



**This document is dated May 15, 2025**

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UNAUDITED QUARTERLY REPORT

For the Three and Nine-Month Periods Ended  
March 31, 2025 and 2024

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The information in this report  
has been provided by  
CommonSpirit Health

CommonSpirit Health  
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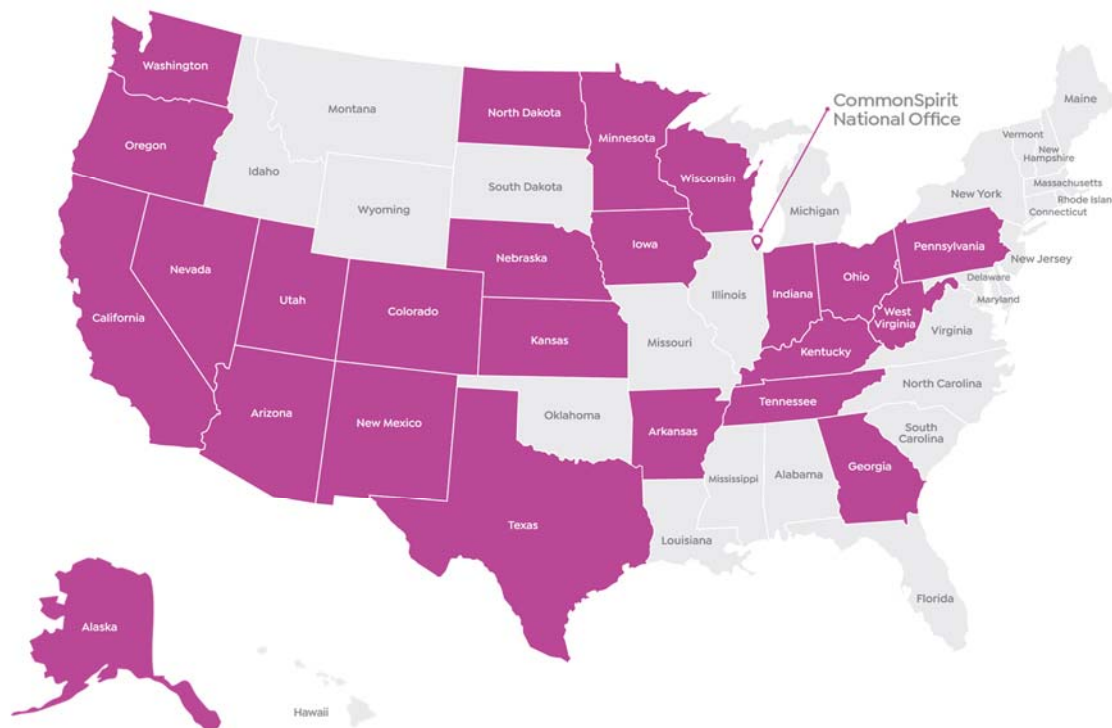
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# Management Discussion and Analysis of Financial Condition and Results of Operations

## 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 157,000 employees and over 25,000 physicians and advanced practice clinicians, as of May 15, 2025, CommonSpirit Health is comprised of approximately 2,500 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 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, staffing shortages, organized labor initiatives, and reimbursement policies of the state and federal governments and managed care organizations. In particular, statements that are preceded by, followed by, or include the word “believes,” “estimates,” “expects,” “anticipates,” “plans,” “intends,” “scheduled,” or other similar expressions are or may constitute forward-looking statements.

CommonSpirit has presented its operating results for the three and nine-month periods ended March 31, 2025 and 2024, 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, 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.

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 of \$241 million and \$438 million during the three and nine-month periods ended March 31, 2025, respectively, compared to operating losses of \$365 million and \$411 million during the same periods in the prior year. Normalized for the California provider fee program, operating losses for the three and nine-month periods ended March 31, 2025, were \$85 million and \$282 million, compared to normalized operating losses of \$365 million and \$705 million during the same periods in the prior year, respectively.

CommonSpirit’s EBITDA was \$278 million for the three-month period ended March 31, 2025, an increase from the \$169 million reported during the same period in the prior year. The EBITDA margin for the three-month period ended March 31, 2025, was 2.9%, an increase from 1.8% during the same period in the prior year. Normalized for the California provider fee program, EBITDA for the three-month period ended March 31, 2025, was \$434 million, or an EBITDA margin of 4.3%. EBITDA for the three-month period ended March 31, 2025 and 2024, includes grant revenue recognized of \$272 million and \$8 million respectively, from the Federal Emergency Management Agency (“FEMA”).

CommonSpirit’s EBITDA was \$1.2 billion for the nine-month period ended March 31, 2025, equivalent to the \$1.2 billion reported during the same period in the prior year. The EBITDA margin for the nine-month period ended March 31, 2025, was 4.0%, a decrease from 4.3% from the same period in the prior year. Normalized for the California provider fee program, EBITDA for the nine-month period ended March 31, 2025, was \$1.3 billion or an EBITDA margin of 4.5%, compared to \$914 million, or an EBITDA margin of 3.3%, during the same period in the prior year. Results for the nine-month periods ended March 31, 2025 and 2024, include \$650 million and \$14 million of FEMA grant revenue, respectively. Prior year results also include a \$234 million 340(b) program settlement from the Centers for Medicare and Medicaid services (“CMS”) related to underpayments in prior years.

CommonSpirit’s EBITDA results during the quarter ended March 31, 2025, continue to be impacted by expenses growing at a faster pace than revenue, despite strong volume, lower length-of-stay and higher productivity. Normalized revenue increases continue to be impacted by challenges with payors on denials and timely payments, and payment increases from both government and non-government payors that are less than inflation. The major challenges the organization continues to face are limited increases in revenue levels and ensuring the organization receives the revenue and cash flow it is entitled to for services provided given the continued inflationary pressures on salaries and other costs.

CommonSpirit Health 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, and capacity optimization for perioperative and imaging services.
- Improved revenue realization 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, and other expenses, 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.

Key Indicators Financial Summary					
(\$ in millions)	Three-Month Periods Ended				
	March 31,				
	2025	2025*	2024	2024*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
EBITDA	\$ 278	\$ 434	\$ 169	\$ 169	\$ 265
Margin %	2.9%	4.3%	1.8%	1.8%	2.5%
Operating loss	\$ (241)	\$ (85)	\$ (365)	\$ (365)	\$ 280
Margin %	(2.5%)	(0.9%)	(3.9%)	(3.9%)	3.0%
Excess (deficit) of revenues over expenses	\$ (42)	\$ 114	\$ 282	\$ 282	\$ (168)
Margin %	(0.4%)	1.1%	2.8%	2.8%	(1.7%)

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

\*\* Comparing March 31, 2025, as adjusted to the same period in the prior year as adjusted.

Key Indicators Financial Summary					
(\$ in millions)	Nine-Month Periods Ended March 31,				
	2025	2025*	2024	2024*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
EBITDA	\$ 1,159	\$ 1,315	\$ 1,208	\$ 914	\$ 401
Margin %	4.0%	4.5%	4.3%	3.3%	1.2%
Operating loss	\$ (438)	\$ (282)	\$ (411)	\$ (705)	\$ 423
Margin %	(1.5%)	(1.0%)	(1.5%)	(2.6%)	1.6%
Excess of revenues over expenses	\$ 325	\$ 480	\$ 762	\$ 468	\$ 12
Margin %	1.1%	1.6%	2.6%	1.6%	0.0%

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

\*\* Comparing March 31, 2025, as adjusted to the same period in the prior year as adjusted.

## California Provider Fee Program

In December 2023, the State of California submitted a State Plan Amendment (“SPA”) to CMS for approval of the 24-month provider fee program beginning January 1, 2023, and ended December 31, 2024. CMS approval of this program was received in December 2023. As such, during the three and nine-month period ended March 31, 2025, CommonSpirit recognized provider fee net income from continuing operations of \$0 million and \$311 million, respectively, compared to \$150 million and \$749 million recorded during the same periods in the prior year (\$455 million related to the nine-month period ended March 31, 2024, and \$294 million related to the six-month period ended June 30, 2023). With the culmination of the program as of December 31, 2024, the state of California submitted an initial SPA to CMS on December 11, 2024, for approval of a new 12-month provider fee program beginning January 1, 2025. Approval of this new program is expected to be received under a similar delayed timeframe.

As a result of the CMS approval timing, EBITDA, operating revenues, and expenses for the three and nine-month periods ended March 31, 2025 and 2024, have 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 1, 2025, commensurate with the start of the program.

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

<b>California Provider Fee Program</b>						
(\$ in millions)	Three-Month Periods Ended			Nine-Month Periods Ended		
	March 31,			March 31,		
	2025	2024	Change	2025	2024	Change
<b>California Provider Fee as Recorded</b>						
Net patient and premium revenues	\$ -	\$ 301	\$(301)	\$ 638	\$ 1,471	\$(833)
Operating expenses	-	151	(151)	327	722	(395)
Provider Fee net income	<u>\$ -</u>	<u>\$ 150</u>	<u>\$(150)</u>	<u>\$ 311</u>	<u>\$ 749</u>	<u>\$(438)</u>
<b>Normalized California Provider Fee</b>						
Net patient and premium revenues	\$ 319	\$ 301	\$ 18	\$ 957	\$ 904	\$ 53
Operating expenses	163	151	12	490	449	41
Provider Fee net income	<u>\$ 156</u>	<u>\$ 150</u>	<u>\$ 6</u>	<u>\$ 467</u>	<u>\$ 455</u>	<u>\$ 12</u>
<b>Impact of Normalizing California Provider Fee</b>						
Net patient and premium revenues	\$ 319	\$ -	\$ 319	\$ 319	\$ (567)	\$ 886
Operating expenses	163	-	163	163	(273)	436
Provider Fee net income (loss)	<u>\$ 156</u>	<u>\$ -</u>	<u>\$ 156</u>	<u>\$ 156</u>	<u>\$ (294)</u>	<u>\$ 450</u>

## Acquisitions, Affiliations and Divestitures

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 condensed consolidated balance sheets. The transfer was finalized in August 2024 and the operations of the facilities held for sale are not material to the condensed statement of operations and changes in net assets.

## Results of Operations

### Operating Revenues and Volume Trends

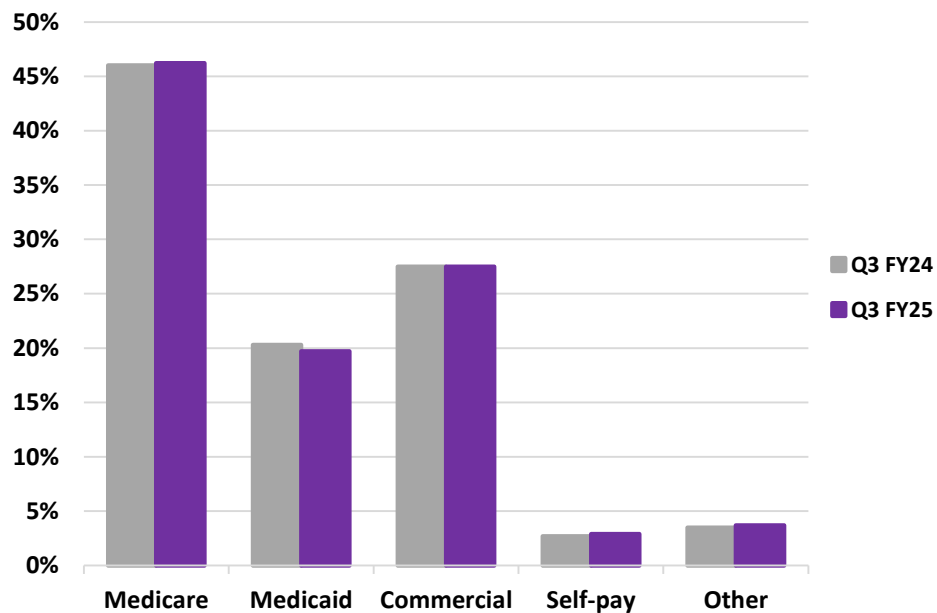
Net patient and premium revenues increased \$72 million, or 0.8%, and increased \$485 million, or 1.8%, over the same periods in the prior year for the three and nine-month periods ended March 31, 2025 and 2024, respectively. Normalizing for the California provider fee revenues, net patient and premium revenue increased \$391 million, or 4.5%, and \$1.4 billion, or 5.3%, over the same periods in the prior year, for the three and nine-month periods ended March 31, 2025, respectively. The increase is primarily due to higher volume levels. Normalized net patient and premium revenue per adjusted admission increased 0.4% and 1.9% over the same periods in the prior year, for the three and nine-month periods ended March 31, 2025, respectively.

For the three and nine-month periods ended March 31, 2025, CommonSpirit's volumes on an adjusted admission basis were favorable to the same period in the prior year by 4.1% and 3.3%, respectively. The acute average length of stay (ALOS) of 4.83 days and 4.74 days for the three and nine-month periods ended March 31, 2025, were lower than the same periods in the prior year of 4.91 and 4.80, respectively.

Volumes	Three-Month Periods Ended				Nine-Month Periods Ended			
	March 31,				March 31,			
	2025	2024	Change	%	2025	2024	Change	%
Acute admissions	218,475	208,936	9,539	4.6%	640,431	619,867	20,564	3.3%
Adjusted admissions	444,205	426,821	17,384	4.1%	1,326,891	1,284,683	42,208	3.3%
Acute inpatient days	1,055,430	1,024,838	30,592	3.0%	3,033,087	2,973,281	59,806	2.0%
Adjusted patient days	2,222,304	2,175,563	46,741	2.1%	6,540,643	6,436,785	103,858	1.6%
Acute average length of stay	4.83	4.91	(0.08)	(1.6%)	4.74	4.80	(0.06)	(1.2%)
Outpatient visits	7,401,737	6,959,803	441,934	6.3%	21,846,014	20,852,553	993,461	4.8%
ED visits	1,026,381	1,005,446	20,935	2.1%	3,061,899	3,014,966	46,933	1.6%
Gross outpatient revenue as a % of total gross patient services revenue	50.7%	50.9%	(0.2%)	(0.4%)	51.6%	51.6%	0.0%	0.0%

Payor mix based on gross revenues for the nine-month period ended March 31, 2025, remained consistent with the prior year. The following chart represents the gross revenue payor mix for consolidated operations for the nine-month periods ended March 31, 2025 and 2024:

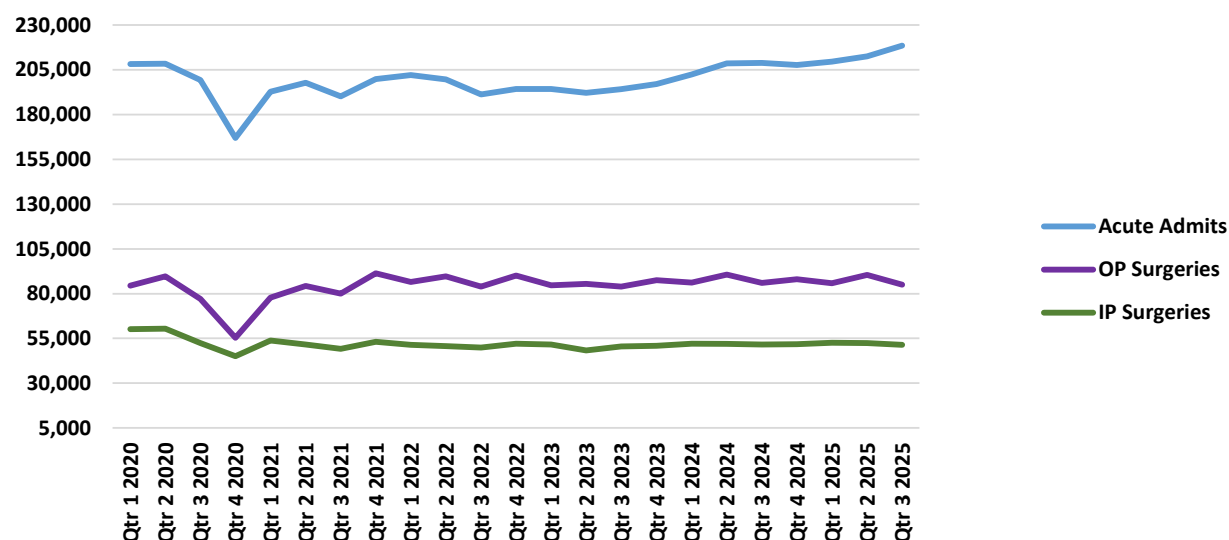
### Gross Revenue Payor Mix





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):

### Same-Store Volume Trend



All other operating revenues increased \$345 million, or 74.0%, and \$779 million, or 56.0%, from the same periods in the prior year, for the three and nine-month periods ended March 31, 2025, respectively. The three-month period increase is primarily due to higher grant revenue, including \$272 million related to FEMA grant revenue, and a \$42 million increase in pharmaceutical revenue, partially offset by a decrease of \$5 million in gain on sale of assets. The nine-month period increase is primarily due to higher grant revenue, including \$650 million in FEMA grant revenue and a \$97 million increase in pharmaceutical revenue, partially offset by a decrease of \$16 million in gain on sale of assets. As of the issuance of this report, an additional \$25 million in FEMA grant revenue has been obligated subsequent to March 31, 2025, and will be recognized in the quarter ending June 30, 2025.

Operating Revenues					
(\$ in millions)	Three-Month Periods Ended				
	March 31,				
	2025	2025*	2024	2024*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
Net patient and premium revenues	\$ 8,858	\$ 9,177	\$ 8,786	\$ 8,786	\$ 391
All other operating revenues	811	811	466	466	345
Total operating revenues	<u>\$ 9,669</u>	<u>\$ 9,988</u>	<u>\$ 9,252</u>	<u>\$ 9,252</u>	<u>\$ 736</u>

\* Adjusted to normalize the California Provider Fee Program revenues.

\*\* Comparing March 31, 2025, as adjusted to the same period in the prior year as adjusted.

Operating Revenues					
Nine-Month Periods Ended					
March 31,					
(\$ in millions)	2025	2025*	2024	2024*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
Net patient and premium revenues	\$ 27,035	\$ 27,354	\$ 26,550	\$ 25,983	\$ 1,371
All other operating revenues	2,169	2,169	1,390	1,390	779
Total operating revenues	<u>\$ 29,204</u>	<u>\$ 29,523</u>	<u>\$ 27,940</u>	<u>\$ 27,373</u>	<u>\$ 2,150</u>

\* Adjusted to normalize the California Provider Fee Program revenues.

\*\* Comparing March 31, 2025, as adjusted to the same period in the prior year as adjusted.

## Operating Revenues by Region

The following table presents operating revenues by region for the three and nine-month periods ended March 31, 2025 and 2024. The results by region are presented consistent with the organization's recent consolidation of eight operating divisions into five regions, as shown below:

Operating Revenues By Region					
Three-Month Periods Ended					
March 31,					
(\$ in millions)	2025	2025**	2024	2024**	Change***
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
California	\$ 2,976	\$ 3,295	\$ 3,140	\$ 3,140	\$ 155
Central	2,082	2,082	2,020	2,020	62
South	1,877	1,877	1,785	1,785	92
Mountain	990	990	983	983	7
Northwest	1,336	1,336	1,208	1,208	128
National Business Lines*	82	82	81	81	1
Others	(3)	(3)	4	4	(7)
Subtotal	<u>9,340</u>	<u>9,659</u>	<u>9,221</u>	<u>9,221</u>	<u>438</u>
Corporate Services	<u>329</u>	<u>329</u>	<u>31</u>	<u>31</u>	<u>298</u>
CommonSpirit Total	<u>\$ 9,669</u>	<u>\$ 9,988</u>	<u>\$ 9,252</u>	<u>\$ 9,252</u>	<u>\$ 736</u>

\* Includes Home Care and Senior Living Business Lines.

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

\*\*\* Comparing March 31, 2025, as adjusted to the same period in the prior year as adjusted.

Operating Revenues By Region					
Nine-Month Periods Ended March 31,					
(\$ in millions)	2025	2025**	2024	2024**	Change***
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
California	\$ 9,616	\$ 9,935	\$ 9,935	\$ 9,368	\$ 567
Central	6,136	6,136	5,829	5,829	307
South	5,535	5,535	5,278	5,278	257
Mountain	2,899	2,899	2,889	2,889	10
Northwest	3,950	3,950	3,607	3,607	343
National Business Lines*	245	245	239	239	6
Others	10	10	38	38	(28)
Subtotal	28,391	28,710	27,815	27,248	1,462
Corporate Services	813	813	125	125	688
CommonSpirit Total	\$ 29,204	\$ 29,523	\$ 27,940	\$ 27,373	\$ 2,150

\* Includes Home Care and Senior Living Business Lines.

\*\* Adjusted to normalize the California Provider Fee Program revenues.

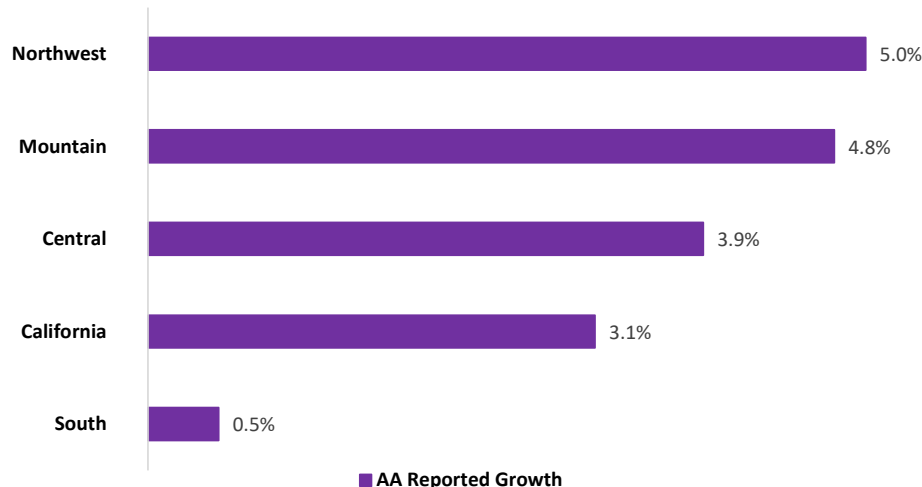
\*\*\* Comparing March 31, 2025, as adjusted to the same period in the prior year as adjusted.

Following are the significant performance drivers related to operating revenues normalized for the California Provider Fee, for the nine-month period ended March 31, 2025, compared to the prior year:

- California – normalized operating revenues increased \$567 million from the prior year, primarily due to higher normalized provider fee revenue, a 3.1% increase in adjusted admissions, a slight improvement in payor mix, and higher surgical and emergency department volume, partially offset by continued revenue yield challenges and a decrease related to a 340(b) settlement recorded in the prior year.
- Central – operating revenues increased \$307 million from the prior year, primarily due to a 3.9% increase in adjusted admissions, payor mix improvement, higher disproportionate share (“DSH”) and provider fee revenue, and higher emergency department volumes, partially offset by lower revenue from interests in health-related activities and a decrease related to a 340(b) settlement recorded in the prior year.
- South – operating revenues increased \$257 million from the prior year, primarily due to additional volumes, with adjusted admissions increasing by 0.5% over the same period in the prior year, improved payor mix, and higher provider fee program revenue, partially offset by lower DSH revenue, continued revenue yield challenges, and a decrease related to a 340(b) settlement recorded in the prior year.
- Mountain – operating revenues increased \$10 million from the prior year, primarily due to adjusted admissions increasing by 4.8% and a gain on sale of assets, offset by an unfavorable shift in payor mix, lower outpatient surgical and emergency department volumes, and a decrease related to a 340(b) settlement recorded in the prior year.
- Northwest – operating revenues increased \$343 million from the prior year, primarily due to a 5.0% increase in adjusted admissions, higher outpatient volume, and higher provider fee revenue, partially offset by continued revenue yield challenges and a decrease related to a 340(b) settlement recorded in the prior year.
- Corporate – operating revenues increased \$688 million from prior year, primarily due to \$650 million of FEMA grant revenue recorded in the current year.

The table below reflects the adjusted admissions growth reported for the nine-month period ended March 31, 2025, compared to the same period in the prior year:

### Adjusted Admissions Growth



Uncompensated Care						
(\$ in millions)	Three-Month Periods Ended			Nine-Month Periods Ended		
	March 31,			March 31,		
	2025	2024	Change	2025	2024	Change
<b>Uncompensated Care:</b>						
Charity care, at customary charges	\$ 690	\$ 550	\$ 140	\$ 1,969	\$ 1,578	\$ 391
Charity care, at cost, net	\$ 162	\$ 135	\$ 27	\$ 470	\$ 391	\$ 79
Charity care, at cost, as a percentage of total expenses	1.6%	1.4%	0.2%	1.6%	1.4%	0.2%

### Operating Expenses

Salaries and benefits increased \$182 million, or 3.7%, and \$677 million, or 4.7%, over the same periods in the prior year, for the three and nine-month periods ended March 31, 2025, 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 55.1% and 54.8%, for the three and nine-month periods ended March 31, 2025, respectively. Salaries and benefits per adjusted admission decreased by 0.3% and increased 1.4%, from the same periods in the prior year, for the three and nine-month periods ended March 31, 2025, respectively.

Supplies increased \$82 million, or 5.4%, and \$386 million, or 8.9%, during the three and nine-month periods ended March 31, 2025, compared to the same periods in the prior year, respectively. Supplies per adjusted admission increased 1.4% and 5.5%, compared to the same periods in the prior year, for the three and nine-month periods ended March 31, 2025, respectively. The increase on a volume adjusted basis is primarily due to the continued inflationary impact on pharmaceuticals and surgical and medical supplies. CommonSpirit is working on reducing supply costs through renegotiation of supply chain contracts and vendor consolidations.

Purchased services and other increased \$207 million, or 7.6%, and \$686 million, or 8.8%, for the three and nine-month periods ended March 31, 2025, 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 increased 3.4% and 5.3%, compared to the same periods in the prior year, for the three and nine-month periods ended March 31, 2025, respectively, primarily due to higher medical fees, provider fee expense, out-of-network costs and insurance costs, partially offset by lower licenses and taxes costs and lease expenses.

Operating Expenses					
Three-Month Periods Ended					
March 31,					
(\$ in millions)	2025	2025*	2024	2024*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
Salaries and benefits	\$ 5,053	\$ 5,053	\$ 4,871	\$ 4,871	\$ 182
Supplies	1,588	1,588	1,506	1,506	82
Purchased services and other	2,750	2,913	2,706	2,706	207
Depreciation and amortization	352	352	364	364	(12)
Interest expense, net	167	167	170	170	(3)
Total operating expenses	<u>\$ 9,910</u>	<u>\$ 10,073</u>	<u>\$ 9,617</u>	<u>\$ 9,617</u>	<u>\$ 456</u>

\* Adjusted to normalize the California Provider Fee Program expense.

\*\* Comparing March 31, 2025, as adjusted to the same period in the prior year as adjusted.

Operating Expenses					
Nine-Month Periods Ended					
March 31,					
(\$ in millions)	2025	2025*	2024	2024*	Change**
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Adjusted Comparison
Salaries and benefits	\$ 14,990	\$ 14,990	\$ 14,313	\$ 14,313	\$ 677
Supplies	4,711	4,711	4,325	4,325	386
Purchased services and other	8,344	8,507	8,094	7,821	686
Depreciation and amortization	1,059	1,059	1,098	1,098	(39)
Interest expense, net	538	538	521	521	17
Total operating expenses	<u>\$ 29,642</u>	<u>\$ 29,805</u>	<u>\$ 28,351</u>	<u>\$ 28,078</u>	<u>\$ 1,727</u>

\* Adjusted to normalize the California Provider Fee Program expense.

\*\* Comparing March 31, 2025, as adjusted to the same period in the prior year as adjusted.

Expense Management and Productivity								
	Three-Month Periods Ended				Nine-Month Periods Ended			
	March 31,				March 31,			
	2025	2025*	2024	2024*	2025	2025*	2024	2024*
	As Recorded	As Adjusted	As Recorded	As Adjusted	As Recorded	As Adjusted	As Recorded	As Adjusted
<b>Expense Management:</b>								
Supply expense as a % of net patient and premium revenue	17.9%	17.3%	17.1%	17.1%	17.4%	17.2%	16.3%	16.6%
Purchased services and other as a % of net patient and premium revenue	31.1%	31.8%	30.8%	30.8%	30.9%	31.1%	30.5%	30.1%
Capital expense as a % of net patient and premium revenue	5.9%	5.7%	6.1%	6.1%	5.9%	5.8%	6.1%	6.2%
Non-capital cost per adjusted admission	\$21,143	\$21,511	\$21,282	\$21,282	\$21,135	\$21,259	\$20,808	\$20,595
<b>Productivity:</b>								
Salaries, wages and benefits as a % of net patient and premium revenue	57.0%	55.1%	55.4%	55.4%	55.4%	54.8%	53.9%	55.1%
Number of FTEs	137,805	137,805	135,711	135,711	137,014	137,014	133,826	133,826
FTEs per adjusted admission	24.76	24.76	25.83	25.83	25.05	25.05	25.61	25.61

\*Adjusted to normalize the California Provider Fee Program revenues and expense.

## Nonoperating Results

CommonSpirit recorded investment income, net, of \$191 million and \$707 million during the three and nine-month periods ended March 31, 2025, compared to investment income, net, of \$690 million and \$1.3 billion during the same periods in the prior year, respectively, due to market fluctuations.

Income tax expense was \$10 million and \$31 million during the three and nine-month periods ended March 31, 2025, compared to \$11 million and \$26 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 \$29 million and \$23 million during the three and nine-month periods ended March 31, 2025, compared to a favorable result of \$34 million and \$31 million during the same periods in the prior year, respectively.

Net periodic postretirement credits amounted to \$39 million and \$93 million of income during the three and nine-month periods ended March 31, 2025, compared to \$99 million and \$165 million of costs during the same periods in the prior year, respectively.

Nonoperating Results						
(\$ in millions)	Three-Month Periods Ended March 31,			Nine-Month Periods Ended March 31,		
	2025	2024	Change	2025	2024	Change
Investment income, net	\$ 191	\$ 690	\$ (499)	\$ 707	\$ 1,300	\$ (593)
Gain on early extinguishment of debt	11	8	3	13	8	5
Income tax expense	(10)	(11)	1	(31)	(26)	(5)
Change in fair value and cash payments						
of interest rate swaps	(29)	34	(63)	(23)	31	(54)
Other components of net periodic						
postretirement credits (costs)	39	(99)	138	93	(165)	258
Other	(3)	25	(28)	4	25	(21)
Total nonoperating income, net	<u>\$ 199</u>	<u>\$ 647</u>	<u>\$ (448)</u>	<u>\$ 763</u>	<u>\$ 1,173</u>	<u>\$ (410)</u>

The detail of investment earnings is as follows:

Investment income (loss), net						
(\$ in millions)	Three-Month Periods Ended March 31,			Nine-Month Periods Ended March 31,		
	2025	2024	Change	2025	2024	Change
Net realized gains on sale of securities	\$ 243	\$ 130	\$ 113	\$ 523	\$ 318	\$ 205
Net unrealized gains (losses) on securities	(106)	480	(586)	(23)	784	(807)
Other, net of capitalized investment income	<u>54</u>	<u>80</u>	<u>(26)</u>	<u>207</u>	<u>198</u>	<u>9</u>
Total investment income, net	<u>\$ 191</u>	<u>\$ 690</u>	<u>\$ (499)</u>	<u>\$ 707</u>	<u>\$ 1,300</u>	<u>\$ (593)</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, 2025	June 30, 2024	Change
<b>Consolidated Balance Sheet Summary</b>			
Total assets	\$ 56,428	\$ 54,734	\$ 1,694
Total liabilities	\$ 33,853	\$ 32,482	\$ 1,371
Total net assets	\$ 22,575	\$ 22,252	\$ 323
<b>Financial Position Ratios</b>			
Unrestricted cash and investments	\$ 15,578	\$ 15,550	\$ 28
Days cash on hand normalized	149	156	(7)
Total debt	\$ 19,818	\$ 18,803	\$ 1,015
Debt to capitalization	49.3%	48.4%	0.9%

## Liquidity

Unrestricted cash and investments were \$15.6 billion at March 31, 2025, and June 30, 2024. 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, 2025	June 30, 2024	Change
Cash	\$ 1,666	\$ 1,983	\$ (317)
Short-term investments	224	300	(76)
Long-term investments, excluding assets limited as to use	13,688	13,267	421
Total unrestricted cash and investments	<u>\$ 15,578</u>	<u>\$ 15,550</u>	<u>\$ 28</u>

## Capital Resources

Cash provided by operating activities totaled \$107 million for the nine-month period ended March 31, 2025, compared to cash provided of \$889 million for the same period in the prior year. The decrease from prior year is primarily due to outstanding grant receivables and continued operational challenges. Significant activity for the nine-month period ended March 31, 2025, includes the following:

- Investments increased \$278 million during the nine-month period ended March 31, 2025, compared to an increase of \$181 million during the same period in the prior year.
- Accrued salaries and benefits increased \$88 million during the nine-month period ended March 31, 2025, compared to an increase of \$115 million during the same period in the prior year.
- Accounts receivable, net, increased \$155 million during the nine-month period ended March 31, 2025, compared to an increase of \$623 million for the same period in the prior year.



- Accounts payable decreased \$241 million during the nine-month period ended March 31, 2025, compared to a decrease of \$49 million for the same period in the prior year.
- Provider fee program assets over liabilities, net increased \$86 million during the nine-month period ended March 31, 2025, compared to an increase of \$499 million for the same period in the prior year.
- Prepaid and other current assets increased \$467 million during the nine-month period ended March 31, 2025, compared to an increase of \$155 million for the same period in the prior year.
- Other accrued liabilities decreased \$223 million during the nine-month period ended March 31, 2025, compared to an increase of \$404 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, 2025, compared to \$739 million during the same period in the prior year, primarily related to the following:

- Capital expenditures were \$1.4 billion during the nine-month period ended March 31, 2025, compared to \$726 million for the same period in the prior year. Such capital expenditures primarily relate to growth in ambulatory and inpatient services, equipment and additions and replacements, purchase of previously leased real estate, information technology projects, and various other capital improvements.
- Proceeds from the sale of assets were \$112 million during the nine-month period ended March 31, 2025, compared to \$57 million during the same period in the prior year, primarily due to the San Francisco transaction.

Cash provided by financing activities totaled \$887 million for the nine-month period ended March 31, 2025, compared to \$555 million for the same period in the prior year, primarily due to the following:

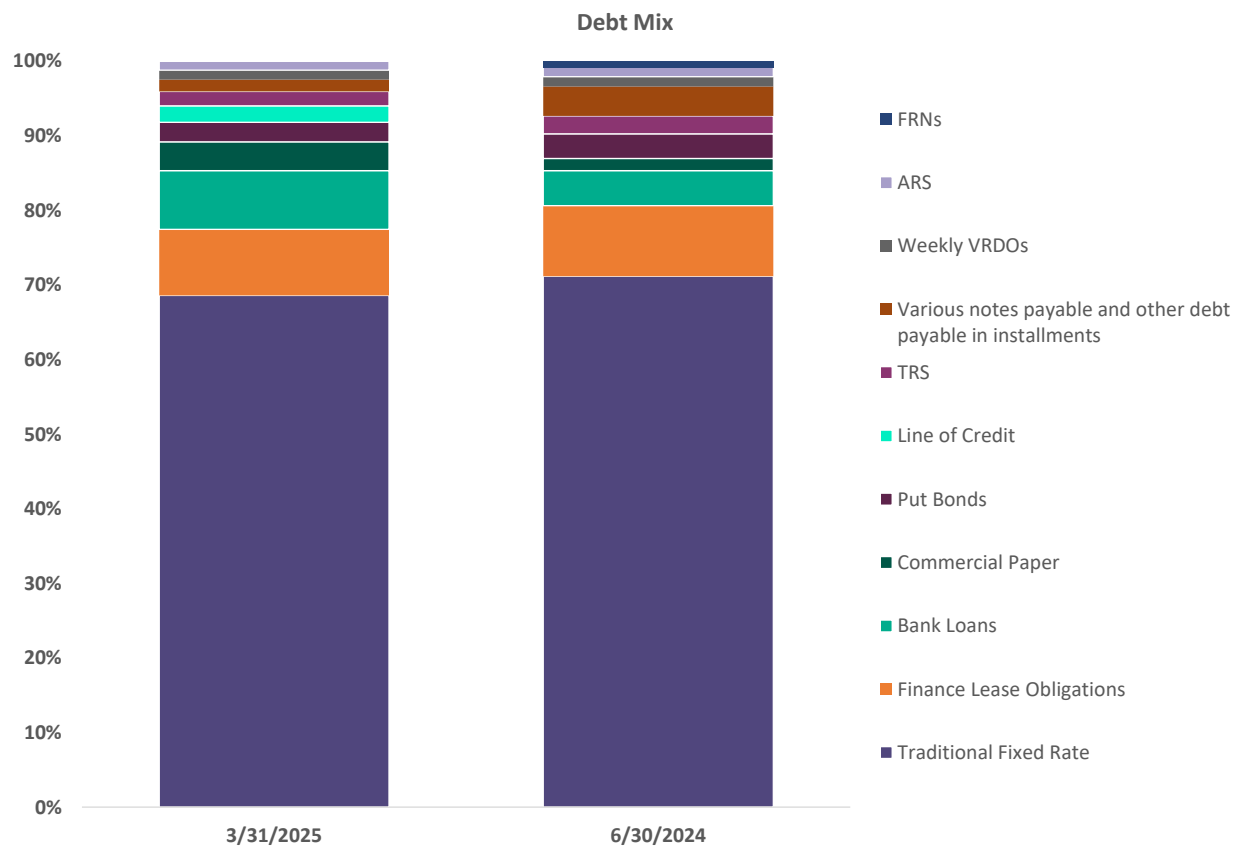
- Net borrowings of debt were \$949 million during the nine-month period ended March 31, 2025, compared to \$661 million during the same period in the prior year. The increase in debt is primarily due to additional line of credit draws for additional working capital needs and the Change Healthcare advance repayment.
- Distributions to noncontrolling interests were \$76 million for the nine-month period ended March 31, 2025, compared to \$170 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.

The CommonSpirit Obligated Group represents approximately 90% of consolidated revenues of CommonSpirit as of March 31, 2025. 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, 2025, as compared to June 30, 2024:



## Strategic Focus and Priorities

Under the leadership of CEO Wright Lassiter III, the organization has established a set of five critical focus areas referred to as “5 for 25” to accelerate CommonSpirit 2026, the strategic road map created at the time of the 2019 merger. These focus areas are not just about change; they are about transformation, enhancing quality of care, broadening access to care, reducing the cost of care, ensuring financial viability, and propelling our mission and operations. Implementation of the following initiatives across the ministry is designed to help position CommonSpirit to create a stronger, successful, sustainable and more unified CommonSpirit and set the foundation for launching into a new strategic plan for CommonSpirit the following year:

- Achieve a unified ministry by defining a unified culture, brand, 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.

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 progress made through the third quarter of fiscal year 2025 are described below.

**Achieve a Unified Ministry:** This defines our strategic imperative to rapidly complete the integration of all aspects of our ministry – clinical, operational, and technological – across our entire footprint while aligning our 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. Under the banner of *One CommonSpirit*, the following initiatives continued to be built upon during the third quarter:

- **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. As an example, 83% of our hospitals are Leapfrog grade A or B with six hospitals being designated as top performers in the areas of general, rural and teaching facilities. CommonSpirit’s patient experience also continues to improve and has an average Provider Star Rating of 4.9 and a 68.3 Net Promoter Score in fiscal year 2024.
- **Continuing to Refine the Operating Model:** With the completion of the region and market structures and leadership changes, the focus is on leveraging this model with an aim to strengthen relevance across CommonSpirit markets. In concert with this, the focus at the system level is in realizing economies of scale nationally, including coordinated supply chain, clinical equipment and infrastructure programs which are being implemented this fiscal year.
- **Integrated Information Technology (IT) Platforms:** CommonSpirit’s IT roadmap identified opportunities to lower costs over the long term, improve clinical and operational challenges, reduce staff and clinician burnout, and standardize clinical platforms. One major pillar of this work includes standardization to a single electronic health record (“EHR”) system. The first step toward a new standard across CommonSpirit will be in the South region in June 2025, and this work is well underway through the third quarter of fiscal year 2025.
- **Creating and Retaining the Workforce of the Future:** CommonSpirit recognizes that our people are our most valuable asset and is focusing on system redesign, new care models, and technologies that align with clinicians’ interests, respond to increasing patient demands, and make 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 has a range of programs, initiatives

and areas of focus to support our workforce. Our employee engagement scores continue to improve year over year and CommonSpirit was recently ranked #26 in Forbes America's Dream Employers list.

**Ensure We Are Paid for the Care We Provide:** One of the most critical levers is to receive the revenue and cash flow CommonSpirit is entitled to for services provided. We are focused on improving our commercial contracting to meet financial goals and optimize rates and settlements. We are ensuring that our payor agreements and rates are accurate with a strong contract modeling policy, and implementing a new system for better contract visibility to ensure proper payments. We are 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, we are focused on improving Medicare and Medicaid rates and terms. CommonSpirit will continue participating 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 is ranked one or two in acute market share in 25 of our 35 markets and is focused on growing the continuum of our network integrity to deliver greater value. CommonSpirit continues to expand our ambulatory and virtual care points and enhance connections across the continuum of care. During the nine-months ended March 31, 2025, CommonSpirit added 22 new ambulatory care sites across 8 states. Additionally, CommonSpirit has new partnerships with LifePoint for acute behavioral and rehabilitation services with two new sites underway in Houston and Tennessee and two additional planned sites. CommonSpirit is also focused on its Home Health and Senior Living services where work is underway to better align with and support our markets' needs for the full continuum of care to best transition and serve our patients in the most appropriate care settings.
- **Innovative Partnerships Advance the Care Continuum:** CommonSpirit has a range of partnerships in areas such as novel care models in primary care, behavioral health, micro hospitals, hospitals at home, and other care models. New areas of focus include an effort to aid the need for transparent Pharmacy Benefit Managers ("PBM") and Artificial Intelligence ("AI") with the goal to stay ahead of the ecosystem and partner with mission aligned companies to serve CommonSpirit's ministry. CommonSpirit is the first health system of its scale to adopt a transparent PBM solution and a new Generative AI partnership focused on leveraging data to create a more efficient supply chain. Additionally, CommonSpirit supports diversification through a successful co-investment program where we may invest alongside leading venture firms in the companies we are partnering with and recently added two additional companies to the portfolio. One of these partners is the only company approved by CMS to deliver the new "GUIDE" model for neurology patients across nearly 50 states and the other is an emerging player for last-mile delivery services in healthcare. Both investments are bringing innovative approaches to serve the healthcare ecosystem at large. This co-investment program has had very strong results and has generated financial and operational returns.
- **Portfolio Assessment and Management:** CommonSpirit is enhancing its portfolio analysis and investment strategy to focus on its service profile across the organization, and improve market essentiality in existing markets. A primary focus in this evaluation is identifying 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 is assessing each market's current position and market potential, defining market-based strategies, and aligning and prioritizing our 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 unique arrangement with Kaiser will include integrating Kaiser physicians and employees into CommonSpirit hospitals to care for Kaiser members. This approach is integrated in CommonSpirit's Long Range Strategic Planning process, which commenced in the second quarter, and will inform strategic investments for fiscal year 2026. In addition, while not the primary intent, this may result in other transactions where CommonSpirit discerns that communities may be better served by another provider.

An example of a recent action includes the transfer of ownership of its San Francisco facilities to The University of California - San Francisco Health, a transaction that closed in August 2024.

**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:

- CommonSpirit’s Patient Connection Centers (“PCCs”), use efficient resources to improve patient access and physician productivity, and our network integrity tools help improve care continuity within our network.
- Improved Network Integrity and Growth: CommonSpirit is enhancing efforts to track care continuity and enhance practice patterns to ensure we are serving our 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 our 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.

**Launch a Reimagined Digital Consumer Experience:** Implementation of “one digital front door” to our services will provide a consistent landing page with search and scheduling features across all of our regions. In addition to CommonSpirit’s PCCs, which help connect patients to their providers through a single point of access, in April 2024, CommonSpirit launched the first phase of its Consumer Digital Experience at <https://www.commonspirit.org> that 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. As of June 2024, CommonSpirit launched enhanced online scheduling for our employed physicians and advanced practice providers in California, Arizona and Nevada. The next phase in this milestone achievement involves integrating all market-based sites onto the platform. Additionally, CommonSpirit in partnership with ZocDoc, launched a pilot in the Texas market. As of the launch date of August 2024 and through March 31, 2025, nearly 2,500 appointments were scheduled, of which 64% represented new patients. Over 3,200 patient reviews through ZocDoc provided an average rating of 4.7%. CommonSpirit plans to scale these pilots across its five regions.

The 5 for 25 priorities for fiscal year 2025 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 in fiscal year 2024 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 continued inflationary and revenue pressures, the organization continues to focus on value capture initiatives, and has identified a set of actions to further address and improve operating performance in fiscal year 2025, including supply chain, pharmacy, payor contracting and adherence, purchased services, overhead functions, ancillary services, and a range of other areas.

Updates to these priorities and specific accomplishments will continue to be highlighted in these quarterly reports as appropriate.

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## **Exhibit I**

Unaudited Condensed Consolidated Financial Statements  
For the Three and Nine-Month Periods Ended March 31, 2025 and 2024

(Attached)

**COMMONSPIRIT HEALTH**

**UNAUDITED CONDENSED CONSOLIDATED  
FINANCIAL STATEMENTS**

**For the Three and Nine-Month Periods Ended March 31, 2025 and 2024**

# COMMONSPIRIT HEALTH

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# COMMONSPIRIT HEALTH

## CONDENSED CONSOLIDATED BALANCE SHEETS AS OF MARCH 31, 2025 AND JUNE 30, 2024 (in millions)

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	As of March 31, 2025 (Unaudited)	As of June 30, 2024
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 1,666	\$ 1,983
Short-term investments	224	300
Patient accounts receivable, net	5,572	5,407
Provider fee receivable	1,370	1,189
Other current assets	<u>4,793</u>	<u>3,534</u>
Total current assets	<u>13,625</u>	<u>12,413</u>
Long-term investments	17,374	16,879
Property and equipment, net	17,480	17,165
Right-of-use operating lease assets	1,527	1,687
Ownership interests in health-related activities	3,212	3,228
Other long-term assets, net	<u>3,210</u>	<u>3,362</u>
Total assets	<u>\$ 56,428</u>	<u>\$ 54,734</u>

(Continued)

# COMMONSPIRIT HEALTH

## CONDENSED CONSOLIDATED BALANCE SHEETS AS OF MARCH 31, 2025 AND JUNE 30, 2024 (in millions)

	As of March 31, 2025 (Unaudited)	As of June 30, 2024
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Current portion of long-term debt	\$ 2,361	\$ 1,006
Demand bonds subject to short-term liquidity arrangements	247	247
Accounts payable	1,229	1,456
Accrued salaries and benefits	1,775	1,688
Provider fee payables	485	643
Other accrued liabilities - current	4,957	4,352
Total current liabilities	<u>11,054</u>	<u>9,392</u>
Other liabilities - long-term:		
Self-insured reserves and claims	1,195	1,169
Pension and other postretirement benefit liabilities	2,129	1,991
Derivative instruments, net	76	70
Operating lease liabilities	1,459	1,582
Other accrued liabilities - long-term	730	728
Total other liabilities - long-term	<u>5,589</u>	<u>5,540</u>
Long-term debt, net of current portion	<u>17,210</u>	<u>17,550</u>
Total liabilities	<u>33,853</u>	<u>32,482</u>
Net assets:		
Without donor restrictions - attributable to CommonSpirit Health	20,383	20,043
Without donor restrictions - noncontrolling interests	1,043	1,012
With donor restrictions	1,149	1,197
Total net assets	<u>22,575</u>	<u>22,252</u>
Total liabilities and net assets	<u>\$ 56,428</u>	<u>\$ 54,734</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, 2025 AND 2024 (in millions)

	Three-Month Periods Ended March 31,		Nine-Month Periods Ended March 31,	
	2025	2024	2025	2024
Operating revenues:				
Net patient revenue	\$ 8,496	\$ 8,427	\$ 25,863	\$ 25,416
Premium revenue	362	359	1,172	1,134
Revenue from health-related activities, net	65	71	154	167
Other operating revenue	728	378	1,964	1,174
Contributions	18	17	51	49
Total operating revenues	<u>9,669</u>	<u>9,252</u>	<u>29,204</u>	<u>27,940</u>
Operating expenses:				
Salaries and benefits	5,053	4,871	14,990	14,313
Supplies	1,588	1,506	4,711	4,325
Purchased services and other	2,750	2,706	8,344	8,094
Depreciation and amortization	352	364	1,059	1,098
Interest expense, net	167	170	538	521
Total operating expenses	<u>9,910</u>	<u>9,617</u>	<u>29,642</u>	<u>28,351</u>
Operating loss	(241)	(365)	(438)	(411)
Nonoperating income (loss):				
Investment income, net	191	690	707	1,300
Gain on early extinguishment of debt	11	8	13	8
Income tax expense	(10)	(11)	(31)	(26)
Change in fair value and cash payments of interest rate swaps	(29)	34	(23)	31
Other components of net periodic postretirement credits (costs)	39	(99)	93	(165)
Other	(3)	25	4	25
Total nonoperating income, net	<u>199</u>	<u>647</u>	<u>763</u>	<u>1,173</u>
Excess (deficit) of revenues over expenses	<u>\$ (42)</u>	<u>\$ 282</u>	<u>\$ 325</u>	<u>\$ 762</u>
Less excess of revenues over expenses attributable to noncontrolling interests	<u>27</u>	<u>38</u>	<u>119</u>	<u>86</u>
Excess (deficit) of revenues over expenses attributable to CommonSpirit Health	<u>\$ (69)</u>	<u>\$ 244</u>	<u>\$ 206</u>	<u>\$ 676</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, 2025 AND 2024 (in millions)

	<b>Without Donor Restrictions</b>		<b>With Donor Restrictions</b>	<b>Total Net Assets</b>
	<b>Attributable to CommonSpirit Health</b>	<b>Noncontrolling Interests</b>		
Balance, December 31, 2023	\$ 19,146	\$ 1,003	\$ 1,164	\$ 21,313
Excess of revenues over expenses	244	38	-	282
Contributions	-	-	31	31
Net assets released from restrictions for capital	10	-	(10)	-
Net assets released from restrictions for operations and other	-	-	(14)	(14)
Change in funded status of pension and other postretirement benefit plans	167	-	-	167
Other	23	(28)	35	30
Increase in net assets	444	10	42	496
Balance, March 31, 2024	<u>\$ 19,590</u>	<u>\$ 1,013</u>	<u>\$ 1,206</u>	<u>\$ 21,809</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>

(Continued)

## COMMONSPIRIT HEALTH

### UNAUDITED CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE THREE AND NINE-MONTH PERIODS ENDED MARCH 31, 2025 AND 2024 (in millions)

	Without Donor Restrictions		With	Total Net
	Attributable to	Noncontrolling	Donor	Assets
	CommonSpirit	Interests	Restrictions	
	Health			
Balance, June 30, 2023	\$ 18,960	\$ 1,062	\$ 1,117	\$ 21,139
Excess of revenues over expenses	676	86	-	762
Contributions	-	-	109	109
Net assets released from restrictions for capital	21	-	(21)	-
Net assets released from restrictions for operations and other	-	-	(36)	(36)
Change in funded status of pension and other postretirement benefit plans	167	-	-	167
Other	(234)	(135)	37	(332)
Increase (decrease) in net assets	630	(49)	89	670
Balance, March 31, 2024	<u>\$ 19,590</u>	<u>\$ 1,013</u>	<u>\$ 1,206</u>	<u>\$ 21,809</u>
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>

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, 2025 AND 2024 (in millions)

	Nine-Month Periods Ended March 31,	
	2025	2024
Cash flows from operating activities:		
Change in net assets	\$ 323	\$ 670
Adjustments to reconcile change in net assets to cash provided by (used in) operating activities:		
Depreciation and amortization	1,059	1,098
Changes in equity of health-related entities	(170)	(196)
Net gain on sales of assets and investments in unconsolidated organizations	(34)	(36)
Noncash operating expenses related to restructuring, impairment and other losses	-	180
Change in fair value of swaps	6	(29)
Noncash adjustments of pension and other postretirement benefit plans	87	57
Changes in certain assets and liabilities:		
Accounts receivable, net	(155)	(623)
Prepaid and other current assets	(467)	(155)
Broker receivables/payables for unsettled investment trades	149	(19)
Provider fee assets over liabilities, net	(86)	(499)
Accounts payable	(241)	(49)
Accrued salaries and benefits	88	115
Other accrued liabilities	(223)	404
Self-insured reserves and claims	9	(11)
Other, net	40	163
Cash provided by operating activities before net change in investments	385	1,070
Net increase in investments	(278)	(181)
Cash provided by operating activities	107	889

(Continued)

# COMMONSPIRIT HEALTH

## UNAUDITED CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE NINE-MONTH PERIODS ENDED MARCH 31, 2025 AND 2024 (in millions)

	Nine-Month Periods Ended March 31,	
	2025	2024
Cash flows from investing activities:		
Purchases of property and equipment	(1,367)	(726)
Investments in health-related activities	(100)	(87)
Business acquisitions, net of cash acquired	(6)	(21)
Proceeds from asset sales, net	112	57
Cash distributions from health-related activities	81	53
Other, net	(31)	(15)
Cash used in investing activities	<u>(1,311)</u>	<u>(739)</u>
Cash flows from financing activities:		
Borrowings	2,249	4,249
Repayments	(1,300)	(3,588)
Swaps cash collateral received (posted)	-	35
Distributions to noncontrolling interests	(76)	(170)
Contribution by noncontrolling interests	14	29
Cash provided by financing activities	<u>887</u>	<u>555</u>
Net increase (decrease) in cash and cash equivalents	(317)	705
Cash and cash equivalents at beginning of period	<u>1,983</u>	<u>1,677</u>
Cash and cash equivalents at end of period	<u>\$ 1,666</u>	<u>\$ 2,382</u>
Supplemental disclosures of cash flow information:		
Cash paid for interest, net of capitalized interest	<u>\$ 454</u>	<u>\$ 475</u>
Supplemental schedule of noncash investing and financing activities:		
Property and equipment acquired through finance lease or note payable	<u>\$ 61</u>	<u>\$ 45</u>
Investments in health-related activities	<u>\$ 87</u>	<u>\$ 42</u>
Accrued purchases of property and equipment	<u>\$ 75</u>	<u>\$ 61</u>

See notes to unaudited condensed consolidated financial statements.

# COMMONSPIRIT HEALTH

## NOTES TO UNAUDITED CONDENSED CONSOLIDATED FINANCIAL STATEMENTS

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### 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, 2025, CommonSpirit Health is comprised of approximately 2,500 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, 2024 and 2023. Operating results for the three and nine-month periods ended March 31, 2025, are not necessarily indicative of the results to be expected during the year ending June 30, 2025.

**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, 2025 and 2024, 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.

***Subsequent Events*** – CommonSpirit has evaluated subsequent events occurring between the end of the most recent fiscal quarter and May 15, 2025, the date the unaudited condensed consolidated financial statements were issued. See Note 10.

### 3. ACQUISITIONS, AFFILIATIONS AND DIVESTITURES

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 condensed consolidated balance sheets. The transfer was finalized in August 2024 and the operations of the facilities held for sale are not material to the condensed consolidated statement of operations and changes in net assets.

In August 2023, CommonSpirit and AdventHealth effected an agreement to transition to direct management of their respective care sites that comprised Centura Health (the “Transition”), with CommonSpirit directly operating and managing its hospitals and affiliated clinics in Colorado, western Kansas and Utah, and AdventHealth directly operating and managing its Adventist hospitals and their affiliated clinics in Colorado. The Transition did not have a material effect on the financial condition or operations of CommonSpirit, taken as a whole.

### 4. 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,	
	2025	2024	2025	2024
Government	\$ 4,572	\$ 4,611	\$ 13,701	\$ 13,799
Contracted	3,750	3,609	10,308	9,868
Self-pay and other	174	207	1,854	1,749
	<u>\$ 8,496</u>	<u>\$ 8,427</u>	<u>\$ 25,863</u>	<u>\$ 25,416</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.

### 5. OTHER OPERATING REVENUE

CommonSpirit received funding from the Federal Emergency Management Agency (FEMA) related to the COVID-19 pandemic. During the nine-month periods ended March 31, 2025 and 2024, CommonSpirit recorded \$650 million and \$14 million, respectively. Amounts were recognized within other operating revenue in the condensed consolidated statement of operations, as obligations of funds were approved by the applicable agencies. The corresponding receivable is recorded within other current assets, in the condensed consolidated balance sheet.

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

## 6. OTHER CURRENT ASSETS

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

	As of March 31, 2025	As of June 30, 2024
Inventories	\$ 846	\$ 839
Receivables, other than patient accounts receivable	1,496	1,048
Broker receivables for unsettled investment trades	1,865	962
Assets held for sale	-	133
Prepaid expenses	479	468
Other	107	84
Total other current assets	<u>\$ 4,793</u>	<u>\$ 3,534</u>

## 7. CASH AND INVESTMENTS

CommonSpirit's cash and investments include consolidated membership interests in the CommonSpirit Health Operating Investment Pool, LLC ("CSH OIP") as of March 31, 2025, and June 30, 2024. 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, 2025	As of June 30, 2024
Cash and cash equivalents	\$ 1,666	\$ 1,983
Short-term investments	224	300
Long-term investments	<u>17,374</u>	<u>16,879</u>
Total cash and investments	<u>19,264</u>	<u>19,162</u>
Less:		
Held for self-insured claims	1,935	1,963
Under bond indenture agreements for debt service	150	102
Donor-restricted	627	596
Other	<u>974</u>	<u>951</u>
Total assets limited as to use	<u>3,686</u>	<u>3,612</u>
Unrestricted cash and investments	<u>\$ 15,578</u>	<u>\$ 15,550</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) as of:

	March 31, 2025			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
<b>Assets</b>				
Cash and short-term investments	\$ 1,984	\$ 81	\$ -	\$ 2,065
U.S. government securities	798	472	-	1,270
U.S. corporate bonds	125	553	-	678
U.S. equity securities	1,481	1	-	1,482
Foreign government securities	-	134	-	134
Foreign corporate bonds	4	174	-	178
Foreign equity securities	1,505	1	-	1,506
Structured debt	-	995	-	995
Private equity	-	-	244	244
Multi-strategy hedge funds	29	-	-	29
Real estate	36	7	-	43
Community Investment Program	-	-	247	247
Other investments	260	17	-	277
Assets measured at fair value	<u>\$ 6,222</u>	<u>\$ 2,435</u>	<u>\$ 491</u>	9,148
Assets at NAV				<u>10,116</u>
Total assets				<u>\$ 19,264</u>
<b>Liabilities</b>				
Derivative instruments	\$ -	\$ 103	\$ -	\$ 103
Other	2	-	92	94
Total liabilities	<u>\$ 2</u>	<u>\$ 103</u>	<u>\$ 92</u>	<u>\$ 197</u>

June 30, 2024				
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
<b>Assets</b>				
Cash and short-term investments	\$ 2,288	\$ 197	\$ -	\$ 2,485
U.S. government securities	792	888	-	1,680
U.S. corporate bonds	50	629	-	679
U.S. equity securities	1,586	1	-	1,587
Foreign government securities	-	71	-	71
Foreign corporate bonds	3	228	-	231
Foreign equity securities	1,464	3	-	1,467
Structured debt	-	478	-	478
Private equity	-	-	118	118
Multi-strategy hedge funds	30	-	-	30
Real estate	5	7	-	12
Community Investment Program	-	-	198	198
Other investments	217	9	-	226
Assets measured at fair value	<u>\$ 6,435</u>	<u>\$ 2,511</u>	<u>\$ 316</u>	9,262
Assets at NAV				9,900
Total assets				<u>\$ 19,162</u>
<b>Liabilities</b>				
Derivative instruments	\$ -	\$ 97	\$ -	\$ 97
Other	2	-	91	93
Total liabilities	<u>\$ 2</u>	<u>\$ 97</u>	<u>\$ 91</u>	<u>\$ 190</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, derivative instruments, net 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 \$670 million and \$596 million as of March 31, 2025 and June 30, 2024, 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, 2025 (in millions):

		NAV Practical Expedient	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Private equity	(1)	\$ 1,782	\$ 1,894	-	-
Multi-strategy hedge funds	(2)	2,403	-	Weekly, Monthly, Quarterly, Semi-annually, Annually	1- 90 days
Real estate	(3)	997	1,491	Quarterly	45 - 90 days
Commingled funds - debt securities	(4)	1,037	108	Daily, Monthly, Quarterly	1 - 90 days
Commingled funds - equity securities	(5)	3,897	-	Daily, Weekly, Bi-Weekly, Monthly, Quarterly	2 - 90 days
Total		<u>\$ 10,116</u>	<u>\$ 3,493</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, 2025, to be over the next 13 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, 2025:

Percentage of the Value of Category (2)		Redemption	Redemption	Redemption	Redemption
Total	Subtotal	Frequency	Notice Period	Locked Up Until (if applicable)	Gate % of Account (if applicable)
7.8%	7.8%	Annually	60 days	up to 2 years	up to 50.0%
47.8%	1.9%	Quarterly	45 days	up to 2 years	up to 20.0%
	33.9%	Quarterly	55- 65 days	up to 2 years	up to 12.5% - 50.0%
	12.0%	Quarterly	90 days	up to 1 year	up to 12.5% - 25.0%
36.6%	7.1%	Monthly	5 days	-	up to 20.0%
	18.8%	Monthly	30 - 45 days	-	up to 16.7 - 25.0%
	10.7%	Monthly	90 days	-	up to 20.0%
7.2%	7.2%	Weekly	3 days	-	-
0.6%	0.6%	Daily	1 day	-	-

- (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 18% 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, 2025, to be over the next 13 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 15% 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, 2025, 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 48% 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, 2025	As of June 30, 2024
Notes receivable, primarily secured	\$ 77	\$ 92
Provider fee receivable, long-term	467	675
Goodwill	993	964
Intangible assets - definite-lived, net	93	101
Intangible assets - indefinite-lived	675	672
Donor-restricted assets	490	573
Other	415	285
Total other long-term assets, net	<u>\$ 3,210</u>	<u>\$ 3,362</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.

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.

Goodwill and 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. No impairment on goodwill or intangible assets was recorded for the three and nine-month periods ended March 31, 2025 and 2024.

The aggregate amortization expense related to intangible assets is \$2 million and \$8 million for the three and nine-month periods ended March 31, 2025 and 2024, respectively. These amounts are 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, 2025 and 2024, consist of the following:

***2025 Financing Activity*** – In July 2024, CommonSpirit entered into a term loan agreement with a total commitment amount of \$255 million, in which \$103 million was borrowed to redeem in full the Washington Health Care Facilities Authority Revenue Bonds Series 2019B-1. 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.

In April 2025, CommonSpirit refinanced a \$250 million fixed rate term loan scheduled to mature in April 2025, into a variable rate term loan to mature April 2026.

**2024 Financing Activity** – In July 2023, CommonSpirit drew \$265 million on its syndicated line of credit for the redemption in full of the Catholic Health Initiatives Series 2013D Taxable Bonds.

In August 2023, CommonSpirit entered into a \$265 million term loan to refinance the \$265 million draw on its syndicated line of credit. The term loan is scheduled to mature in August 2024.

In December 2023, CommonSpirit renewed a \$65 million line of credit used to support its self-liquidity program scheduled to mature in December 2023, to June 2024.

In December 2023, CommonSpirit renewed a \$345 million term loan scheduled to mature in April 2024, to December 2025.

In February 2024, CommonSpirit renewed two letters of credit used to support two series of VRDBs of \$75 million each scheduled to expire in March 2024 to March 2027. This did not change the terms, provisions or classification of the VRDBs.

In March 2024, CommonSpirit drew \$150 million on its syndicated line of credit for working capital purposes.

In March 2024, CommonSpirit issued \$2.0 billion of taxable fixed rate bonds at par, with repayments of \$775 million, \$725 million and \$489 million to be made in December 2031, 2034 and 2054, respectively. Proceeds were used to refund \$1.0 billion of taxable fixed rate bonds, \$545 million of commercial paper notes, \$265 million of a taxable term loan, \$156 million of outstanding balances on its syndicated line of credit, and pay cost of issuance expenses.

In March 2024, CommonSpirit issued \$1.0 billion of tax-exempt fixed rate bonds, at a premium. Proceeds were used to refund \$600 million of short-term loans, refund \$19 million of tax-exempt fixed rate bonds, reimburse prior capital expenditures, and fund future capital expenditures. The bonds mature in December 2054.

In March 2024, CommonSpirit entered into a \$250 million term loan. Proceeds were used to refund outstanding balances on its syndicated line of credit. The term loan is scheduled to mature in December 2025.

In March 2024, CommonSpirit entered into a \$200 million term loan. Proceeds were used to refund outstanding balances on its syndicated line of credit. The term loan is scheduled to mature in March 2027.

## 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):

	<b>Maturity Date of Derivatives</b>	<b>Interest Rate</b>	<b>Notional Amount Outstanding</b>	<b>Fair Value</b>
<b>As of March 31, 2025</b>				
Derivatives not designated as hedges				
Interest rate swaps	2025 - 2047	3.2% - 4.0%	\$ 1,724	\$ (103)
Total return swaps	2028 - 2030	SIFMA plus spread	385	-
Total derivative instruments			2,109	(103)
Cash collateral			-	27
Derivative instruments, net			<u>\$ 2,109</u>	<u>\$ (76)</u>
<b>As of June 30, 2024</b>				
Derivatives not designated as hedges				
Interest rate swaps	2025 - 2047	3.2% - 4.0%	\$ 1,793	\$ (97)
Total return swaps	2028 - 2030	SIFMA plus spread	451	-
Total derivative instruments			2,244	(97)
Cash collateral			-	27
Derivative instruments, net			<u>\$ 2,244</u>	<u>\$ (70)</u>

CommonSpirit's interest rate swaps mature between 2025 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 \$15 million as of March 31, 2025. In the event the insurer is downgraded below specified minimum credit rating, the counterparties have the right to 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 \$1.6 billion notional amount of interest rate swaps that are not insured, of which the counterparties have various rights to terminate \$251 million notional amounts outstanding. These include the outstanding notional amounts of \$100 million and \$91 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 \$16 million as of March 31, 2025. The remaining uninsured swaps in the notional amount of \$1.3 billion have a negative fair value of \$72 million as of March 31, 2025.

In October 2024, CommonSpirit terminated \$10 million notional amount of total return swaps in connection with the defeased debt, as discussed in Note 10. The total return swaps were terminated at par with no gain or loss realized in connection with the early terminations.

## 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 unaudited condensed consolidated balance sheet information related to leases (in millions):

Lease Type	Balance Sheet Classification	As of March 31, 2025	As of June 30, 2024
<b>Operating Leases:</b>			
Operating lease ROU assets	Right-of-use operating lease assets	\$ 1,527	\$ 1,687
Operating lease obligations - current	Other accrued liabilities - current	245	269
Operating lease obligations - long-term	Other liabilities: Operating lease liabilities	1,459	1,582
<b>Finance Leases:</b>			
Finance lease ROU assets	Property and equipment, net	\$ 1,633	\$ 1,680
Current finance lease liabilities	Current portion of long-term debt	117	104
Long-term finance lease liabilities	Long-term debt, net of current portion	1,637	1,670

## 13. INTEREST EXPENSE, NET

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

	Three-Month Periods Ended March 31,		Nine-Month Periods Ended March 31,	
	2025	2024	2025	2024
Interest and fees on debt	\$ 181	\$ 180	\$ 576	\$ 549
Capitalized interest expense	(14)	(10)	(38)	(28)
Interest expense, net	<u>\$ 167</u>	<u>\$ 170</u>	<u>\$ 538</u>	<u>\$ 521</u>

#### 14. RETIREMENT PROGRAMS

Total expense for all CommonSpirit retirement and post retirement 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 periodic benefit credits are recorded in nonoperating income (loss) in the unaudited condensed consolidated statements of operations and changes in net assets.

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

	Three-Month Periods Ended March 31,		Nine-Month Periods Ended March 31,	
	2025	2024	2025	2024
Service cost	\$ 189	\$ 183	\$ 572	\$ 539
Other nonservice net benefit expense (credits)	(39)	99	(93)	165
Retirement and postretirement	<u>\$ 150</u>	<u>\$ 282</u>	<u>\$ 479</u>	<u>\$ 704</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 approximately \$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 recognized insurance recoveries within unrestricted revenue of \$60 million during the quarter ended June 30, 2024, and \$15 million in the nine-

month period ended March 31, 2025. The insurance recovery process will continue through fiscal year 2025. CommonSpirit is unable to predict the final amount of insurance recoveries at this time.

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