represents the gross revenue payor mix for consolidated operations for the nine-month periods ended March 31, 2026 and 2025:

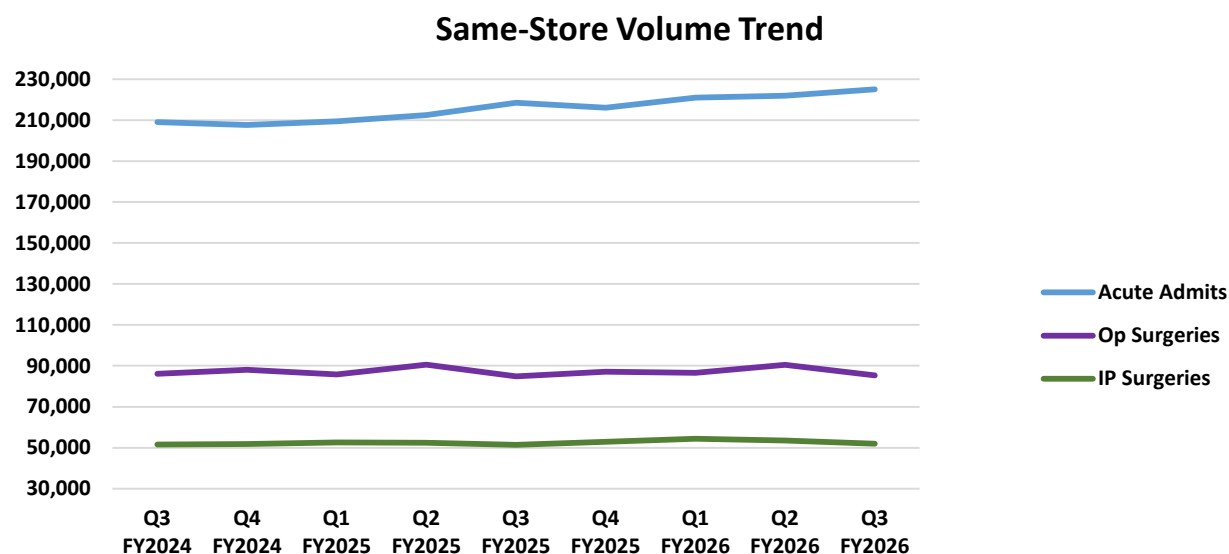
Gross Revenue Payor Mix



Medicaid reimbursement includes supplemental revenues under various state Medicaid programs, including, but not limited to, Disproportionate Share Hospital payments, Graduate Medical Education payments and state provider fee programs. Amounts are recorded for these programs upon final approval by CMS of the applicable program by state,

by year, within net patient revenue in the unaudited condensed consolidated statement of operations and changes in net assets. Net patient revenue from the supplemental Medicaid programs, normalized for the California provider fee, amounts to \$794 million, or 9% and \$2.6 billion, or 9%, compared to \$760 million, or 9%, and \$2.1 billion, or 8%, for the three and nine-month periods ended March 31, 2026 and 2025, respectively.

The following table is a summary of key volume metrics on a same-store basis (excluding surgical volumes in joint ventures with a minority interest):



All other operating revenues decreased \$257 million, or 31.7%, and \$324 million, or 14.9%, from the same periods in the prior year, for the three and nine-month periods ended March 31, 2026, respectively. The three and nine-month periods decrease is primarily due to \$272 million and \$650 million of FEMA grant revenue that was recorded in the prior year, respectively, partially offset by current year ERC funds and higher pharmaceutical revenue.

Operating Revenues					
(\$ in millions)	Three-Month Periods Ended March 31,				
	2026	2026*	2025	2025*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
Net patient and premium revenues	\$ 9,122	\$ 9,441	\$ 8,858	\$ 9,177	\$ 264
All other operating revenues	<u>554</u>	<u>554</u>	<u>811</u>	<u>811</u>	<u>(257)</u>
Total operating revenues	<u>\$ 9,676</u>	<u>\$ 9,995</u>	<u>\$ 9,669</u>	<u>\$ 9,988</u>	<u>\$ 7</u>

* Adjusted to normalize the California provider fee program revenues.

*** Comparing March 31, 2026, as adjusted, to the same period in the prior year.

Operating Revenues					
(\$ in millions)	Nine-Month Periods Ended				
	March 31,				
	2026	2026*	2025	2025*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
Net patient and premium revenues	\$ 28,034	\$ 28,991	\$ 27,035	\$ 27,354	\$ 1,637
All other operating revenues	1,845	1,845	2,169	2,169	(324)
Total operating revenues	<u>\$ 29,879</u>	<u>\$ 30,836</u>	<u>\$ 29,204</u>	<u>\$ 29,523</u>	<u>\$ 1,313</u>

* Adjusted to normalize the California provider fee program revenues.

*** Comparing March 31, 2026, as adjusted, to the same period in the prior year.

Operating Revenues by Region

The following tables present operating revenues by region for the three and nine-month periods ended March 31, 2026 and 2025:

Operating Revenues By Region					
(\$ in millions)	Three-Month Periods Ended				
	March 31,				
	2026	2026***	2025	2025***	Change****
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
California	\$ 3,080	\$ 3,399	\$ 2,976	\$ 3,295	\$ 104
Central	2,191	2,191	2,082	2,082	109
South**	1,638	1,638	1,647	1,647	(9)
Northwest	1,374	1,374	1,336	1,336	38
Mountain	1,042	1,042	990	990	52
National Business Lines*	91	91	82	82	9
Others	267	267	233	233	34
Subtotal	<u>9,683</u>	<u>10,002</u>	<u>9,346</u>	<u>9,665</u>	<u>337</u>
Corporate Services	(7)	(7)	323	323	(330)
CommonSpirit Total	<u>\$ 9,676</u>	<u>\$ 9,995</u>	<u>\$ 9,669</u>	<u>\$ 9,988</u>	<u>\$ 7</u>

* Includes Home Care and Senior Living Business Lines.

**South excludes TriHealth System which is reported in the section 'others'.

*** Adjusted to normalize the California Provider Fee Program income.

**** Comparing March 31, 2026, as adjusted to the same period in the prior year.

Operating Revenues By Region					
(\$ in millions)	Nine-Month Periods Ended				
	2026	2026***	2025	2025***	Change****
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
California	\$ 9,283	\$ 10,240	\$ 9,616	\$ 9,935	\$ 305
Central	6,865	6,865	6,136	6,136	729
South**	5,030	5,030	4,876	4,876	154
Northwest	4,193	4,193	3,950	3,950	243
Mountain	3,232	3,232	2,899	2,899	333
National Business Lines*	272	272	245	245	27
Others	806	806	684	684	122
Subtotal	<u>29,681</u>	<u>30,638</u>	<u>28,406</u>	<u>28,725</u>	<u>1,913</u>
Corporate Services	<u>198</u>	<u>198</u>	<u>798</u>	<u>798</u>	<u>(600)</u>
CommonSpirit Total	<u>\$ 29,879</u>	<u>\$ 30,836</u>	<u>\$ 29,204</u>	<u>\$ 29,523</u>	<u>\$ 1,313</u>

* Includes Home Care and Senior Living Business Lines.

**South excludes TriHealth System which is reported in the section 'others'.

*** Adjusted to normalize the California Provider Fee Program income.

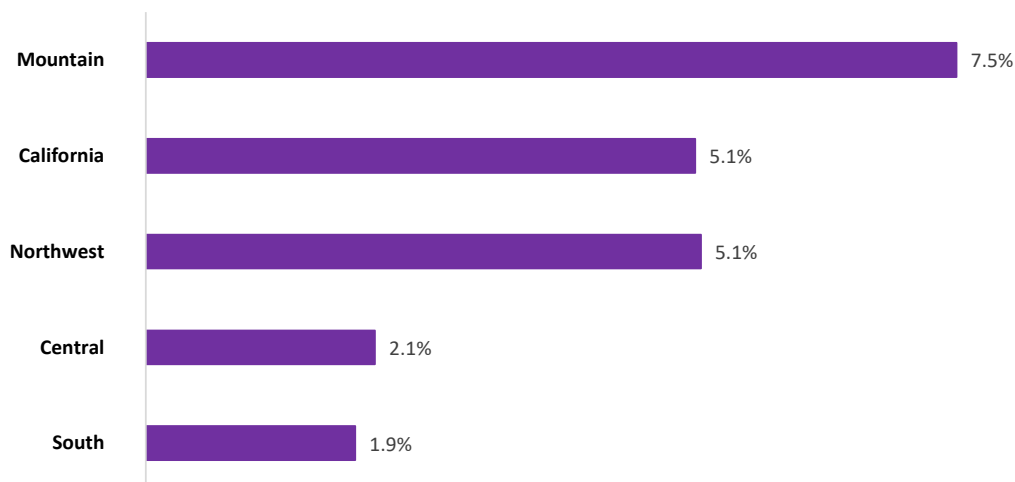
**** Comparing March 31, 2026, as adjusted to the same period in the prior year.

Following are the significant performance drivers related to operating revenues normalized for the California provider fee, for the nine-month period ended March 31, 2026, compared to the same period in the prior year:

- California – normalized operating revenues increased \$305 million from the prior year, primarily due to a 5.1% increase in adjusted admissions and higher outpatient and surgical volume, partially offset by revenue yield challenges.
- Central – operating revenues increased \$729 million from the prior year, primarily due to a 2.1% increase in adjusted admissions, the approval and expansion of the Nebraska and Arizona provider fee programs, respectively, and higher outpatient and surgical volumes, partially offset by an unfavorable shift in payor mix.
- South – operating revenues increased \$154 million from the prior year, primarily due to adjusted admissions increasing by 1.9% over the prior year, higher disproportionate share revenue, and higher provider fee program funds, partially offset by an unfavorable shift in payor mix, lower surgical and outpatient volumes, and continued revenue yield challenges.
- Northwest – operating revenues increased \$243 million from the prior year, primarily due to a 5.1% increase in adjusted admissions and higher outpatient and surgical volume, partially offset by continued revenue yield challenges.
- Mountain – operating revenues increased \$333 million from the prior year, primarily due to adjusted admissions increasing by 7.5%, higher provider fee revenue, and higher outpatient and surgical volumes, partially offset by continued revenue yield challenges. The growth in volume is largely associated with the Kaiser contract in Denver.
- Corporate Services - operating revenues decreased \$600 million from prior year, primarily due to \$650 million of FEMA grant revenue recorded in the prior year, partially offset by ERC revenue recorded in the current year.

The table below reflects the adjusted admissions growth reported for the nine-month period ended March 31, 2026, compared to the same period in the prior year:

Adjusted Admissions Growth



Uncompensated Care (\$ in millions)	Three-Month Periods Ended March 31,			Nine-Month Periods Ended March 31,		
	2026	2025	Change	2026	2025	Change
Uncompensated Care:						
Charity care, at customary charges	\$ 764	\$ 690	\$ 74	\$ 2,220	\$ 1,969	\$ 251
Charity care, at cost, net	\$ 177	\$ 162	\$ 15	\$ 516	\$ 470	\$ 46
Charity care, at cost, as a percentage of total expense:	1.7%	1.6%	0.1%	1.7%	1.6%	0.1%

Operating Expenses

Salaries and benefits increased \$254 million, or 5.0%, and \$741 million, or 4.9%, over the same periods in the prior year, for the three and nine-month periods ended March 31, 2026, respectively. The increase is primarily due to an increase in adjusted admissions and continued salary inflation costs, partially offset by improved labor productivity and reduced contract labor spend. Labor cost as a percentage of normalized net patient revenue was 56.2% and 54.2% for the three and nine-month periods ended March 31, 2026, compared to 55.1% and 54.8% for the same periods in the prior year, respectively. Hospital FTEs per adjusted admission decreased 3.2% and 2.9%, for the three and nine-month periods ended March 31, 2026, compared to the same periods from the prior year, respectively.

Supplies increased \$98 million, or 6.2%, and \$334 million, or 7.1%, during the three and nine-month periods ended March 31, 2026, compared to the same periods in the prior year, respectively. Supplies per adjusted admission increased 2.9% and 2.7% compared to the same periods in the prior year, for the three and nine-month periods ended March 31, 2026, respectively. The increase on a volume adjusted basis is primarily due to higher surgical volume and the continued inflationary impact on pharmaceuticals, and surgical and medical supplies. CommonSpirit is working to reduce supply costs through renegotiation of supply chain contracts and vendor consolidations.

Purchased services and other increased \$18 million, or 0.7%, and \$573 million, or 6.7%, for the three and nine-month periods ended March 31, 2026, respectively, compared to the same periods in the prior year, when normalizing for the

California provider fee program costs. Purchased services and other per adjusted admission on a normalized basis decreased 2.6% but increased 2.3%, compared to the same periods in the prior year, for the three and nine-month periods ended March 31, 2026, respectively. The decrease during the quarter is primarily due to lower out of network costs and lower insurance costs while the increase on a year-to-date basis is due to higher medical fees, provider fee expense, hosting fees, utilities, and repairs and maintenance costs.

Operating Expenses					
Three-Month Periods Ended					
March 31,					
(\$ in millions)	2026	2026*	2025	2025*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
Salaries and benefits	\$ 5,307	\$ 5,307	\$ 5,053	\$ 5,053	\$ 254
Supplies	1,686	1,686	1,588	1,588	98
Purchased services and other	2,768	2,931	2,750	2,913	18
Depreciation and amortization	447	447	352	352	95
Interest expense, net	<u>202</u>	<u>202</u>	<u>167</u>	<u>167</u>	<u>35</u>
Total operating expenses	<u>\$ 10,410</u>	<u>\$ 10,573</u>	<u>\$ 9,910</u>	<u>\$ 10,073</u>	<u>\$ 500</u>

* Adjusted to normalize the California provider fee program expense.

*** Comparing March 31, 2026, as adjusted, to the same period in the prior year.

Operating Expenses					
Nine-Month Periods Ended					
March 31,					
(\$ in millions)	2026	2026*	2025	2025*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
Salaries and benefits	\$ 15,731	\$ 15,731	\$ 14,990	\$ 14,990	\$ 741
Supplies	5,045	5,045	4,711	4,711	334
Purchased services and other	8,589	9,080	8,344	8,507	573
Depreciation and amortization	1,135	1,135	1,059	1,059	76
Interest expense, net	<u>588</u>	<u>588</u>	<u>538</u>	<u>538</u>	<u>50</u>
Total operating expenses	<u>\$ 31,088</u>	<u>\$ 31,579</u>	<u>\$ 29,642</u>	<u>\$ 29,805</u>	<u>\$ 1,774</u>

* Adjusted to normalize the California provider fee program expense.

*** Comparing March 31, 2026, as adjusted, to the same period in the prior year.

	Expense Management and Productivity				
	Three-Month Periods Ended				
	March 31,				
	2026	2026*	2025	2025*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
Expense Management:					
Supply expense as a % of net patient and premium revenue	18.5%	17.9%	17.9%	17.3%	0.6%
Purchased services and other as a % of net patient and premium revenue	30.3%	31.0%	31.1%	31.8%	-0.8%
Capital expense as a % of net patient and premium revenue	7.1%	6.9%	5.9%	5.7%	1.2%
Non-capital cost per adjusted admission	\$ 21,290	\$ 21,646	\$ 21,142	\$ 21,511	\$ 135
Productivity:					
Salaries, wages and benefits as a % of net patient and premium revenue	58.2%	56.2%	57.0%	55.1%	1.1%
Total number of FTEs	138,883	138,883	137,805	137,805	1,078
Hospital FTEs per adjusted admission	21.3	21.3	22.0	22.0	(0.7)

*Adjusted to normalize the California provider fee program revenues and expense.

** Comparing March 31, 2026, as adjusted, to the same period in the prior year.

Expense Management and Productivity

	Nine-Month Periods Ended				
	March 31,				
	2026	2026*	2025	2025*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
Expense Management:					
Supply expense as a % of net patient and premium revenue	18.0%	17.4%	17.4%	17.2%	0.2%
Purchased services and other as a % of net patient and premium revenue	30.6%	31.3%	30.9%	31.1%	0.2%
Capital expense as a % of net patient and premium revenue	6.1%	5.9%	5.9%	5.8%	0.1%
Non-capital cost per adjusted admission	\$ 21,217	\$ 21,571	\$ 21,135	\$ 21,259	\$ 312
Productivity:					
Salaries, wages and benefits as a % of net patient and premium revenue	56.1%	54.3%	55.4%	54.8%	-0.5%
Total number of FTEs	139,606	139,606	137,014	137,014	2,592
Hospital FTEs per adjusted admission	21.5	21.5	22.2	22.2	(0.6)

*Adjusted to normalize the California provider fee program revenues and expense.

** Comparing March 31, 2026, as adjusted, to the same period in the prior year.

Nonoperating Results

CommonSpirit recorded investment losses, net, of \$196 million and investment income of \$948 million during the three and nine-month periods ended March 31, 2026, compared to investment income of \$191 million and investment income of \$707 million during the same periods of the prior year, respectively, due to market fluctuations.

Income tax expense was \$24 million and \$56 million during the three and nine-month periods ended March 31, 2026, compared to \$10 million and \$31 million during the same periods in the prior year, respectively.

The change in market value and cash payments of interest rate swaps was an unfavorable result of \$9 million but a favorable result of \$4 million during the three and nine-month periods ended March 31, 2026, compared to an unfavorable result of \$29 million and \$23 million during the same periods in the prior year, respectively.

Net periodic postretirement credits amounted to \$39 million and \$117 million during the three and nine-month periods ended March 31, 2026, compared to \$39 million and \$93 million during the same periods in the prior year, respectively.

Nonoperating Results							
(\$ in millions)	Three-Month Periods Ended			Nine-Month Periods Ended			
	March 31,			March 31,			
	2026	2025	Change	2026	2025	Change	
Investment income (loss), net	\$ (196)	\$ 191	\$ (387)	\$ 948	\$ 707	\$ 241	
Gain on early extinguishment of debt	-	11	(11)	-	13	(13)	
Income tax expense	(24)	(10)	(14)	(56)	(31)	(25)	
Change in fair value and cash payments							
of interest rate swaps	(9)	(29)	20	4	(23)	27	
Other components of net periodic							
postretirement credits	39	39	-	117	93	24	
Other	6	(3)	9	10	4	6	
Total nonoperating income (loss), net	<u>\$ (184)</u>	<u>\$ 199</u>	<u>\$ (383)</u>	<u>\$ 1,023</u>	<u>\$ 763</u>	<u>\$ 260</u>	

The detail of investment earnings is as follows:

Investment income (loss), net							
(\$ in millions)	Three-Month Periods Ended			Nine-Month Periods Ended			
	March 31,			March 31,			
	2026	2025	Change	2026	2025	Change	
Net realized gains on sale of securities	\$ 203	\$ 243	\$ (40)	\$ 843	\$ 523	\$ 320	
Net unrealized losses on securities	(474)	(106)	(368)	(127)	(23)	(104)	
Other, net of capitalized investment income	75	54	21	232	207	25	
Total investment income (loss), net	<u>\$ (196)</u>	<u>\$ 191</u>	<u>\$ (387)</u>	<u>\$ 948</u>	<u>\$ 707</u>	<u>\$ 241</u>	

The presentation of realized and unrealized gains and losses is determined based on the cost basis at the original acquisition date of the securities.

Balance Sheet Metrics

The following table provides key balance sheet metrics for CommonSpirit:

Key Balance Sheet Metrics			
(\$ in millions)	March 31, 2026	June 30, 2025	Change
Consolidated Balance Sheet Summary			
Total assets	\$ 56,370	\$ 57,260	\$ (890)
Total liabilities	\$ 35,348	\$ 33,687	\$ 1,661
Total net assets	\$ 21,022	\$ 23,573	\$ (2,551)
Financial Position Ratios			
Unrestricted cash and investments	\$ 17,161	\$ 16,755	\$ 406
Days cash on hand normalized	154	157	(3)
Total debt	\$ 21,518	\$ 19,774	\$ 1,744
Debt to capitalization	53.6%	48.1%	5.5%

Liquidity

Unrestricted cash and investments were \$17.2 billion at March 31, 2026, and \$16.8 billion at June 30, 2025. CommonSpirit is actively monitoring liquidity given continued inflationary pressures, cash flow disruptions related to denials, and the timing related to employee retention credits, FEMA grant revenues, and provider fee receipts and payments.

Liquidity and Capital Resources			
(\$ in millions)	March 31, 2026	June 30, 2025	Change
Cash	\$ 2,532	\$ 2,010	\$ 522
Short-term investments	60	255	(195)
Long-term investments, excluding assets limited as to use	<u>14,569</u>	<u>14,490</u>	<u>79</u>
Total unrestricted cash and investments	<u>\$ 17,161</u>	<u>\$ 16,755</u>	<u>\$ 406</u>

Capital Resources

Cash provided by operating activities totaled \$1.5 billion for the nine-month period ended March 31, 2026, compared to \$107 million during the same period in the prior year. These amounts do not include noncash expenses related to restructuring, impairment and other losses. Significant activity for the nine-month period ended March 31, 2026, includes the following:

- Investments increased \$84 million during the nine-month period ended March 31, 2026, compared to an increase of \$278 million during the same period in the prior year.
- Accrued salaries and benefits increased \$446 million during the nine-month period ended March 31, 2026, compared to an increase of \$88 million during the same period in the prior year.

- Accounts receivable increased \$177 million during the nine-month period ended March 31, 2026, compared to an increase of \$155 million during the same period in the prior year.
- Accounts payable decreased \$195 million during the nine-month period ended March 31, 2026, compared to a decrease of \$241 million during the same period in the prior year.
- Provider fee program assets over liabilities, net, decreased \$302 million during nine-month period ended March 31, 2026, compared to an increase of \$86 million for the same period in the prior year.
- Prepaids and other current assets decreased \$509 million during the nine-month period ended March 31, 2026, compared to an increase of \$467 million for the same period in the prior year.
- Other accrued liabilities decreased \$289 million during the nine-month period ended March 31, 2026, compared to a decrease of \$223 million during the same period in the prior year.

Cash used in investing activities totaled \$1.3 billion for the nine-month period ended March 31, 2026, compared to \$1.3 billion during the same period in the prior year, primarily related to the following:

- Capital expenditures were \$1.5 billion during the nine-month period ended March 31, 2026, compared to \$1.4 billion for the same period in the prior year. Such capital expenditures primarily relate to growth in ambulatory and inpatient services, equipment additions and replacements, information technology projects, and various other capital improvements.
- Proceeds from the sale of assets were \$173 million during the nine-month period ended March 31, 2026, compared to \$112 million for the same period in the prior year.
- Cash distributions from health-related activities were \$87 million during the nine-month period ended March 31, 2026, compared to \$81 million during the same period in the prior year.

Cash provided by financing activities totaled \$343 million for the nine-month period ended March 31, 2026, compared to \$887 million for the same period in the prior year, primarily due to the following:

- Net borrowings of debt were \$415 million during the nine-month period ended March 31, 2026, compared to \$949 million during the same period in the prior year.
- Distributions to noncontrolling interests were \$157 million for the nine-month period ended March 31, 2026, compared to \$76 million during the same period in the prior year.
- Contributions by noncontrolling interests were \$87 million for the nine-month period ended March 31, 2026, compared to \$14 million during the same period in the prior year.

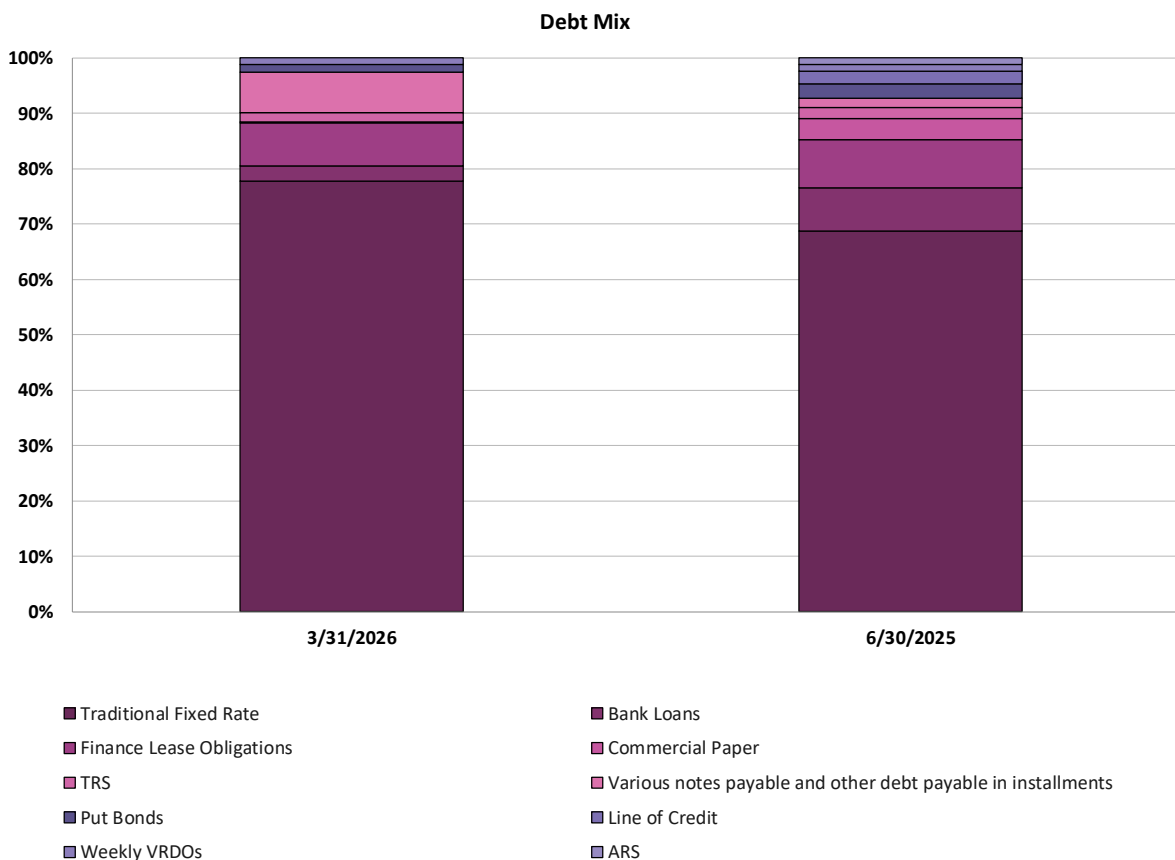
Debt Portfolio

In March 2025, the Virginia Mason Medical Center Master Trust Indenture was discharged and replaced with the CommonSpirit Health Master Indenture (collectively, the “MTI Substitution”). Concurrent with the MTI Substitution, Virginia Mason Medical Center and Virginia Mason Franciscan Health were added as members of the Obligated Group established under the CommonSpirit Health Master Indenture.

In October 2025, CommonSpirit issued a total of \$3.6 billion of taxable and tax-exempt fixed rate bonds. The transaction consisted of \$2.7 billion of taxable fixed rate bonds and \$931 million of tax-exempt fixed rate bonds.

The CommonSpirit Obligated Group represents approximately 89% of consolidated revenues of CommonSpirit as of March 31, 2026. The debt portfolio remains well diversified, with a high proportion of long-term fixed rate debt providing stability.

The chart below depicts CommonSpirit’s debt mix as of March 31, 2026, as compared to June 30, 2025:



Strategic Focus and Priorities

Under the leadership of Chief Executive Officer (“CEO”) Wright Lassiter III, the organization established a set of five critical focus areas referred to as “5 for 25” to accelerate CommonSpirit 2026, the strategic roadmap created at the time of the 2019 merger. These focus areas prioritize transformation, enhancing quality of care, broadening access to care, reducing the cost of care, ensuring financial viability, and propelling CommonSpirit’s mission and operations. The following initiatives are continuing through 2026 to help position CommonSpirit to create a stronger, more successful, sustainable, and more unified CommonSpirit and set the foundation for launching its new strategic plan:

- Achieve One CommonSpirit by defining a unified culture and operations, aligning approaches to increase efficiency and leverage scale;
- Ensure we are paid for the care we provide, through heightened work with payors and revenue cycle partners;
- Transform our portfolio through continued diversification in non-acute verticals, strategic capital deployment and other potential portfolio adjustments;
- Drive organic growth through network integrity and access with the expansion of access points as well as better care coordination to facilitate consumers’ utilization of our care networks; and
- Launch a new digital consumer experience to enable increased access to care for those we serve.

As CommonSpirit closes out CommonSpirit 2026 and completes its new Strategic Plan CommonSpirit 2030, the organization continues to make progress and build on a range of initiatives put in place to address the five areas of critical focus. A few examples of the ongoing work in the following areas of focus are described below.

Achieve One CommonSpirit: This defines CommonSpirit’s strategic imperative to rapidly complete the integration of all aspects of its ministry – clinical, operational and technological – across its entire footprint while aligning its geographic markets. It includes further work to centralize and standardize processes to ensure the delivery of a consistently superior patient experience, while maintaining exceptional clinical standards. It also includes evolving the design and operating model of CommonSpirit, as well as cultivating a consistent identity and culture. The following initiatives continued to be built upon during the year:

- **Clinical Quality and Patient Satisfaction:** CommonSpirit seeks to excel in consistent clinical excellence by rapidly scaling best practices from innovators in and outside of CommonSpirit to create a high quality, consumer–centric patient experience and continue to improve and provide excellent quality of care. 55 of CommonSpirit’s full-service acute care hospitals were recognized in the U.S. News & World Report’s 2025-2026 Best Hospitals. Other recognitions include The John M. Eisenberg Patient Safety and Quality Award in National Level Innovation in patient safety and quality and being named a finalist in the American Hospital Association’s AHA Quest for Quality Prize. 86% of eligible CommonSpirit hospitals earned an ‘A’ or ‘B’ grade in Leapfrog Group’s spring 2026 Hospital Safety Report compared to 59% of hospitals nationwide. CommonSpirit’s patient experience also continues to improve and has an average Provider Star Rating of 4.8 and a 69.5 Net Promoter Score in fiscal year 2025.
- **Integrated Information Technology Platforms:** CommonSpirit has begun a multi-year project to standardize to a single electronic health record (“EHR”) system, to lower long-term costs and improve clinical and operational outcomes. The OneEHR program is firmly on track, with two of eight EPIC waves live. 65% of the System is now on EPIC and the EHR portfolio has been reduced from 19 to 11 systems. The goal is to be on a single system by 2030. Sites that have recently moved to EPIC have charges that are greater than 105% of prior charges before converting to EPIC, primarily attributed to a more robust charge reconciliation process, with enhanced clinical engagement, ensuring accurate capture of services. Another example of aligning to an integrated system is our enterprise resource planning (“ERP”) project. CommonSpirit launched a Workday conversion to align procurement, people and financial processes which is expected to result in significant operational synergies and enhanced capabilities, eliminating 12 disparate systems and 20 different software platforms. CommonSpirit’s goal is to have this work completed in early fiscal 2028.
- **Strategic Unification: Revenue Cycle Insourcing:** CommonSpirit has made the decision to insource revenue cycle operations for facilities currently served by Conifer Revenue Cycle Solutions, LLC (“Conifer”). This decision aligns with our larger unification strategies across the system to drive greater operational integration, efficiency and patient experience. In January 2026, CommonSpirit entered into an agreement with Conifer Health Solutions, LLC, Conifer, and Tenet Healthcare Corporation to divest its ownership in Conifer and terminate its revenue cycle management services agreement effective December 31, 2026. A comprehensive transition plan has been developed and is being implemented, minimizing disruption and supporting continuity of our revenue cycle operations. The process is expected to be completed by January 2027.
- **Creating and Retaining the Workforce of the Future:** CommonSpirit recognizes that its people are its most valuable asset and has a range of programs, initiatives and areas of focus to support its workforce. CommonSpirit’s employee engagement scores continue to improve year over year, and CommonSpirit was recognized in Forbes America’s Dream Employers 2025 and 2026 list. Ongoing work includes focusing on system redesign, new care models, and technologies that align with clinicians’ interests, responding to increasing patient demands and making CommonSpirit a clinician’s first choice of partner. CommonSpirit is also investing in attracting and retaining leaders who find purpose in their work, and building competencies that reflect CommonSpirit’s focus on well-being across a continuum of care and the enhanced importance of an agile, collaborative culture. CommonSpirit’s aligned approach to team member engagement and culture has driven continued improvement in the overall new hire adjusted retention rate, overall resignation rate and overall turnover rate for RN’s as well as across the entire organization through fiscal year to date March 31, 2026, compared to fiscal year 2025.

Ensure We Are Paid for the Care We Provide: CommonSpirit is focused on improving its commercial contracting to meet financial goals and optimize rates and settlements. CommonSpirit is ensuring that its payor agreements and rates are accurate with a strong contract modeling policy, leveraging a new system for better contract visibility to ensure proper payments. The organization is also focused on selecting the right marketplace plans to stay in-network and reduce out-of-network costs. CommonSpirit is aiming to grow commercial revenue by pursuing direct contracts with employers. On the government side, CommonSpirit is focused on improving Medicare and Medicaid rates and terms. CommonSpirit has built a system-led Population Health Services Organization, leveraging and accelerating its long-term investments in population health. Value-based agreements (VBAs) contain reimbursement provisions linked to successfully achieving measures designed to improve quality of care, the patient experience and the cost of health care of an attributed population. As of March 31, 2026, CommonSpirit provides care for approximately 2.5 million lives attributed to VBAs. CommonSpirit will continue to participate in value-based models to support population health and prepare for future health care changes.

Transform Our Portfolio:

- **Enhancing the Continuum of Care and Focused Ambulatory Development:** CommonSpirit’s goal is to seamlessly care for patients across all care settings, either at an individual care setting or by managing a patient’s journey across multiple settings. In addition to the horizontal alignment around markets and geographies, CommonSpirit is focusing time and effort on aligning the portfolio vertically across a range of pre- and post-acute services. CommonSpirit continues to expand its ambulatory and virtual care points and enhance connections across the continuum of care. CommonSpirit has 239 ambulatory joint ventures involving dialysis, imaging, oncology and other services with multiple markets, including 71 ambulatory surgery centers (“ASC”), either in partnership or wholly-owned, and six specialty surgical hospital partnerships. To accelerate our ASC growth strategy, CommonSpirit recently appointed a senior executive who directs the operational strategy, growth and overall performance of the ASCs.
- **Innovative Partnerships Advance the Care Continuum:** CommonSpirit’s strategic innovation and investment program continues to bring forward and operationalize leading technologies and services to support overall performance and aid in diversification. CommonSpirit is focused on three distinct areas of priority: 1) new technology and automation (AI, new devices and robotics); 2) scientific discovery, meeting care delivery (new care models, life sciences and pharma); and 3) prevention, health improvement and quality of life (longevity, nutrition and personalization). CommonSpirit was named one of America’s Innovative Companies in 2026 by Forbes Magazine for its measurable results with its virtually integrated care (“VIC”) program, improving access and patient safety through Care Base, its virtual hospital model, its robotic process automation for cancer screening and its internally developed Emergency Department (“ED”) Operations Dashboard which has resulted in better patient experience and improved workflows for staff. CommonSpirit has taken a partner-first approach in advancing innovative solutions that can be scaled across the system and is aligning its investments in partnerships through CommonSpirit Ventures (“CSV”) by co-investing with trusted lead investors. CSV’s current fund is \$250 million with 20 portfolio companies and has successfully exited another 16 companies since CSV was created a decade ago.
- **Portfolio Assessment and Management:** CommonSpirit is working to identify diversified revenue opportunities that expand CommonSpirit from a heavier weighting in acute care, to quickly scale critical ambulatory services that support CommonSpirit’s ability to reach out into each of the communities it serves to care for its patients. CommonSpirit routinely evaluates each market’s current position and market potential, defines market-based strategies, and works to align and prioritize its capital investments for maximum impact. A recent example of market-based investment is the expanded relationship with Kaiser Permanente (“Kaiser”) under a new long-term agreement in Colorado. This arrangement with Kaiser includes integrating Kaiser physicians and employees into CommonSpirit hospitals to care for Kaiser members and is informing strategic investments. Further alignment and partnership opportunities are also being explored. In addition to growth, CommonSpirit is considering other transactions where communities may be better served by another provider. For example, the sale of CHI St. Alexius Health Devils Lake in Devils Lake, ND to Altru Health, a regional health system located in Grand Forks, ND that closed on March 1, 2026. Building on this, CommonSpirit and Altru Health have signed a non-binding letter of intent to explore a potential agreement whereby CHI St. Alexius Health Bismarck, ND, CHI St. Alexius Health Turtle Lake, ND and CHI St. Alexius Garrison, ND would join Altru Health. CommonSpirit has also signed a definitive agreement of intent with

UPMC regarding Trinity Health System in Steubenville, OH and due diligence has commenced. This transaction is expected to close during the fall of 2026.

Drive Organic Growth Through Network Integrity and Access: In terms of volume growth, better utilizing the costly physical and people resources CommonSpirit already has is the most efficient way to grow. Several initiatives are in place to improve care continuity and improve organic growth, including:

- Patient Connection Centers (“PCCs”) use efficient resources to improve patient access and physician productivity, and CommonSpirit’s network integrity tools help improve care continuity within its network. CommonSpirit’s Advanced Care to Home provided by Care Base (a virtual hospital in Arizona that serves as a command center), ensures continuity of care with patients receiving the right care, in the right setting at the right time. Case Base integrates virtual nurses and providers with AI-powered monitoring, promoting proactive interventions and seamless care transitions. This model of care has been implemented in four of CommonSpirit’s five regions and is directly linked to the Patient Connection Centers through after hours nurse triage. This care delivery ensures the patients have access to care around the clock and resources readily available to meet their needs in addition to supporting medical providers. This innovative approach to patient care has been awarded an Innovator Award for 2026 by Modern Healthcare.
- Improved Network Integrity and Growth: CommonSpirit is enhancing efforts to track care continuity and enhance practice patterns to ensure it is serving its patients in-network and implementing solutions unique to each market when necessary. These efforts are enhanced by tools that provide consistent, detailed analysis and trending of data to assess continuity of care and network integrity, PCC and digital front door enhancements, and improved use of its electronic health records to facilitate referrals and follow-up care. To date, all of CommonSpirit’s markets are using a range of these tools and results are provided and tracked on a quarterly basis.
- CommonSpirit is continuing to centralize its more than nine transfer centers and bed placement operations into a few locations which allows CommonSpirit to provide a higher level of care and identify through one pane of glass where clinical services across CommonSpirit have capacity and medical providers available to provide timely access to care. These services are directly responsible for repatriation of out of network patients back to CommonSpirit’s acute hospitals to ensure care continuity.

Launch a Reimagined Digital Consumer Experience: In April 2024, CommonSpirit launched the first phase of its Consumer Digital Experience at <https://www.commonspirit.org> which provides an integrated, consistent and seamless consumer experience. The reimagined digital experience features one content engine, one scheduling platform and the first ministry-wide Find a Doctor and Find a Location service, offering an intuitive way to compare and find the right provider and request an appointment with ease. CommonSpirit launched its entire South Region onto the platform during fiscal 2025. For the period of July 2025 through March 31, 2026, over 7,000 appointment requests were generated. CommonSpirit also launched enhanced online scheduling for its employed physicians and advanced practice providers in California, Arizona, Nevada, and the South Region through a new scheduling platform. Results have been impactful, generating over 23,000 booked appointments from July 2025 through March 31, 2026, and over 45,000 booked appointments since the go-live date of June 2024 through March 31, 2026.

The next phase in the digital consumer experience will focus on integrating all market-based sites onto the platform during fiscal year 2026 while scaling other unique growth and experience focused opportunities like the partnership with Zocdoc. In partnership with Zocdoc, CommonSpirit launched a pilot in the Texas market. The pilot results revealed that each new patient generated through Zocdoc drove 2.5 visits within CommonSpirit. CommonSpirit is now scaling this platform across its entire footprint and has added Nebraska, Iowa, Kentucky, Utah, Tennessee, Georgia, California, and Arkansas to Zocdoc as of March 31, 2026. As of the launch date of August 2024 through March 31, 2026, Zocdoc has driven over 18,550 scheduled appointments, of which 66% represented new patients.

Project ImpACT

The priorities for fiscal year 2026 are geared toward putting CommonSpirit on an improved trajectory to maintain and grow its financial strength and achievement of its strategic objectives. CommonSpirit continues to build on the achievements made through fiscal year 2025 to drive improved performance through revenue and cost levers by continuing to optimize large areas of opportunity in the areas of labor, revenue cycle, supply chain, contract labor, and corporate and administrative services.

Given the continued industry headwinds, CommonSpirit has embarked on a whole system transformation journey with a focus on accelerating results within a 12-18 month time frame, and an overall 24-30 month implementation plan. The plan, known as “Project ImpACT,” intends to achieve more meaningful improvement in operating and financial performance and accelerate the transition to a more sustainable cost structure and operating model. The CommonSpirit Board of Stewardship Trustees (the “Board”), the CEO and leadership team are aligned on accomplishing this work.

Implementation of a broad range of Project ImpACT initiative has begun, including the deployment of a rapid realization plan (RRP). RRP initiatives are designed to deliver results in fiscal year 2026, while implementation continues and builds through fiscal year 2028. This work is overseen by an Engagement Steering Committee, with CommonSpirit’s Chief Operating Officer and Chief Administrative Officer serving as project sponsors. CommonSpirit’s new Chief Financial Officer is deeply embedded in driving this work and achieving results. CommonSpirit’s CEO is the ultimate executive sponsor of this work, and updates are provided on a regular basis to CommonSpirit’s Board. During the earlier stages of implementation, a global consulting firm is supporting the development of workplans and performance measurement.

The scope of work currently includes eight pillars, 17 workstreams and 186 initiatives of which 65% have been approved to move forward. CommonSpirit is strategically prioritizing areas with greatest potential for financial return and has launched initiatives in these areas: digital/IT, business and clinical operations, physician enterprise, growth, revenue optimization, capital position, and human capital management. In addition, CommonSpirit has launched focused initiatives in specific markets identified for their potential growth and rapid performance improvement. Opportunities for improvement identified within the workstreams will be implemented across the System.

The scope of RRP initiatives underway includes clinical capacity, care access, technology, cost efficiency, select discretionary spend and workforce optimization. The process is highly structured with an Office of Performance ImpACT composed of CommonSpirit’s senior leaders, supported by the external consultant. Market, regional and national functional area leaders are accountable for specific workstreams. Further updates will be provided when available.

Exhibit I

Unaudited Condensed Consolidated Financial Statements
For the Three and Nine-Month Periods Ended March 31, 2026 and 2025

(Attached)

COMMONSPIRIT HEALTH

UNAUDITED CONDENSED CONSOLIDATED FINANCIAL STATEMENTS
For the Three and Nine-Month Periods Ended March 31, 2026 and 2025

COMMONSPIRIT HEALTH

TABLE OF CONTENTS

QUARTERLY FINANCIAL STATEMENTS

Condensed Consolidated Balance Sheets as of March 31, 2026 (unaudited) and June 30, 2025	2-3
Unaudited Condensed Consolidated Statements of Operations and Changes in Net Assets For the Three and Nine-Month Periods Ended March 31, 2026 and 2025	4-6
Unaudited Condensed Consolidated Statements of Cash Flows for the Nine-Month Periods Ended March 31, 2026 and 2025	7-8
Notes to Unaudited Condensed Consolidated Financial Statements	9-23

COMMONSPIRIT HEALTH

CONDENSED CONSOLIDATED BALANCE SHEETS AS OF MARCH 31, 2026 AND JUNE 30, 2025 (in millions)

	As of March 31, 2026 (Unaudited)	As of June 30, 2025
Assets		
Current assets:		
Cash and cash equivalents	\$ 2,532	\$ 2,010
Short-term investments	60	255
Patient accounts receivable	5,445	5,277
Provider fee receivable	1,144	1,251
Other current assets	4,077	4,249
Total current assets	<u>13,258</u>	<u>13,042</u>
Long-term investments	18,526	18,195
Property and equipment, net	18,382	17,928
Right-of-use operating lease assets	1,472	1,530
Ownership interests in health-related activities	2,245	3,360
Other long-term assets, net	<u>2,487</u>	<u>3,205</u>
Total assets	<u>\$ 56,370</u>	<u>\$ 57,260</u>

(Continued)

COMMONSPIRIT HEALTH

CONDENSED CONSOLIDATED BALANCE SHEETS AS OF MARCH 31, 2026 AND JUNE 30, 2025 (in millions)

	As of March 31, 2026 (Unaudited)	As of June 30, 2025
Liabilities and Net Assets		
Current liabilities:		
Current portion of long-term debt	\$ 1,041	\$ 2,373
Demand bonds subject to short-term liquidity arrangements	247	247
Accounts payable	1,428	1,702
Accrued salaries and benefits	2,182	1,735
Provider fee payables	281	405
Other accrued liabilities - current	4,837	4,702
Total current liabilities	<u>10,016</u>	<u>11,164</u>
Other liabilities - long-term:		
Self-insured reserves and claims	1,244	1,188
Pension and other postretirement benefit liabilities	1,984	1,902
Derivative instruments, net	61	82
Operating lease liabilities	1,433	1,465
Other accrued liabilities - long-term	380	732
Total other liabilities - long-term	<u>5,102</u>	<u>5,369</u>
Long-term debt, net of current portion	<u>20,230</u>	<u>17,154</u>
Total liabilities	<u>35,348</u>	<u>33,687</u>
Net assets:		
Without donor restrictions - attributable to CommonSpirit Health	18,657	21,363
Without donor restrictions - noncontrolling interests	1,089	1,066
With donor restrictions	1,276	1,144
Total net assets	<u>21,022</u>	<u>23,573</u>
Total liabilities and net assets	<u>\$ 56,370</u>	<u>\$ 57,260</u>

See notes to unaudited condensed consolidated financial statements.

COMMONSPIRIT HEALTH

UNAUDITED CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE THREE AND NINE-MONTH PERIODS ENDED MARCH 31, 2026 AND 2025 (in millions)

	Three-Month Periods Ended March 31,		Nine-Month Periods Ended March 31,	
	2026	2025	2026	2025
Operating revenues:				
Net patient revenue	\$ 8,773	\$ 8,496	\$ 26,885	\$ 25,863
Premium revenue	349	362	1,149	1,172
Revenue from health-related activities, net	52	65	205	154
Other operating revenue	486	728	1,597	1,964
Contributions	16	18	43	51
Total operating revenues	<u>9,676</u>	<u>9,669</u>	<u>29,879</u>	<u>29,204</u>
Operating expenses:				
Salaries and benefits	5,307	5,053	15,731	14,990
Supplies	1,686	1,588	5,045	4,711
Purchased services and other	2,768	2,750	8,589	8,344
Depreciation and amortization	447	352	1,135	1,059
Interest expense, net	202	167	588	538
Total operating expenses	<u>10,410</u>	<u>9,910</u>	<u>31,088</u>	<u>29,642</u>
Operating loss before special charges	<u>(734)</u>	<u>(241)</u>	<u>(1,209)</u>	<u>(438)</u>
Less: Special charges, including contract termination and intangible asset impairment	<u>2,454</u>	<u>-</u>	<u>2,454</u>	<u>-</u>
Operating loss	<u>(3,188)</u>	<u>(241)</u>	<u>(3,663)</u>	<u>(438)</u>
Nonoperating income (loss), net:				
Investment income (loss), net	(196)	191	948	707
Gain on early extinguishment of debt	-	11	-	13
Income tax expense	(24)	(10)	(56)	(31)
Change in fair value and cash payments of interest rate swaps	(9)	(29)	4	(23)
Other components of net periodic postretirement credits	39	39	117	93
Other	6	(3)	10	4
Total nonoperating income (loss), net	<u>(184)</u>	<u>199</u>	<u>1,023</u>	<u>763</u>
Excess (deficit) of revenues over expenses	\$ (3,372)	\$ (42)	\$ (2,640)	\$ 325
Less excess of revenues over expenses attributable to noncontrolling interests	<u>12</u>	<u>27</u>	<u>91</u>	<u>119</u>
Excess (deficit) of revenues over expenses attributable to CommonSpirit Health	<u>\$ (3,384)</u>	<u>\$ (69)</u>	<u>\$ (2,731)</u>	<u>\$ 206</u>

(Continued)

COMMONSPIRIT HEALTH

UNAUDITED CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE THREE AND NINE-MONTH PERIODS ENDED MARCH 31, 2026 AND 2025 (in millions)

	<u>Without Donor Restrictions</u>		<u>With Donor Restrictions</u>	<u>Total Net Assets</u>
	<u>Attributable to CommonSpirit Health</u>	<u>Noncontrolling Interests</u>		
Balance, December 31, 2024	\$ 20,442	\$ 1,029	\$ 1,140	\$ 22,611
Excess (deficit) of revenues over expenses	(69)	27	-	(42)
Contributions	-	-	22	22
Net assets released from restrictions for capital	12	-	(12)	-
Net assets released from restrictions for operations and other	-	-	(16)	(16)
Other	(2)	(13)	15	-
Increase (decrease) in net assets	(59)	14	9	(36)
Balance, March 31, 2025	<u>\$ 20,383</u>	<u>\$ 1,043</u>	<u>\$ 1,149</u>	<u>\$ 22,575</u>
Balance, December 31, 2025	\$ 22,034	\$ 1,112	\$ 1,262	\$ 24,408
Excess (deficit) of revenues over expenses	(3,384)	12	-	(3,372)
Contributions	-	-	29	29
Net assets released from restrictions for capital	18	-	(18)	-
Net assets released from restrictions for operations and other	-	-	(10)	(10)
Other	(11)	(35)	13	(33)
Increase (decrease) in net assets	(3,377)	(23)	14	(3,386)
Balance, March 31, 2026	<u>\$ 18,657</u>	<u>\$ 1,089</u>	<u>\$ 1,276</u>	<u>\$ 21,022</u>

(Continued)

COMMONSPIRIT HEALTH

UNAUDITED CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE THREE AND NINE-MONTH PERIODS ENDED MARCH 31, 2026 AND 2025 (in millions)

	Without Donor Restrictions		With Donor Restrictions	Total Net Assets
	Attributable to CommonSpirit Health	Noncontrolling Interests		
Balance, June 30, 2024	\$ 20,043	\$ 1,012	\$ 1,197	\$ 22,252
Excess of revenues over expenses	206	119	-	325
Contributions	-	-	81	81
Net assets released from restrictions for capital	39	-	(39)	-
Net assets released from restrictions for operations and other	-	-	(30)	(30)
Other	95	(88)	(60)	(53)
Increase (decrease) in net assets	340	31	(48)	323
Balance, March 31, 2025	<u>\$ 20,383</u>	<u>\$ 1,043</u>	<u>\$ 1,149</u>	<u>\$ 22,575</u>
Balance, June 30, 2025	\$ 21,363	\$ 1,066	\$ 1,144	\$ 23,573
Excess (deficit) of revenues over expenses	(2,731)	91	-	(2,640)
Contributions	-	-	125	125
Net assets released from restrictions for capital	36	-	(36)	-
Net assets released from restrictions for operations and other	-	-	(19)	(19)
Other	(11)	(68)	62	(17)
Increase (decrease) in net assets	(2,706)	23	132	(2,551)
Balance, March 31, 2026	<u>\$ 18,657</u>	<u>\$ 1,089</u>	<u>\$ 1,276</u>	<u>\$ 21,022</u>

See notes to unaudited condensed consolidated financial statements.

COMMONSPIRIT HEALTH

UNAUDITED CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE NINE-MONTH PERIODS ENDED MARCH 31, 2026 AND 2025 (in millions)

	Nine-Month Periods Ended March 31,	
	2026	2025
Cash flows from operating activities:		
Change in net assets	\$ (2,551)	\$ 323
Adjustments to reconcile change in net assets to cash provided by (used in) operating activities:		
Depreciation and amortization	1,135	1,059
Changes in equity of health-related entities	(301)	(170)
Net loss (gain) on sales of assets and investments in unconsolidated organizations	90	(34)
Noncash expenses related to restructuring, impairment and other losses	2,454	-
Change in fair value of swaps	(19)	6
Noncash adjustments of pension and other postretirement benefit plans	78	87
Changes in certain assets and liabilities:		
Accounts receivable, net	(177)	(155)
Prepaid and other current assets	509	(467)
Broker receivables/payables for unsettled investment trades	(103)	149
Provider fee assets over liabilities, net	302	(86)
Accounts payable	(195)	(241)
Accrued salaries and benefits	446	88
Other accrued liabilities	(289)	(223)
Self-insured reserves and claims	81	9
Other, net	137	40
Cash provided by operating activities before net change in investments	1,597	385
Net increase in investments	(84)	(278)
Cash provided by operating activities	<u>1,513</u>	<u>107</u>

(Continued)

COMMONSPIRIT HEALTH

UNAUDITED CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE NINE-MONTH PERIODS ENDED MARCH 31, 2026 AND 2025 (in millions)

	Nine-Month Periods Ended	
	March 31,	
	2026	2025
Cash flows from investing activities:		
Purchases of property and equipment	(1,501)	(1,367)
Investments in health-related activities	(42)	(100)
Business acquisitions, net of cash acquired	-	(6)
Proceeds from asset sales, net	173	112
Cash distributions from health-related activities	87	81
Other, net	<u>(51)</u>	<u>(31)</u>
Cash used in investing activities	<u>(1,334)</u>	<u>(1,311)</u>
Cash flows from financing activities:		
Borrowings	4,792	2,249
Repayments	(4,377)	(1,300)
Swaps cash collateral posted	(2)	-
Distributions to noncontrolling interests	(157)	(76)
Contribution by noncontrolling interests	<u>87</u>	<u>14</u>
Cash provided by financing activities	<u>343</u>	<u>887</u>
Net increase (decrease) in cash and cash equivalents	522	(317)
Cash and cash equivalents at beginning of period	<u>2,010</u>	<u>1,983</u>
Cash and cash equivalents at end of period	<u>\$ 2,532</u>	<u>\$ 1,666</u>
Supplemental disclosures of cash flow information:		
Cash paid for interest, net of capitalized interest	<u>\$ 519</u>	<u>\$ 454</u>
Supplemental schedule of noncash investing and financing activities:		
Property and equipment acquired through finance lease or note payable	<u>\$ 81</u>	<u>\$ 61</u>
Investments in health-related activities	<u>\$ 56</u>	<u>\$ 87</u>
Accrued purchases of property and equipment	<u>\$ 79</u>	<u>\$ 75</u>
Note payable for contract termination costs, net of applied redemption	<u>\$ 1,246</u>	<u>\$ -</u>

See notes to unaudited condensed consolidated financial statements.

COMMONSPIRIT HEALTH

NOTES TO UNAUDITED CONDENSED CONSOLIDATED FINANCIAL STATEMENTS

1. ORGANIZATION

CommonSpirit Health is a Colorado nonprofit public benefit corporation exempt from federal and state income taxes. CommonSpirit Health is a Catholic health care system sponsored by the public juridic person, Catholic Health Care Federation.

CommonSpirit Health owns and operates health care facilities in 24 states and is the sole corporate member (parent corporation) of other primarily nonprofit corporations. CommonSpirit Health and substantially all of its direct affiliates and subsidiaries have been granted exemptions from federal income tax as charitable organizations under Section 501(c)(3) of the Internal Revenue Code. As of May 15, 2026, CommonSpirit Health is comprised of approximately 2,400 care sites, consisting of 137 hospitals, including academic health centers, major teaching hospitals, and critical access facilities, community health services organizations, accredited nursing colleges, home health agencies, living communities, a medical foundation and other affiliated medical groups, and other facilities and services that span the inpatient and outpatient continuum of care. An additional 20 hospitals are operated through unconsolidated joint ventures. CommonSpirit Health also has offshore and onshore captive insurance companies. The accompanying unaudited condensed consolidated financial statements include CommonSpirit Health and its direct affiliates and subsidiaries (together, “CommonSpirit”).

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation – The accompanying unaudited condensed consolidated financial statements of CommonSpirit were prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”) and include the accounts of all wholly owned affiliates and affiliates over which CommonSpirit exercises control or has a controlling financial interest, after elimination of intercompany transactions and balances. These unaudited condensed consolidated financial statements do not include all of the information and footnotes required by U.S. GAAP for complete financial statements. For further information, refer to the audited consolidated financial statements as of and for the years ended June 30, 2025 and 2024. Operating results for the three and nine-month periods ended March 31, 2026, are not necessarily indicative of the results to be expected during the year ending June 30, 2026.

Use of Estimates – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. CommonSpirit considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of its unaudited condensed consolidated financial statements, including the following: recognition of net patient revenue, which includes contractual discounts and adjustments; price concessions and charity care; other operating revenues; fair value of acquired assets and assumed liabilities in business combinations; recorded values of depreciable and amortizable assets, investments and goodwill; reserves for self-insured workers’ compensation and professional and general liabilities; contingent liabilities; and assumptions for measurement of pension and other postretirement benefit liabilities. Management bases its estimates on historical experience and various other assumptions that it believes are reasonable under the particular circumstances. Actual results could differ from those estimates.

Patient Accounts Receivable and Net Patient Revenue – Patient service revenue is reported at the amounts that reflect the consideration CommonSpirit expects to be paid in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs) and others and include consideration for retroactive revenue adjustments due to settlement of audits and reviews. Generally, performance obligations for patients receiving inpatient acute care services and outpatient services are recognized over time as services are provided. Net patient revenue is primarily comprised of hospital and physician services.

Performance obligations are generally satisfied over a period of less than one year. As such, CommonSpirit has elected to apply the optional exemption provided in Financial Accounting Standards Board Accounting Standards Codification, *Revenue from Contracts with Customers*, and is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period.

CommonSpirit determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured and underinsured patients in accordance with CommonSpirit's financial assistance policy, and implicit price concessions provided to uninsured and underinsured patients. CommonSpirit determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policy and historical experience. CommonSpirit determines its estimate of implicit price concessions based on its historical collection experience with these classes of patients using a portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. CommonSpirit relies on the results of detailed reviews of historical write-offs and collections in estimating the collectability of accounts receivable. Updates to the hindsight analysis are performed at least quarterly using primarily a rolling 18-month collection history and write-off data. Subsequent changes to estimates of the transaction price are generally recorded as adjustments to net patient revenue in the period of the change.

Subsequent changes that are determined to be the result of an adverse change in a third-party payor's ability to pay are recorded as bad debt expense in purchased services and other in the accompanying unaudited condensed consolidated statements of operations and changes in net assets. Bad debt expense for the three and nine-month periods ended March 31, 2026 and 2025, was not significant.

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements included in net patient revenue follows:

Medicare: Payments for inpatient services are generally made on a prospectively determined rate based on clinical diagnosis. Certain facilities receive cost-based reimbursement. Hospital outpatient services are generally paid based on prospectively determined rates. Physician services are paid based upon established fee schedules.

Medicaid: Payments for inpatient services are generally made on a prospectively determined rate based on clinical diagnosis or on a per case or per diem basis. Hospital outpatient services and physician services are paid based upon established fee schedules, a cost basis reimbursement methodology or discounts from established charges.

Commercial: Payments for inpatient and outpatient services provided to patients covered under commercial insurance policies are paid using a variety of payment methodologies, including per diem and case rates.

Self-Pay and Other: Payment agreements with uninsured or underinsured patients, along with other responsible entities, including institutions, other hospitals and other government payors, are based on a variety of payment methodologies.

Net patient revenue includes estimated settlements under payment agreements with third-party payors. Settlements with third-party payors are accrued on an estimated basis in the period in which the related services are rendered and adjusted in future periods as final settlements are determined. These settlements are estimated and evaluated based on the terms of the payment agreement with the payor, correspondence from the payor and historical settlement activity.

Special Charges, including Contract Termination and Intangible Asset Impairment ("Special Charges") – Includes certain non-routine, nonrecurring costs that are unusual in nature. These costs primarily relate to impairment of long-lived assets included in the brand unification initiative and certain contract termination costs.

Recently Adopted Accounting Pronouncements – The Financial Accounting Standards Board issued goodwill accounting alternatives that allow not-for-profits to simplify the subsequent accounting for goodwill acquired. Subsequent clarification was provided to clarify the not-for-profit application for conduit bond holders. Not-for profits that elect the goodwill accounting alternative must amortize goodwill over a period not greater than 10 years. Additionally, goodwill is only required to be tested for impairment when a triggering event occurs.

In order to simplify the accounting for goodwill, CommonSpirit adopted the standard effective in fiscal year 2026 for all previously existing goodwill and for all new goodwill generated in future acquisitions. Goodwill is amortized on a straight-line basis over a 10-year period. The goodwill amortization expense is included in depreciation and amortization in the accompanying unaudited condensed consolidated statements of operations and changes in net assets.

Subsequent Events – CommonSpirit has evaluated subsequent events occurring between the end of the most recent fiscal quarter and May 15, 2026, the date the unaudited condensed consolidated financial statements were issued. See Note 4.

3. SIGNIFICANT TRANSACTIONS

Vendor Termination – In January 2026, CommonSpirit entered into an agreement with a revenue cycle solutions vendor to terminate services effective December 31, 2026. Terms of the agreement included a January 2026 redemption of the equity interest that CommonSpirit held in the same vendor for \$540 million. As part of the agreement, CommonSpirit will pay an aggregate amount of \$1.9 billion, of which \$540 million was applied in the three and nine-month periods ended March 31, 2026, through the redemption of the equity interest, with the remaining balance payable in equal installments over the next three years. The termination of services agreement and loss on sale of the equity interest total a charge of \$2.2 billion, and are included in special charges in the unaudited condensed consolidated statement of operations. As of March 31, 2026, \$453 million and \$765 million is recorded to the current portion of long-term debt and long-term debt, respectively, in the unaudited condensed consolidated balance sheets.

Divestiture – In February 2024, CommonSpirit entered into an agreement to transfer two hospitals, along with associated clinics in San Francisco, to The University of California - San Francisco Health. The transfer was finalized in August 2024 and the operations of the facilities held for sale are not material to the unaudited condensed consolidated statements of operations and changes in net assets.

4. OTHER OPERATING REVENUE

CommonSpirit received funding from FEMA related to the COVID-19 pandemic. CommonSpirit recorded \$1 million and \$2 million for the three and nine-month periods ended March 31, 2026, respectively, and \$272 million and \$650 million during the three and nine-month periods ended March 31, 2025, respectively. Amounts were recognized within other operating revenue in the unaudited condensed consolidated statements of operations, as obligations of funds were approved by the applicable agencies. The corresponding receivable is recorded within other current assets, in the unaudited condensed consolidated balance sheets.

In May 2026, the organization was notified of additional FEMA obligations of \$383 million for reimbursement of expenses related to the COVID-19 pandemic. This grant revenue will be recorded in other operating revenue in the statement of operations and changes in net assets during the quarter ended June 30, 2026.

CommonSpirit recorded net Employee Retention Credits (“ERC”) \$144 million during the nine-month periods ended March 31, 2026, and did not record amounts for the three-month period ended March 31, 2026, and three and nine-month periods ended March 31, 2025. These payroll tax credits relate to qualified wages paid from March 13, 2020 through September 30, 2021.

All grants and tax credits recorded are subject to subsequent audits by the applicable regulatory agencies providing the funds.

5. NET PATIENT REVENUE

Patient revenue, net of contractual discounts and adjustments and implicit price concessions, is comprised of the following (in millions):

	Three-Month Periods Ended March 31,		Nine-Month Periods Ended March 31,	
	2026	2025	2026	2025
Government	\$ 4,586	\$ 4,572	\$ 13,896	\$ 13,701
Contracted	3,541	3,750	10,687	10,308
Self-pay and other	646	174	2,302	1,854
	<u>\$ 8,773</u>	<u>\$ 8,496</u>	<u>\$ 26,885</u>	<u>\$ 25,863</u>

Government payor type includes Medicare fee for service, Medicare capitated, Medicare managed care fee for service, Medicaid fee for service, Medicaid capitated and Medicaid managed care fee for service patient accounts. Contracted payor type includes contracted rate payors and commercial capitated patient accounts.

Medicaid reimbursement includes supplemental revenues under various state Medicaid programs, including, but not limited to, Disproportionate Share Hospital payments, Graduate Medical Education payments, and state provider fee programs. Amounts are recorded for these programs upon final approval by the Center for Medicare & Medicaid Services, of the applicable program by state, by year, within net patient revenue in the unaudited condensed consolidated statements of operations and changes in net assets. Net patient revenue from the supplemental Medicaid programs amounts to \$475 million, or 5%, and \$441 million, or 5%, for the three-month periods ended March 31, 2026 and 2025, respectively, and \$1.6 billion, or 6%, and \$1.8 billion, or 7%, for the nine-month periods ended March 31, 2026 and 2025, respectively.

6. OTHER CURRENT ASSETS

Other current assets consist of the following (in millions):

	As of March 31, 2026	As of June 30, 2025
Inventories	\$ 866	\$ 848
Receivables, other than patient accounts receivable	830	1,423
Broker receivables for unsettled investment trades	1,778	1,451
Prepaid expenses	500	421
Other	103	106
Total other current assets	<u>\$ 4,077</u>	<u>\$ 4,249</u>

7. CASH AND INVESTMENTS

CommonSpirit's cash and investments include consolidated membership interests in the CommonSpirit Health Operating Investment Pool, LLC as of March 31, 2026 and June 30, 2025. Short-term and long-term investments also include assets limited as to use set aside by CommonSpirit for future long-term purposes as outlined below (in millions):

	As of March 31, 2026	As of June 30, 2025
Cash and cash equivalents	\$ 2,532	\$ 2,010
Short-term investments	60	255
Long-term investments	<u>18,526</u>	<u>18,195</u>
Total cash and investments	<u>21,118</u>	<u>20,460</u>
Less:		
Held for self-insured claims	1,970	2,057
Under bond indenture agreements for debt service	227	61
Donor-restricted	617	591
Other	<u>1,143</u>	<u>996</u>
Total assets limited as to use	<u>3,957</u>	<u>3,705</u>
Unrestricted cash and investments	<u>\$ 17,161</u>	<u>\$ 16,755</u>

8. FAIR VALUE MEASUREMENTS

CommonSpirit accounts for certain assets and liabilities at fair value or on a basis that approximates fair value. A fair value hierarchy for valuation inputs categorizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels and is determined by the lowest level of input that is significant to the fair value measurement in its entirety. These levels are:

Level 1: Quoted prices are available in active markets for identical assets or liabilities as of the measurement date. Financial assets in this category include money market funds, U.S. Treasury securities and listed equities.

Level 2: Pricing inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Financial assets and liabilities in this category generally include asset-backed securities, corporate bonds and loans, municipal bonds and derivative instruments.

Level 3: Pricing inputs are generally unobservable for the assets or liabilities and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities. The fair values are therefore determined using model-based techniques that include option pricing models, discounted cash flow models and similar techniques.

The following represents assets and liabilities measured at fair value or at the NAV practical expedient on a recurring basis (in millions):

	March 31, 2026			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets				
Cash and short-term investments	\$ 2,996	\$ 139	\$ -	\$ 3,135
U.S. government securities	818	482	-	1,300
U.S. corporate bonds	135	615	-	750
U.S. equity securities	1,286	1	-	1,287
Foreign government securities	-	237	-	237
Foreign corporate bonds	4	210	-	214
Foreign equity securities	1,264	1	-	1,265
Structured debt	-	897	-	897
Private equity	-	-	261	261
Real estate	34	17	-	51
Community Investment Program	-	-	246	246
Other investments	290	12	-	302
Assets measured at fair value	<u>\$ 6,827</u>	<u>\$ 2,611</u>	<u>\$ 507</u>	9,945
Assets at NAV				11,173
Total assets				<u>\$ 21,118</u>
Liabilities				
Derivative instruments	\$ -	\$ 88	\$ -	\$ 88
Other	-	-	93	93
Total liabilities	<u>\$ -</u>	<u>\$ 88</u>	<u>\$ 93</u>	<u>\$ 181</u>

June 30, 2025

	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets				
Cash and short-term investments	\$ 2,249	\$ 183	\$ -	\$ 2,432
U.S. government securities	770	494	-	1,264
U.S. corporate bonds	126	539	-	665
U.S. equity securities	1,524	1	-	1,525
Foreign government securities	-	151	-	151
Foreign corporate bonds	3	185	-	188
Foreign equity securities	1,715	1	-	1,716
Structured debt	-	1,007	-	1,007
Private equity	-	-	249	249
Multi-strategy hedge funds	30	-	-	30
Real estate	39	1	-	40
Community Investment Program	-	-	238	238
Other investments	260	28	-	288
Assets measured at fair value	<u>\$ 6,716</u>	<u>\$ 2,590</u>	<u>\$ 487</u>	9,793
Assets at NAV				<u>10,667</u>
Total assets				<u>\$ 20,460</u>
Liabilities				
Derivative instruments	\$ -	\$ 107	\$ -	\$ 107
Other	<u>2</u>	<u>-</u>	<u>92</u>	<u>94</u>
Total liabilities	<u>\$ 2</u>	<u>\$ 107</u>	<u>\$ 92</u>	<u>\$ 201</u>

Assets and liabilities measured at fair value on a recurring basis reflected in the table above are reported in short-term investments, long-term investments, current liabilities and other liabilities – long-term in the accompanying unaudited condensed consolidated balance sheets.

The Level 2 and 3 instruments listed in the fair value hierarchy tables above use the following valuation techniques and inputs:

For marketable securities, such as U.S. and foreign government securities, U.S. and foreign corporate bonds, U.S. and foreign equity securities, mortgage and asset-backed securities, and structured debt, in the instances where identical quoted market prices are not readily available, fair value is determined using quoted market prices and/or other market data for comparable instruments and transactions in establishing prices, discounted cash flow models and other pricing models. These inputs to fair value are included in industry-standard valuation techniques, such as the income or market approach. CommonSpirit classifies all such investments as Level 2.

For private equity investments where no fair value is readily available, the fair value is determined using models that take into account relevant information considered material. Due to the significant unobservable inputs present in these valuations, CommonSpirit classifies all such investments as Level 3.

The fair value of collateral held under securities lending program is classified as Level 2. The collateral held under this program is placed in commingled funds whose underlying investments are valued using techniques similar to those used for the marketable securities noted above. Amounts reported do not include noncash collateral of \$671 million and \$630 million as of March 31, 2026 and June 30, 2025, respectively.

The fair value of assets and liabilities for derivative instruments, such as interest rate swaps classified as Level 2, is determined using an industry standard valuation model, which is based on a market approach. A credit risk spread (in basis points) is added as a flat spread to the discount curve used in the valuation model. Each leg is discounted and the difference between the present value of each leg's cash flows equals the fair value of the swap.

Related to investments valued using the NAV per share practical expedient, management also performs, on a regular basis when information is available, various validations and testing of NAV provided and determines that the investment managers' valuation techniques are compliant with fair value measurement accounting standards.

The following table and explanations identify attributes relating to the nature and risk of investments for which fair value is determined using a calculated NAV as of March 31, 2026 (in millions):

		NAV Practical Expedient	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Private equity	(1)	\$ 2,142	\$ 2,023	-	-
Multi-strategy hedge funds	(2)	2,584	-	Weekly, Monthly, Bi- Monthly, Quarterly, Annually	3 - 90 days
Real estate	(3)	932	1,494	Quarterly	45 - 90 days
Commingled funds - debt securities	(4)	1,105	78	Daily, Monthly, Quarterly	1 - 90 days
Commingled funds - equity securities	(5)	4,410	-	Daily, Weekly, Bi- Weekly, Monthly, Bi- Monthly, Quarterly	1 - 90 days
Total		<u>\$ 11,173</u>	<u>\$ 3,595</u>		

(1) This category includes private equity funds that specialize in providing capital to a variety of investment groups, including, but not limited to, venture capital, leveraged buyout, mezzanine debt, distressed debt and other situations. There are no provisions for redemptions during the life of these funds. Distributions from each fund will be received as the underlying investments of the funds are liquidated, estimated as of March 31, 2026, to be over the next 12 years.

(2) This category includes investments in hedge funds that pursue diversification of both domestic and foreign fixed income and equity securities through multiple investment strategies. The primary objective for these funds is to seek attractive long-term, risk-adjusted absolute returns. Under certain circumstances, an otherwise redeemable investment or portion thereof could become restricted.

The following table reflects the various redemption frequencies, notice periods and any applicable lock-up periods or gates to redemption as of March 31, 2026:

Percentage of the Value of Category (2)		Redemption Frequency	Redemption Notice Period	Redemption Locked Up Until (if applicable)	Redemption Gate % of Account (if applicable)
Total	Subtotal				
7.6%	7.6%	Annually	60 days	up to 2 years	up to 50.0%
40.1%	0.4%	Quarterly	45 days	up to 2 year	up to 20.0%
	26.6%	Quarterly	55- 65 days	up to 1 year	up to 10.0% - 25.0%
	13.1%	Quarterly	90 days		up to 12.5% - 25.0%
5.0%	5.0%	Bi-Monthly	60 days	-	up to 25.0%
45.9%	6.5%	Monthly	5 days	-	up to 20.0%
	28.9%	Monthly	15 - 50 days		up to 16.7% - 20.0%
	10.5%	Monthly	90 days	-	up to 20.0%
1.4%	1.4%	Weekly	3 days	-	-

- (3) This category includes investments in real estate funds that invest primarily in institutional-quality commercial and residential real estate assets within the U.S. and investments in publicly traded real estate investment trusts. Investments representing 22% of the value of investments in this category do not have provisions for redemptions during the life of these funds. Distributions will be received as the underlying investments of the funds are liquidated, estimated as of March 31, 2026, to be over the next 12 years.
- (4) This category includes investments in commingled funds that invest primarily in domestic and foreign debt and fixed income securities, the majority of which are traded in over-the-counter markets. Also included in this category are commingled fixed income funds that provide capital in a variety of mezzanine debt, distressed debt and other special debt securities situations. Investments representing approximately 3% of the value of investments in this category do not have provisions for redemptions during the life of these funds. Distributions will be received as the underlying investments of the funds are liquidated, estimated as of March 31, 2026, to be over the next four years.
- (5) This category includes investments in commingled funds that invest primarily in domestic or foreign equity securities with multiple investment strategies. A majority of the funds attempt to match or exceed the returns of specific equity indices. Investments representing approximately 60% of the value of investments in this category do not have provisions for redemptions during the life of these funds.

9. OTHER LONG-TERM ASSETS, NET

Other long-term assets, net, consist of the following (in millions):

	As of March 31, 2026	As of June 30, 2025
Notes receivable, primarily secured	\$ 63	\$ 77
Provider fee receivable, long-term	-	472
Goodwill	1,027	1,118
Intangible assets - definite-lived, net	239	94
Intangible assets - indefinite-lived	282	672
Donor-restricted assets	569	510
Other	307	262
Total other long-term assets, net	<u>\$ 2,487</u>	<u>\$ 3,205</u>

Goodwill is measured as of the effective date of a business combination as the excess of the aggregate of the fair value of consideration transferred over the fair value of the tangible and intangible assets acquired and liabilities assumed. Goodwill is amortized over a 10 year period. See Note 2.

Intangible assets consist primarily of trademarks, trademark agreements, noncompete agreements, certificates of need, and other contracts, and are recorded at fair value using various methods based on the nature of the asset. Definite-lived intangible assets are amortized using the straight-line method over the estimated useful lives of the assets.

Intangible assets whose lives are indefinite are not amortized and are evaluated for impairment at least annually or when circumstances indicate a possible impairment may exist. In January 2026, CommonSpirit performed a non-recurring fair value measurement of an intangible asset using an income approach. The fair value of the asset was determined to be \$145 million as of the measurement date. Fair value was determined using unobservable inputs (Level 3) under ASC 820. Key assumptions included revenue growth, discount rate, and royalty rate. The change in fair value was a result of the change of a tradename intangible asset from an indefinite life to a definite life, due to a change in CommonSpirit's planned usage. In the three and nine-month periods ended March 31, 2026, an impairment charge of \$245 million was recorded in the unaudited condensed consolidated statements of operations, recorded to special charges. This intangible asset is reflected within intangible assets-definite-lived, net, and will be amortized over its remaining useful life.

The aggregate amortization expense related to intangible and goodwill assets is \$89 million and \$95 million for the three and nine-month periods ended March 31, 2026, respectively, and \$2 million and \$8 million for the three and nine-month periods ended March 31, 2025, respectively. Life to date goodwill amortization expense under the accounting alternative is \$79 million. Amortization expense is recorded in depreciation and amortization in the accompanying unaudited condensed consolidated statements of operations and changes in net assets.

10. DEBT

CommonSpirit Health Master Indenture – In March 2025, the Virginia Mason Medical Center Master Trust Indenture was discharged in connection with its replacement by the CommonSpirit Master Indenture (collectively, the "MTI Substitution"). Concurrent with the MTI Substitution, Virginia Mason Medical Center and Virginia Mason Franciscan Health were added as members of the Obligated Group established under the CommonSpirit Health Master Indenture.

Debt activity for the nine-month periods ended March 31, 2026 and 2025, consist of the following:

2026 Financing Activity – In July 2025, CommonSpirit entered into a \$225 million term loan to redeem in full, the Colorado Health Facilities Authority Revenue Bonds, Series 2019B-1 and the Washington Health Care Facilities Authority Revenue Bonds, Series 2019B-2. The term loan is scheduled to mature July 2026.

In July 2025, CommonSpirit entered into a \$136 million term loan. Proceeds were used to repay outstanding balances on its syndicated line of credit. The term loan matured in October 2025.

In September 2025, CommonSpirit entered into \$450 million of bridge loans with three banks to refund \$450 million of taxable fixed rate bonds.

In October 2025, CommonSpirit issued \$2.7 billion of taxable fixed rate bonds at par, with repayments of \$740 million, \$640 million (\$300 million insured), \$375 million and \$642 million to be made in September 2030, 2035, 2035 (insured), 2045 and 2055. Proceeds were used to refund \$1.0 billion of short-term taxable term loans, \$566 million of commercial paper notes, \$450 million of bridge loans entered into in September 2025 (as noted above), to redeem in full, \$239 million of the California Statewide Communities Development Authority 2007 Series D, E and F tax-exempt auction rate securities, and provide \$400 million for general working capital purposes.

In October 2025, CommonSpirit issued \$480 million of tax-exempt fixed rate bonds at a premium. Proceeds were used to refund \$386 million of short-term taxable term loans and \$125 million to reimburse prior capital expenditures and fund future capital expenditures. The bonds mature in September 2055.

In October 2025, CommonSpirit issued \$451 million of tax-exempt fixed rate bonds at a premium. Proceeds were used to refund \$124 million of short-term taxable term loans, \$110 million of commercial paper notes, \$40 million of tax-exempt variable rated bonds in a private placement, and \$224 million to reimburse prior capital expenditures and fund future capital expenditures. The bonds mature in September 2035.

In November 2025, CommonSpirit increased the commitment amount on a term loan from \$53 million to \$353 million, of which \$300 million was drawn and the proceeds were used to repay outstanding balances on its syndicated line of credit. The term loan maturity was extended to March 2028.

In December 2025, CommonSpirit issued \$53 million of tax-exempt fixed rate bonds in a private placement. Proceeds were used to repay \$53 million of commitments on a term loan. The bonds mature in February 2046.

In January 2026, CommonSpirit entered into a termination agreement with a vendor that included a note payable totaling \$1.36 billion. See Note 3.

2025 Financing Activity – In July 2024, CommonSpirit entered into a \$103 million term loan to redeem the Series 2019B-1 Washington Health Care Facilities Authority Revenue Bonds in full. The term loan is scheduled to mature in July 2026.

In July 2024, CommonSpirit issued \$160 million of taxable commercial paper notes. Proceeds were used to finance the purchase of certain previously leased real estate.

In August 2024, CommonSpirit drew \$200 million on its syndicated line of credit for working capital purposes.

In October 2024, CommonSpirit drew \$300 million on its syndicated line of credit for working capital purposes.

In October 2024, \$28 million of outstanding bond obligations were legally defeased due to the transferred ownership and control of associated clinics in San Francisco to The University of California-San Francisco Health.

In November 2024, CommonSpirit drew \$175 million on its syndicated line of credit for working capital purposes.

In December 2024, CommonSpirit issued \$300 million of taxable commercial paper notes. Proceeds were used to repay outstanding balances on its syndicated line of credit.

In December 2024, CommonSpirit amended the term loan agreement entered into in July 2024 to increase the total commitment amount to \$630 million. CommonSpirit made two borrowings on the amended term loan totaling \$300 million. Of which, \$200 million was borrowed to repay outstanding balances on its syndicated line of credit and \$100 million was used to redeem in full the Washington Health Care Facilities Authority Bonds Series 2013B-2.

In January 2025, CommonSpirit borrowed on the amended term loan, discussed above, \$175 million to repay outstanding balances on its syndicated line of credit.

In January 2025, CommonSpirit borrowed \$53 million from the amended term loan, discussed above, to redeem in full the Kentucky Economic Development Financing Authority Bonds Series 2011B-3.

In February 2025, CommonSpirit issued \$40 million of tax-exempt variable rate bonds in a private placement. Proceeds were used to reimburse for capital expenditures. The bonds mature in February 2065.

In March 2025, CommonSpirit drew \$300 million on its syndicated line of credit for working capital purposes.

In March 2025, CommonSpirit provided for the redemption in full of \$136 million of the Virginia Mason Medical Center Taxable Bonds Series 2013 from a draw on its syndicated line of credit.

11. DERIVATIVE INSTRUMENTS

The following table shows the outstanding notional amount of derivative instruments measured at fair value, net of credit value adjustments, as reported in the accompanying unaudited condensed consolidated balance sheets (in millions):

	Maturity Date of Derivatives	Interest Rate	Notional Amount Outstanding	Fair Value
As of March 31, 2026				
Derivatives not designated as hedges				
Interest rate swaps	2028 - 2047	3.2% - 4.0%	\$ 1,408	\$ (88)
Total return swaps	2028 - 2031	SIFMA plus spread	<u>352</u>	<u>-</u>
Total derivative instruments			1,760	(88)
Cash collateral			<u>-</u>	<u>27</u>
Derivative instruments, net			<u>\$ 1,760</u>	<u>\$ (61)</u>
As of June 30, 2025				
Derivatives not designated as hedges				
Interest rate swaps	2026 - 2047	3.2% - 4.0%	\$ 1,573	\$ (106)
Total return swaps	2028 - 2030	SIFMA plus spread	<u>383</u>	<u>(1)</u>
Total derivative instruments			1,956	(107)
Cash collateral			<u>-</u>	<u>25</u>
Derivative instruments, net			<u>\$ 1,956</u>	<u>\$ (82)</u>

CommonSpirit's interest rate swaps mature between 2028 and 2047. CommonSpirit has the right to terminate the swaps prior to maturity for any reason. The termination value would be the fair value or the replacement cost of the swaps, depending on circumstances. The derivative agreements have certain early termination triggers caused by an event of default or a termination event. The events of default include failure to make payment when due, failure to give notice of a termination event, cash on hand dropping below a specified number of days and defaults under other agreements (cross-default provision). Termination events can include credit ratings dropping below a defined minimum credit rating threshold by either party.

CommonSpirit has \$160 million notional of interest rate swaps that are insured and have a negative fair value of \$13 million as of March 31, 2026. In the event the insurer is downgraded below specified minimum credit rating, the counterparties have the right terminate the swaps if CommonSpirit Health does not provide alternative credit support acceptable to them within 30 days of being notified of the downgrade. If both the insurer and CommonSpirit Health are downgraded below a specified minimum credit rating, the counterparties have the right to terminate the swaps.

CommonSpirit has \$1.2 billion notional amount of interest rate swaps that are not insured, of which the counterparties have various rights to terminate \$233 million notional. These include the outstanding notional amounts of \$100 million and \$73 million at each five-year anniversary date commencing in March 2028 and

September 2028, respectively. Swaps in the outstanding notional amounts of \$60 million have a mandatory put in March 2028. The termination value would be the fair value or the replacement cost of the swaps, depending on the circumstances. These interest rate swaps with the optional and mandatory put options have a negative fair value of \$14 million as of March 31, 2026. The remaining uninsured swaps in the notional amount of \$1.0 billion have a negative fair value of \$61 million as of March 31, 2026.

In December 2025, CommonSpirit entered into a total return swap in the notional amount of \$53 million to reduce interest expense associated with fixed rate debt. CommonSpirit receives a fixed rate and pays a variable rate of SIFMA, plus a spread. CommonSpirit has the right to terminate the total return swap for any reason after December 2026, prior to its expiration in December 2030.

12. LEASES

CommonSpirit enters into operating and finance leases primarily for buildings and equipment and determines if an arrangement is a lease at inception of the contract. For leases with terms greater than 12 months, CommonSpirit records the related right-of-use (“ROU”) asset and lease liability at the present value of lease payments over the contract term using a risk-free interest rate, subject to certain adjustments. CommonSpirit does not separate contract lease and non-lease components except for a class of underlying assets related to supply agreements, which include associated equipment. Certain building lease agreements require CommonSpirit to pay maintenance, repairs, property taxes and insurance costs, which are variable amounts based on actual costs incurred during each applicable period. Such costs are not included in the determination of the ROU asset or lease liability. Lease costs also include escalating rent payments that are not fixed at commencement but are based on the Consumer Price Index or other measure of cost inflation. Future changes in the indices are included within variable lease costs. Certain leases include one or more options to renew the lease at the end of the initial term, with renewal terms that generally extend the lease at the then market rate of rental payment. Certain leases also include an option to buy the underlying asset at or a short time prior to the termination of the lease. All such options are at CommonSpirit’s discretion and are evaluated at the commencement of the lease, with only those that are reasonably certain of exercise included in determining the appropriate lease term and lease type.

Following is supplemental condensed consolidated unaudited balance sheet information related to leases (in millions):

Lease Type	Balance Sheet Classification	As of March 31,	As of June 30,
		2026	2025
Operating Leases:			
Operating lease ROU assets	Right-of-use operating lease assets	\$ 1,472	\$ 1,530
Operating lease obligations - current	Other accrued liabilities - current	227	249
Operating lease obligations - long-term	Other liabilities: Operating lease liabilities	1,433	1,465
Finance Leases:			
Finance lease ROU assets	Property and equipment, net	\$ 1,532	\$ 1,580
Current finance lease liabilities	Current portion of long-term debt	134	120
Long-term finance lease liabilities	Long-term debt, net of current portion	1,544	1,586

13. INTEREST EXPENSE, NET

The components of interest expense, net, include the following (in millions):

	Three-Month Periods Ended		Nine-Month Periods Ended	
	March 31,		March 31,	
	2026	2025	2026	2025
Interest and fees on debt	\$ 217	\$ 181	\$ 636	\$ 576
Capitalized interest expense	(15)	(14)	(48)	(38)
Interest expense, net	<u>\$ 202</u>	<u>\$ 167</u>	<u>\$ 588</u>	<u>\$ 538</u>

14. RETIREMENT PROGRAMS

Total expense for all CommonSpirit retirement and postretirement plans includes service cost components and other nonservice net benefit credits. Service costs are recorded in salaries and benefits on the accompanying unaudited condensed consolidated statements of operations and changes in net assets. Other nonservice net benefit credits are recorded in nonoperating income (loss) in the unaudited condensed consolidated statements of operations and changes in net assets.

Total retirement and postretirement plans expense includes the following (in millions):

	Three-Month Periods Ended		Nine-Month Periods Ended	
	March 31,		March 31,	
	2026	2025	2026	2025
Service cost	\$ 236	\$ 189	\$ 618	\$ 572
Other nonservice net benefit credits	(39)	(39)	(117)	(93)
Retirement and postretirement plans expense	<u>\$ 197</u>	<u>\$ 150</u>	<u>\$ 501</u>	<u>\$ 479</u>

15. COMMITMENTS, CONTINGENT LIABILITIES, GUARANTEES AND OTHER

The following summary encompasses matters related to litigation, regulatory and compliance matters, and developments thereto.

General – The health care industry is subject to voluminous and complex laws and regulations of federal, state and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not necessarily limited to, the rules governing licensure, accreditation, controlled substances, privacy, government program participation, government reimbursement, antitrust, anti-kickback, prohibited referrals by physicians, false claims, and in the case of tax-exempt organizations, the requirements of tax exemption. Management believes CommonSpirit is materially in compliance with all applicable laws and regulations of the Medicare and Medicaid programs. Compliance with such laws and regulations is complex and can be subject to future governmental interpretation as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs. Certain CommonSpirit entities have been contacted by governmental agencies regarding alleged violations of Medicare practices for certain services. Additionally, certain CommonSpirit entities have identified and self-disclosed potential instances of noncompliance with applicable regulations. In the opinion of management after consultation with legal counsel, the ultimate outcome of these matters will not have a material adverse effect on CommonSpirit's unaudited condensed consolidated financial statements.

In recent years, government activity has increased with respect to investigations and allegations of wrongdoing. In addition, during the course of business, CommonSpirit becomes involved in civil litigation. Management assesses the probable outcome of unresolved litigation and investigations and records contingent liabilities reflecting estimated liability exposure. Following is a discussion of matters of note.

Cybersecurity Incident – On October 2, 2022, CommonSpirit experienced a ransomware attack (“the Cybersecurity Incident”) that impacted certain of its systems. Upon discovering the attack, CommonSpirit took immediate steps to protect its IT systems, contain the incident, begin an investigation, and maintain continuity of care. CommonSpirit engaged leading cybersecurity specialists to support its investigation, and notified law enforcement and the United States Department of Health and Human Services. In April 2023, CommonSpirit completed notifications to individuals whose data was potentially impacted by the Cybersecurity Incident.

The Cybersecurity Incident has had an estimated adverse financial impact of over \$160 million to date, which includes lost revenues from the associated business interruption, the costs incurred to remediate the issues and other related business expenses, and is exclusive of any potential insurance related recoveries. CommonSpirit’s cyber insurers were immediately notified and CommonSpirit recorded insurance recoveries within unrestricted revenue of \$75 million through fiscal year 2025. No amounts were recorded in the three and nine-month periods ended March 31, 2026. CommonSpirit is unable to predict the final amount of insurance recoveries at this time.

* * *