

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) 2 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 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.)

F. Other Secondary Market Information (Specify): 13-Week Cash Flow Forecast and Assumptions as of June 2, 2010

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 J. Aronson Title President
Employer First River Advisory L.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, FACHE 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 & Foundation

13 Week Cash Flow Forecast

Management Assumptions

	Starting Ending	Forecast														13 Week Total
		Actual 5/24/10	1 5/31/10	2 6/7/10	3 6/14/10	4 6/21/10	5 6/28/10	6 7/5/10	7 7/12/10	8 7/19/10	9 7/26/10	10 8/2/10	11 8/9/10	12 8/16/10	13 8/23/10	
Opening Operating Cash Balance		31,399	848,356	559,681	1,143,997	473,406	796,764	17,730	662,486	976	873,200	249,485	933,661	264,912	740,247	848,356
Cash Receipts:																
Blue Cross - BIP - Weekly		234,900	234,900	234,900	234,900	234,900	234,900	234,900	234,900	234,900	234,900	234,900	234,900	234,900	234,900	3,053,700
Medicare - PIP - Bi - Weekly		218,731	0	218,731	0	218,731	0	218,731	0	218,731	0	218,731	0	218,731	0	1,312,386
Medicaid - MIP - Bi - Weekly		0	62,555	0	62,555	0	62,555	0	62,555	0	62,555	0	62,555	0	62,555	437,885
Medicaid - CIP - Bi-Weekly		0	1,500	0	1,500	0	1,500	0	1,500	0	1,500	0	1,500	0	1,500	10,500
Commercial		284,392	210,175	262,719	262,719	262,719	210,175	210,175	262,719	262,719	262,719	262,719	262,719	262,719	262,719	3,257,720
Medicare Part B & Outpat pay		190,317	104,457	130,571	130,571	130,571	104,457	104,457	130,571	130,571	130,571	130,571	130,571	130,571	130,571	1,619,080
PMB & Clinic		195,379	155,846	194,808	194,808	194,808	155,846	155,846	194,808	194,808	194,808	194,808	194,808	194,808	194,808	2,415,615
Self Pay & Other		57,963	57,374	71,717	71,717	71,717	57,374	57,374	71,717	71,717	71,717	71,717	71,717	71,717	71,717	889,294
Medicaid Other		59,662	37,182	46,477	46,477	46,477	167,182	37,182	46,477	46,477	46,477	46,477	46,477	46,477	46,477	706,320
Medicaid QAAP		0	35,666	0	0	0	35,666	0	0	0	35,666	0	264,361	0	35,666	407,025
Dividend Distribution		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfers from Foundation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfers from QAAP Account		0	0	0	0	0	0	0	72,000	0	0	0	0	0	0	72,000
Transfers from Funded Depreciation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PY cost report settlements		237,345	515,034	0	0	0	0	0	0	0	396,889	0	0	0	0	911,923
Miscellaneous		3,070	23,692	29,615	29,615	29,615	23,692	23,692	29,615	29,615	29,615	29,615	29,615	29,615	29,615	367,222
Total Cash Receipts		1,481,759	1,438,381	1,189,538	1,034,862	1,189,538	1,053,347	1,042,357	1,106,862	1,586,427	1,070,528	1,189,538	1,299,223	1,189,538	1,070,528	15,460,669
Cash Disbursements:																
Operating supplies		21,248	33,579	20,600	20,600	20,600	20,600	20,600	20,600	20,600	20,600	20,600	20,600	20,600	20,600	280,780
Medical Supplies & Pharmacy		143,888	218,738	142,403	230,285	142,403	230,285	142,403	230,285	142,403	230,285	142,403	230,285	142,403	230,285	2,454,866
Purchased Services		30,307	0	39,657	39,657	39,657	39,657	39,657	39,657	39,657	39,657	39,657	39,657	39,657	39,657	475,888
Professional Fees		39,611	0	16,600	16,600	16,600	16,600	16,600	16,600	16,600	16,600	16,600	16,600	16,600	16,600	199,197
Utilities		105,125	8,680	115,089	115,089	115,089	92,089	115,089	115,089	115,089	115,089	115,089	115,089	115,089	115,089	1,366,752
Insurance		14,991	3,893	0	0	93,749	67,632	0	0	14,991	0	0	0	0	61,328	241,593
Other expenses		30,784	54,233	11,828	11,828	11,828	11,828	11,828	11,828	11,828	11,828	11,828	11,828	11,828	11,828	196,172
Payroll & Employee Taxes		0	1,152,921	0	1,164,112	0	1,164,112	0	1,164,112	0	1,164,112	0	1,164,112	0	1,164,112	8,137,593
Equipment Lease		0	23,414	0	0	0	23,414	0	0	0	23,414	0	0	0	0	70,242
5/3 Bond Principal & Interest		0	84,607	0	0	0	84,489	0	0	0	84,347	0	0	0	0	253,443
Wells Fargo Bond Interest		0	0	95,419	0	0	0	0	62,919	0	0	0	95,419	0	0	253,757
CAPEX		50,887	50,040	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	74,040
Additional Professional Fees		0	0	29,702	0	10,000	0	17,500	0	10,000	0	17,500	0	10,000	0	94,702
Health Insurance		34,316	0	0	0	380,455	45,100	0	0	324,102	45,100	0	0	324,102	45,100	1,163,959
Funded Depreciation		25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	325,000
Forbearance Fee		0	0	100,000	0	0	0	0	0	0	0	0	0	0	0	100,000
QAAP Taxes		168,645	65,569	0	65,600	0	0	0	65,600	0	0	0	232,700	0	0	429,469
2009 Potential Medicare Settlement		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bank Fees		0	0	0	6,000	0	0	0	6,000	0	0	0	6,000	0	0	18,000
Other	2%	0	6,382	6,924	8,681	8,799	9,574	6,924	8,681	6,924	8,981	6,924	8,681	6,924	9,908	104,305
Total Cash Disbursements		664,802	1,727,056	605,222	1,705,453	866,180	1,832,381	397,601	1,768,372	714,203	1,694,244	505,362	1,967,972	714,203	1,741,508	16,239,758
Operating Cash Flow		816,957	(288,675)	584,316	(670,591)	323,358	(779,034)	644,756	(661,510)	872,224	(623,716)	684,176	(668,749)	475,335	(670,979)	(779,088)
Ending Operating Cash Balance		848,356	559,681	1,143,997	473,406	796,764	17,730	662,486	976	873,200	249,485	933,661	264,912	740,247	69,268	69,268
QAAP Cash Balance - PNC		357,500	357,500	366,400	403,650	403,650	403,650	412,550	377,800	377,800	439,800	448,700	485,950	485,950	485,950	485,950
Total Operating + QAAP Cash Balance		1,205,856	917,180	1,510,396	877,056	1,200,414	421,380	1,075,035	378,776	1,251,000	689,284	1,382,360	750,862	1,226,197	555,217	555,217
Additional Cash Balances																
Funded Depreciation		1,168,909	1,168,909	1,168,909	1,168,909	1,168,909	1,168,909	1,168,909	1,168,909	1,168,909	1,168,909	1,168,909	1,168,909	1,168,909	1,168,909	1,168,909
Foundation Cash		196,111	201,111	206,111	211,111	216,111	221,111	226,111	231,111	236,111	241,111	246,111	251,111	256,111	261,111	251,111
Foundation Investments		977,269	977,269	977,269	977,269	977,269	977,269	977,269	977,269	977,269	977,269	977,269	977,269	977,269	977,269	977,269
Total Other Fund Balances		2,342,289	2,347,289	2,352,289	2,357,289	2,362,289	2,367,289	2,372,289	2,377,289	2,382,289	2,387,289	2,392,289	2,397,289	2,402,289	2,407,289	2,397,289
Total Cash		3,548,145	3,264,469	3,862,685	3,234,345	3,562,703	2,788,669	3,447,324	2,756,065	3,633,289	3,076,573	3,774,649	3,148,151	3,628,486	2,962,506	3,148,151
Short-Term Debt - Margin Loan		402,360	377,360	352,360	327,360	302,360	277,360	252,360	227,360	202,360	177,360	152,360	127,360	102,360	77,360	127,360
Total Cash less Short-Term Debt		3,145,785	2,887,109	3,510,325	2,906,985	3,260,343	2,511,309	3,194,964	2,528,705	3,430,929	2,899,213	3,622,289	3,020,791	3,526,126	2,885,146	2,899,213
Cumulative Average Daily Cash Expenses		180,705				177,922				179,895						
Days on Hand		17				18				16						

Otsego Memorial Hospital & Foundation**13 Week Cash Flow Forecast**

Assumptions and detailed additions/deletions
as of June 2, 2010

Cash Receipts:		
Prior Year cost report settlements		2008 RHC preliminary cost report settlements \$515,000 scheduled to be received week ending (WE) 6/6.
Prior Year cost report settlements		2009 RHC Preliminary cost report settlements \$396,889 scheduled to be received WE 7/25.

Cash Disbursements		
PY Potential Medicare Cost report settlement		Removed payable to Medicare. Filed cost report settlement generating a \$70,00 receivable. Receivable is not forecasted to date.
Interim CFO fees		Interim CFO fees are forecasted bi-weekly.
Professional fees		Additional Professional fees added at \$7,500 per month for the next 3 months payable at the end of each month

General:		
Workdays		Weeks ending July 4 and 11 were changed to a 4 day week due to holiday scheduling.

Fund Accounts:		
QAAP Cash Balance - PNC		Includes cash receipts for HMO HRA and HMO CHAP, and will be used to fund any cash shortages on a weekly basis.
Foundation Investments		Estimated Foundation investments to remain static.