

**NEW JERSEY ACUTE CARE HOSPITALS**

**2024 COST REPORTS**

**L-3**

Hospital: \_\_\_\_\_

Hospital Number: |\_\_\_\_\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**STATEMENT OF OPERATIONS  
FOR THE YEAR ENDED 12/31/24  
(\$000'S)**

**Page 1 of 3**

<b>Description</b>		<b>Amount</b>
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**UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT**

1	Gross Inpatient Revenue	
2	Gross Outpatient Revenue	
3	Total Gross Patient Service Revenue (Sum Line 1 + 2)	
4	Deductions from Patient Service Revenue: Contractual Adjustments – Current Year	
5	Contractual Adjustments – Prior Years	
6	Charity Care	
7	Other Deductions	
8	Total Deductions From Revenue (Sum Line 4 through 7)	
9	Net Patient Service Revenue (Line 3 – 8)	
10	Other Revenue, Sales and Services – Not Patient Care (1)	
11	Assets Released From Restrictions	
12	Investment Income	
13	Gifts and Contributions	
14	Other (Specify):	
15	Total Revenues, Gains and Other Support (Sum Line 9 through 14)	

(1) Includes provision of services to an external organization (i.e., data processing, laundry, etc.), sale of medical supplies, medical records, cafeteria operations, parking garage, etc.; excludes services related to patient care.

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Hospital Number: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

**STATEMENT OF OPERATIONS  
FOR THE YEAR ENDED 12/31/24  
(\$000'S)**

Description		Amount
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**OPERATING EXPENSES**

16	Salary and Wages	
17	Fringe Benefits	
18	Contracted Physician Services	
19	Utilities	
20	Other Outside Contract Services	
21	Supplies and Other Expenses	
22	Insurance – Professional Liability	
23	Insurance – Other	
24	Depreciation – Building, Leasehold Improvement, Fixed Equipment	
25	Depreciation – Major Moveable, Minor Equipment	
26	Depreciation – Capitalized Leases	
27	Amortization	
28	Lease/Rental Cost	
29	Interest – Capital Debt	
30	Interest – Working Capital	
31	Provision for Bad Debt (Net of Recoveries)	
32	Other Expenses	
33	Total Operating Expenses (Sum Line 16 through 32)	
34	Operating Income (Line 15 Minus Line 33)	

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**STATEMENT OF OPERATIONS  
FOR THE YEAR ENDED 12/31/24  
(\$000'S)**

Description	A	B	C	D
	Unrestricted	Temporarily Restricted	Permanently Restricted	TOTAL

**NON-OPERATING/OTHER: (1)**

35	Investment Income				
36	Gifts and Contributions				
37	Other (Specify):				
38	Other (Specify):				
39	Subtotal (sum of Lines 35 through 38)				

40	Extraordinary Gain/Loss on Early Extinguishment of Debt)				
41	Other Extraordinary Items				
42	Transfers To/From Affiliates				
43	Direct Fund Expenditures	//////////			
44	Interfund Transfers				
45	Increase in Net Assets (Sum Lines 34 plus 39, through 44 for Column A)				
46	Net Assets, Beginning of Year				
47	Net Assets, End of Year (Line 45 + 46)				

(1) Use these categories for unrestricted funds if the hospital does not include these items on the audited financial statements in earlier sections and on Line 34 of the Cost Report. Lines 9, 15, 33, 45, 46 and 47 should be the same as the audited financial statements.