

Municipal Secondary Market Disclosure Information Cover Sheet

This cover sheet should be sent with all submissions made to the Municipal Securities Rulemaking Board, Nationally Recognized Municipal Securities Information Repositories, and any applicable State Information Depository, whether the filing is voluntary or made pursuant to Securities and Exchange Commission rule 15c2-12 or any analogous state statute.

See www.sec.gov/info/municipal/nrmsir.htm for list of current NRMSIRs and SIDs

IF THIS FILING RELATES TO A SINGLE BOND ISSUE:

Provide name of bond issue exactly as it appears on the cover of the Official Statement
(please include name of state where issuer is located):

\$17,860,000

Gaylord Hospital Finance Authority

Hospital Revenue and Refunding Bonds, Series 2004

Otsego Memorial Hospital Association Obligated Group

Provide nine-digit CUSIP* numbers if available, to which the information relates:

368177AB7

368177AC5

368177AD3

IF THIS FILING RELATES TO ALL SECURITIES ISSUED BY THE ISSUER OR ALL SECURITIES OF A SPECIFIC CREDIT OR ISSUED UNDER A SINGLE INDENTURE:

Issuer's Name (please include name of state where Issuer is located): _____

Other Obligated Person's Name (if any): _____

(Exactly as it appears on the Official Statement Cover)

Provide six-digit CUSIP* number(s), if available, of Issuer: _____

*(Contact CUSIP's Municipal Disclosure Assistance Line at 212.438.6518 for assistance with obtaining the proper CUSIP numbers.)

TYPE OF FILING:

Electronic (number of pages attached) 10 Paper (number of pages attached) _____

If information is also available on the Internet, give URL: www.firstriver.com

WHAT TYPE OF INFORMATION ARE YOU PROVIDING? (Check all that apply)

A. Annual Financial Information and Operating Data pursuant to Rule 15c2-12
(Financial information and operating data should not be filed with the MSRB.)

Fiscal Period Covered: _____

B. Audited Financial Statements or CAFR pursuant to Rule 15c2-12

Fiscal Period Covered: _____

C. Notice of a Material Event pursuant to Rule 15c2-12 (Check as appropriate)

- | | |
|--|--|
| 1. <input type="checkbox"/> Principal and interest payment delinquencies | 6. <input type="checkbox"/> Adverse tax opinions or events affecting the tax-exempt status of the security |
| 2. <input checked="" type="checkbox"/> Non-payment related defaults | 7. <input type="checkbox"/> Modifications to the rights of security holders |
| 3. <input type="checkbox"/> Unscheduled draws on debt service reserves reflecting financial difficulties | 8. <input type="checkbox"/> Bond calls |
| 4. <input type="checkbox"/> Unscheduled draws on credit enhancements reflecting financial difficulties | 9. <input type="checkbox"/> Defeasances |
| 5. <input type="checkbox"/> Substitution of credit or liquidity providers, or their failure to perform | 10. <input type="checkbox"/> Release, substitution, or sale of property securing repayment of the securities |
| | 11. <input type="checkbox"/> Rating changes |

D. Notice of Failure to Provide Annual Financial Information as Required

E. Quarterly or Monthly Financial Information and Operating Data
(Financial information and operating data should not be filed with the MSRB.)

Period Covered: October – December 2008 (FY2008Q4)

F. Other Secondary Market Information (Specify): _____

I hereby represent that I am authorized by the issuer or obligor or its agent to distribute this information publicly:

Issuer Contact:

Name _____ Title _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ Fax _____
Email Address _____ Issuer Web Site Address _____

Dissemination Agent Contact, if any:

Name Shelley I. Aronson Title President
Employer First River Advisory I. L. C.
Address 2640 Override Drive City Ann Arbor State MI Zip Code 48104
Telephone (734) 761-3624 Fax (734) 761-3614
Email Address aronson@firstriver.com Relationship to Issuer Dissemination Agent

Obligor Contact, if any:

Name Timothy R. Eckert Title Vice President of Finance
Employer Otsego Memorial Hospital
Address 825 North Center Street City Gaylord State MI Zip Code 49735
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Email Address Teckert@otsegomemorialhospital.org Obligor Web Site Address www.otsegomemorialhospital.org

Investor Relations Contact, if any:

Name _____ Title _____
Telephone _____ Email Address _____

OTSEGO MEMORIAL HOSPITAL ASSOCIATION
825 NORTH CERTER STREET
GAYLORD, MI 49735

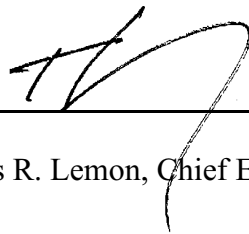
OFFICER'S CERTIFICATE

DATED: FEBRUARY 16, 2009

This Officer's Certificate is delivered pursuant to Section 5.10(b) of the Loan Agreement between Otsego Memorial Hospital Association (on behalf of Itself and as Obligated Group Agent on behalf of the Obligated Group) (the Corporation) and Gaylord Hospital Finance Authority (the Issuer), dated as of November 1, 2004, and Section 605(a)(ii) of the Indenture and Loan Agreement among the Corporation, the Issuer and Fifth Third Bank (Northern Michigan), dated as of February 1, 2005, relating to the Issuer's \$9,000,000 Hospital Revenue Bonds, Series 2005, issued on behalf of the Corporation (the Series 2005 Bonds). All capitalized terms used herein are as defined in the Loan Agreement, in the Indenture and Loan Agreement, or in the Master Trust Indenture between the Issuer and Wells Fargo Bank, N.A., as Master Trustee, dated as of November 1, 2004.

Attached are internally-prepared quarterly financial statements for the Fiscal Year quarter ended December 31, 2008, including a balance sheet as of such date and a statement of activities and changes in Net Assets for such quarter (the Quarterly Financial Statements). The undersigned certifies that:

1. I am the Chief Executive Officer of the Corporation and duly authorized to deliver this Officer's Certificate;
2. the Quarterly Financial Statements have been prepared on substantially the same accounting basis as the Corporation's audited financial statements for its Most Recent Fiscal Year; and
3. the Quarterly Financial Statements are, to the best of my belief, true and correct, but may be subject to audit and Fiscal Year-end adjustments.



Thomas R. Lemon, Chief Executive Officer

**OTSEGO MEMORIAL HOSPITAL
BALANCE SHEET w Foundation**

Preliminary

1/16/2009

	<u>Current Month December-08</u>	<u>Prior Month November-08</u>	<u>Prior Year December-07</u>
Current Assets			
Cash and cash equivalents	\$ 1,844,006	\$ 1,019,599	\$ 1,974,091
Short-term investments-foundation	788,276	762,365	1,014,037
Accounts receivable, Net	6,534,122	7,086,724	5,868,418
Estimated third-party settlements	965,112	1,407,953	1,735,000
Other current assets	<u>2,617,123</u>	<u>2,513,891</u>	<u>1,777,757</u>
Total current assets	12,748,639	12,790,532	12,369,303
Assets Limited as to Use			
Bond payment fund	1,779,738	1,777,157	1,579,945
Funded depreciation	4,271,463	4,134,862	4,825,894
Property and Equipment	29,143,995	29,163,497	29,852,028
Other Assets			
Investment in joint ventures	569,859	565,810	535,171
Cash surrender value of life insurance	64,601	51,835	501,076
Bond issue and other unamortized costs	525,754	532,692	545,820
Other long-term investments	469,582	696,616	566,237
Total assets	<u>49,573,631</u>	<u>49,713,001</u>	<u>50,775,474</u>
Current Liabilities			
Current portion of long-term debt	878,535	840,023	840,023
Notes payable	1,000,000	1,042,702	498,394
Accounts payable	5,073,191	4,240,639	4,054,715
Accrued liabilities and other:			
Accrued compensation	1,392,681	1,228,149	1,084,795
Accrued compensation absences	784,038	1,028,706	745,592
Accrued professional and other liability claims	300,000	300,000	300,000
Accrued interest	<u>605,068</u>	<u>509,648</u>	<u>605,073</u>
Total current liabilities	10,033,513	9,189,867	8,128,592
Long-Term Debt	22,570,619	22,679,351	23,434,679
Other Liabilities - Deferred compensation	469,582	696,616	566,237
Total liabilities	33,073,714	32,565,834	32,129,508
Net Assets			
Unrestricted	16,499,919	17,135,979	18,645,971
Temporarily restricted	0	11,190	0
Total liabilities and net assets	<u>\$ 49,573,633</u>	<u>\$ 49,713,003</u>	<u>\$ 50,775,479</u>

OTSEGO MEMORIAL HOSPITAL
STATEMENT OF OPERATIONS - COMBINED w Foundation

Preliminary

		For the Month Ended December 2008		Year to Date Ended December 2008			
		Variance		Variance			
Current	Budget	Fav (Unfav)	Prior Year	Current	Budget	Fav (Unfav)	Prior Year
Gross Revenue							
\$ 1,966,787	\$ 2,458,271	\$ (491,484)	\$ 1,962,211	\$ 26,922,735	\$ 28,820,862	\$ (1,898,127)	\$ 26,441,347
5,999,101	6,502,720	(503,619)	4,511,799	70,143,193	74,183,810	(4,040,617)	63,588,016
\$ 7,965,888	\$ 8,960,991	\$ (995,103)	\$ 6,474,010	\$ 97,065,928	\$ 103,004,672	\$ (5,938,744)	\$ 90,029,363
(3,378,532)	(3,423,246)	44,714	(2,356,690)	(38,044,604)	(39,951,644)	1,907,040	(35,698,896)
\$ 4,587,356	\$ 5,537,745	\$ (950,389)	\$ 4,117,320	\$ 59,021,324	\$ 63,053,028	\$ (4,031,704)	\$ 54,330,467
362,708	260,498	102,210	361,246	4,099,510	3,098,964	1,000,546	3,220,934
\$ 4,950,064	\$ 5,798,243	\$ (848,179)	\$ 4,478,566	\$ 63,120,834	\$ 66,151,992	\$ (3,031,158)	\$ 57,551,401
Expenses							
\$ 2,326,963	\$ 2,528,865	201,902	\$ 2,036,203	\$ 28,193,897	\$ 28,447,639	\$ 253,742	\$ 24,945,290
727,591	690,063	(37,528)	550,874	7,513,939	7,853,618	339,679	6,946,074
176,868	148,281	(28,587)	63,852	1,504,720	1,590,011	85,291	1,117,828
630,827	742,660	111,833	766,742	7,993,498	8,574,910	581,412	8,144,619
360,403	256,855	(103,548)	205,213	3,125,842	3,037,365	(88,477)	2,579,382
350,949	292,720	(58,229)	167,692	3,241,537	3,227,713	(13,824)	2,446,479
222,904	105,278	(117,626)	150,903	1,797,543	1,260,662	(536,881)	1,217,473
123,318	52,727	(70,591)	59,806	909,256	660,392	(248,864)	715,582
350,837	326,773	(24,064)	234,206	3,831,089	3,633,938	(197,151)	3,605,195
190,016	199,425	9,409	243,254	1,975,621	2,114,000	138,379	2,217,780
165,233	133,826	(31,407)	122,167	1,792,433	1,627,436	(164,997)	1,743,479
205,120	186,556	(18,564)	291,291	2,497,786	2,179,324	(318,462)	2,569,827
\$ 5,831,029	\$ 5,664,029	\$ (167,000)	\$ 4,892,203	\$ 64,377,161	\$ 64,207,008	\$ (170,153)	\$ 58,249,008
(880,965)	134,214	(1,015,179)	(413,637)	(1,256,327)	\$ 1,944,984	(3,201,311)	(697,607)
46,109	49,115	(3,006)	305,844	(103,316)	585,714	(689,030)	712,922
\$ (834,856)	\$ 183,329	\$ (1,018,185)	\$ (107,793)	\$ (1,359,643)	\$ 2,530,698	\$ (3,890,341)	\$ 15,315
75.31%	72.57%		69.69%	72.26%	72.02%		70.63%
42.41%	38.20%		36.40%	39.19%	38.79%		39.65%
39.91%	44.65%		41.62%	43.79%	44.31%		42.83%
31.27%	27.29%		27.05%	26.65%	27.61%		27.85%

**OTSEGO MEMORIAL HOSPITAL
STATEMENT OF CASH FLOWS**

Preliminary

	<u>Year-to-Date Dec-08</u>
Cash Flows from Operating Activities	
Cash received from customers and third-party payors	\$ 55,857,834
Cash paid to suppliers and employees	(57,120,473)
Interest received	151,893
Interest paid	(1,792,433)
Other cash receipts	<u>4,614,189</u>
Net cash provided by (used in) operating activities	1,711,010
Cash Flows from Investing Activities	
Purchase of property and equipment	(1,267,588)
Change in assets limited as to use	<u>354,638</u>
Net cash (used in) provided by investing activities	(912,950)
Cash Flows from Financing Activities	
Proceeds from issuance of long-term debt	-
Principal payments on long-term debt	(1,153,909)
Increase in deferred charges	<u>-</u>
Net cash (used in) provided by financing activities	<u>(1,153,909)</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(355,849)
Cash and Cash Equivalents - Beginning of period	<u>2,988,133</u>
Cash and Cash Equivalents - End of period	<u><u>\$ 2,632,284</u></u>

OTSEGO MEMORIAL HOSPITAL ASSOCIATION

MANAGEMENT'S REPORT

FY2008Q4

This Management's Report is delivered pursuant to Section 5.10(b) of the Loan Agreement between Otsego Memorial Hospital Association (on behalf of Itself and as Obligated Group Agent on behalf of the Obligated Group) (the Corporation) and Gaylord Hospital Finance Authority (the Issuer), dated as of November 1, 2004, relating to the Issuer's \$17,860,000 Hospital Revenue and Refunding Bonds, Series 2004, issued on behalf of the Corporation (the Series 2004 Bonds), and Section 605(a)(ii) of the Indenture and Loan Agreement among the Corporation, the Issuer and Fifth Third Bank (Northern Michigan), dated as of February 1, 2005, relating to the Issuer's \$9,000,000 Hospital Revenue Bonds, Series 2005, issued on behalf of the Corporation (the Series 2005 Bonds). All capitalized terms used herein are as defined in the Loan Agreement, in the Indenture and Loan Agreement, in the Master Trust Indenture between the Issuer and Wells Fargo Bank, N.A., as Master Trustee, dated as of November 1, 2004, or in the Official Statement relating to the Series 2004 Bonds dated November 11, 2004 (the OS).

During FY2007Q4, the Master Trustee, with the consent of the Beneficial Owners of the Series 2004 Bonds and Series 2005 Bonds, waived the Obligated Group's failure to comply with the Debt Service Coverage Ratio covenant relating to FY2006. In consideration for having granted this waiver, the Corporation (on behalf of Itself and as Obligated Group Agent on behalf of the Obligated Group) executed a Supplemental Indenture Number 6 which amends and supplements the Master Trust Indenture (as previously amended and supplemented) and a First Amendment to Indenture and Loan Agreement which amends and supplements the Indenture and Loan Agreement, each dated as of December 1, 2007.

This Management's Report should be read in conjunction with the most recent Management's Report which related to FY2008Q3.

Attached are volume and utilization data for the Fiscal Year (FY) quarter ended December 31, 2008. These data are presented in a cumulative FY-to-date format, with a comparison to the same cumulative period in the prior FY.

MANAGEMENT'S DISCUSSION

The following comments by management are required by Section 201(a)(i)(A) of Supplemental Indenture Number 6 and Section 2(i)(A) of the First Amendment to Indenture and Loan Agreement.

As indicated by the Financial Ratio Calculations below, the Corporation expects, when the audited financial statements are produced, to fail to comply with both the Debt Service Coverage Ratio and Days Cash on Hand requirements with respect to the December 31, 2008 Debt Service Coverage Measurement Date and Days Cash Measurement Date. Corporation management has received proposals from qualified Hospital Consultants and is prepared to submit its preferred choice

to the Holders of Outstanding Obligations for their approval. The process to obtain this approval has already been commenced.

FINANCIAL RATIO CALCULATIONS

The following calculations of financial ratios are required by Section 201(a)(i)(B) of Supplemental Indenture Number 6 and Section 2(i)(B) of the First Amendment to Indenture and Loan Agreement.

<i>Debt Service Coverage Ratio Calculation for the Rolling Four Quarters Ended December 31, 2008 (\$000s omitted, except for Debt Service Coverage Ratio)</i>					
			<i>Minus</i>	<i>Plus</i>	
		<i>FY2008</i>			<i>Rolling Four Quarters</i>
		<i>Unaudited</i>			
Excess of Revenue over Expenses		(1,306)			(1,306)
Depreciation Expense		1,976			1,976
Interest Expense		1,792			1,792
Net Income Available for Debt Service	NIADS	2,462			2,462
Maximum Annual Debt Service Requirements	MADS				2,266
Debt Service Coverage Ratio	NIADS / MADS				1.09

<i>Debt Service Coverage Ratio Calculation for the Annualized Three-Month Period Ended December 31, 2008 (\$000s omitted, except for Debt Service Coverage Ratio)</i>					
			<i>Minus</i>		
		<i>FY2008Q4</i>	<i>FY2008Q3</i>		<i>Three- Month Period</i>
		<i>Unaudited</i>	<i>Unaudited</i>		
Excess of Revenue over Expenses		(1,360)	713		(2,073)
Depreciation Expense		1,976	1,463		513
Interest Expense		1,792	1,325		467
Net Income Available for Debt Service	NIADS	2,408	3,501		(1,092)
¼ of Maximum Annual Debt Service Requirements	MADS				567
Debt Service Coverage Ratio	NIADS / MADS				negative

<i>Days' Cash on Hand Calculation at December 31, 2008 (\$000s omitted, except for Days' Cash on Hand)</i>		
Cash and Cash Equivalents		1,844
Short-Term Investments		788
Funded Depreciation		4,271
Less: Outstanding Principal Balance of Short-Term Indebtedness		(1,000)
Financial Assets	LA	5,904
Operating Expenses		64,377
Less: Depreciation and Amortization		1,976
Daily Operating Expenses	DOE	170
Days' Cash on Hand	LA / DOE	34.6
Requirement for December 31, 2008		50.0

The balance of Short-Term Indebtedness which was outstanding at December 31, 2008 had been reduced to zero for a 30-day period earlier in FY2008.

CONFERENCE CALL WITH BENEFICIAL OWNERS OF THE RELATED BONDS

Corporation management will schedule, via a separate communication, the quarterly conference call required by Section 202 of Supplemental Indenture Number 6 and Section 2 of the First Amendment to Indenture and Loan Agreement.

OTSEGO MEMORIAL HOSPITAL ASSOCIATION

SERVICE VOLUMES AND UTILIZATION

FY20087Q4

<i>Historical Acute Care Utilization (excludes newborns)</i>		
	<i>Twelve Months Ended December 31</i>	
	<i>2008</i>	<i>2007</i>
Days in Period	366	365
Licensed Beds	53	53
Staffed Beds	39	39
Admissions	1,937	1,931
Patient Days	6,036	5,826
Births	274	291
Average Daily Census	16.5	16.0
Average Length of Stay	3.1	3.0
Occupancy Rate ¹ (%)	42.3	40.9
¹ Based on Staffed Beds		

<i>McReynolds Hall (Skilled Nursing) Utilization</i>		
	<i>Twelve Months Ended December 31</i>	
	<i>2008</i>	<i>2007</i>
Days in Period	366	365
Licensed and Staffed Beds	34	34
Patient Days	11,426	11,680
Average Daily Census	31.2	32.0
Occupancy Rate	91.8	94.1

<i>Outpatient Volumes</i>		
	<i>Twelve Months Ended December 31</i>	
	<i>2008</i>	<i>2007</i>
ED Patients	12,876	12,821
MedCare Encounters	12,836	13,411
Employed Physicians Encounters	73,681	64,551
Outpatient Registrations	75,175	74,271

<i>Surgical and Other Procedures</i>			
	<i>Twelve Months Ended December 31</i>		
	<i>2008</i>	<i>2007</i>	
Inpatient Surgeries	868	836	
Outpatient	Surgeries	4,167	4,137
	Other Procedures	4,650	5,652
	Total Outpatient	8,817	9,789
Grand Total	9,685	10,625	
Percent Outpatient	91.0%	92.1%	

<i>Ancillary Services</i> <i>(the Corporation no longer distinguishes between ancillary services provided to inpatients and outpatients in its record-keeping)</i>		
	<i>Twelve Months Ended December 31</i>	
	<i>2008</i>	<i>2007</i>
Laboratory Orders	219,133	216,444
Electrocardiology Procedures	8,887	8,964
General Radiology Examinations	21,458	30,894
Ultrasound Examinations ¹	3,745	N/A
Mammography Examinations ¹	2,999	N/A
Nuclear Medicine Examinations	5,476	4,335
CT Scan Examinations	10,768	6,721
MRI Examinations	3,002	2,892
Cardio-Pulmonary Procedures	27,014	26,462
Physical Therapy Procedures	25,274	19,137
Occupational Therapy Procedures	14,636	12,279
Cardiac Rehabilitation Visits	7,309	9,663
¹ FY2007 volumes included in General Radiology volumes		