

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) 7 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: January – December 2008 (FY2008)

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 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: January – April 2010 (FY2010M04)

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 Thomas R. Lemon Title Chief Executive Officer
Employer Otsego Memorial Hospital
Address 825 North Center Street City Gaylord State MI Zip Code 49735
Telephone (989) 731-2215 Fax (989) 731-2217
Email Address Tlemon@otsegomemorialhospital.org Obligor Web Site Address www.otsegomemorialhospital.org

Investor Relations Contact, if any:

Name _____ Title _____
Telephone _____ Email Address _____

OTSEGO MEMORIAL HOSPITAL ASSOCIATION

FINANCIAL STATEMENTS

FY2010M04

<i>Balance Sheet</i> <i>(\$000s omitted)</i>		
	<i>At April 30</i>	<i>At December 31</i>
	<i>2010</i>	<i>2009</i>
	<i>Unaudited</i>	<i>Audited</i>
Cash, Cash Equivalents and Short-Term Investments ¹	2,623	196
Net Patient Accounts Receivable	6,812	6,844
Current Assets Limited as to Use	0	638
Prepaid Expenses and Other Current Assets	<u>2,085</u>	<u>2,543</u>
Total Current Assets	11,520	10,220
Investments ¹	1,169	4,942
Net Property and Equipment	27,248	27,684
Non-Current Assets Limited as to Use	1,698	1,658
Other Non-Current Assets	<u>1,543</u>	<u>1,570</u>
Total	43,178	46,073
Current Portion of Long-Term Debt	918	22,585
Short-Term Indebtedness	502	3,384
Accounts Payable	3,975	4,704
Estimated Third-Party Payor Settlements	0	0
Accrued Liabilities and Other	<u>3,176</u>	<u>2,695</u>
Total Current Liabilities	8,571	33,368
Long-Term Debt	21,370	0
Other Non-Current Liabilities	608	570
Net Assets	<u>12,629</u>	<u>12,136</u>
Total	43,178	46,073

¹ Corresponds to the definition of "Financial Assets" in the Master Indenture, and used in "Days' Cash on Hand" calculations

<i>Statement of Operations</i> <i>(\$000s omitted)</i>			
	<i>Four Months Ended April 30</i>		
	<i>2010</i>	<i>2010</i>	<i>2009</i>
	<i>Actual</i>	<i>Budget</i>	<i>Actual</i>
Gross Patient Service Revenue	34,753	35,935	31,532
Contractual Allowances and Other Deductions	<u>(13,694)</u>	<u>(15,070)</u>	<u>(12,873)</u>
Net Patient Service Revenue	21,058	20,865	18,659
Other Operating Revenue	<u>1,077</u>	<u>1,174</u>	<u>1,281</u>
Total Operating Revenue	22,135	22,039	19,940
Salaries and Wages	9,409	9,338	9,594
Employee Benefits	2,730	2,145	2,427
Supplies and Expenses	7,459	7,480	7,538
Depreciation Expense	653	755	635
Interest Expense	499	488	579
Provision for Uncollectible Accounts	<u>1,071</u>	<u>938</u>	<u>869</u>
Total Operating Expenses	21,821	21,143	21,641
Income from Operations	314	896	(1,701)
Net Nonoperating Revenue (Loss)	<u>179</u>	<u>187</u>	<u>98</u>
Excess of Revenue over Expenses	493	1,083	(1,603)

Statement of Cash Flows (\$000s omitted)		
	Four Months Ended April 30	FY2009
	Unaudited	Audited
Operating Activities		
Cash Received from Patients and Third-Party Payors	20,019	62,316
Cash Paid to Suppliers and Employees	(22,487)	(66,095)
Investment Income Received	84	249
Interest Paid	(499)	(1,541)
Other Operating Receipts	1,456	1,050
Net Cash Provided (Used) by Operating Activities	(1,428)	(4,021)
Investing Activities		
Purchases of Property and Equipment	(217)	(549)
Proceeds from Disposal of Property and Equipment	-	5
(Purchases) of Investments	-	(2,383)
Sales and Maturities of Investments	-	4,295
Change in Assets Limited as to Use	4,370	-
Proceeds from Life Insurance Contracts	-	0
Net Distribution from Joint Ventures	-	<u>100</u>
Net Cash Provided (Used) by Investing Activities	4,153	1,468

<i>Statement of Cash Flows</i> <i>(\$000s omitted)</i>		
	<i>Four Months Ended April 30</i>	<i>FY2009</i>
	<i>Unaudited</i>	<i>Audited</i>
Financing Activities		
Proceeds from Issuance of Debt Obligations	0	3,596
Principal Repayments on Debt Obligations	(297)	(2,087)
Proceeds from Restricted Contributions	<u>0</u>	<u>0</u>
Net Cash Provided (Used) by Financing Activities	(297)	1,509
Net Increase (Decrease) in Cash	2,428	(1,044)
Cash and Cash Equivalents – Beginning of Period	196	1,240
Cash and Cash Equivalents – End of Period	2,623	196

OTSEGO MEMORIAL HOSPITAL ASSOCIATION

SERVICE VOLUMES AND UTILIZATION

FY2010M04

<i>Historical Acute Care Utilization (excludes newborns)</i>			
	<i>Four Months Ended April 30</i>		
	<i>2010</i>	<i>2010</i>	<i>2009</i>
	<i>Actual</i>	<i>Budget</i>	<i>Actual</i>
Days in Period	120	120	120
Licensed Beds	46	46	46
Staffed Beds	39	39	39
Admissions	614	589	611
Patient Days	1,939	1,855	1,916
Births	76	88	95
Average Daily Census	16.2	15.5	16.0
Average Length of Stay	3.2	3.1	3.1
Occupancy Rate ¹ (%)	41.4	39.6	40.9
¹ Based on Staffed Beds			

<i>McReynolds Hall (Skilled Nursing) Utilization</i>			
	<i>Four Months Ended April 30</i>		
	<i>2010</i>	<i>2010</i>	<i>2009</i>
	<i>Actual</i>	<i>Budget</i>	<i>Actual</i>
Days in Period	120	120	120
Licensed and Staffed Beds	34	34	34
Patient Days	3,607	3,623	3,549
Average Daily Census	30.1	30.2	29.6
Occupancy Rate	88.4	88.8	87.0

<i>Outpatient Volumes</i>				
		<i>Four Months Ended April 30</i>		
		<i>2010</i>	<i>2010</i>	<i>2009</i>
		<i>Actual</i>	<i>Budget</i>	<i>Actual</i>
ED Patients		3,965	3,957	4,047
MedCare Encounters		4,570	4,412	4,291
Employed Physician Encounters	OMH Medical Group	23,273	23,531	21,539
	Montmorency Clinic	2,897	3,433	2,675
	Orthopedic Surgeons	4,124	4,572	4,116
	Total	30,294	31,536	28,330
Outpatient Registrations		21,361	23,327	23,966

<i>Surgical and Other Procedures</i>				
		<i>Four Months Ended April 30</i>		
		<i>2010</i>	<i>2010</i>	<i>2009</i>
		<i>Actual</i>	<i>Budget</i>	<i>Actual</i>
Inpatient Surgeries		238	256	265
Outpatient	Surgeries	1,302	1,383	1,325
	Other Procedures	1,423	1,499	1,473
	Total Outpatient	2,725	2,882	2,798
Grand Total		2,963	3,138	3,063
Percent Outpatient		92.0%	91.8%	91.3%

<i>Ancillary Services</i> <i>(the Corporation no longer distinguishes between ancillary services provided to inpatients and outpatients in its record-keeping)</i>			
	<i>Four Months Ended April 30</i>		
	<i>2010</i>	<i>2010</i>	<i>2009</i>
	<i>Actual</i>	<i>Budget</i>	<i>Actual</i>
Laboratory Orders	87,021	90,337	70,304
Electrocardiology Procedures	2,711	3,399	2,398
General Radiology Examinations	6,742	7,023	7,179
Ultrasound Examinations	1,355	1,228	1,155
Mammography Examinations	857	909	917
Nuclear Medicine Examinations	892	1,383	1,590
CT Scan Examinations	2,209	3,020	3,669
MRI Examinations	927	980	885
Cardio-Pulmonary Procedures	9,091	9,256	9,130
Physical Therapy Procedures	8,205	10,633	10,005
Occupational Therapy Procedures	5,940	5,428	4,570
Cardiac Rehabilitation Visits	2,196	2,160	1,772