

# 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](http://www.sec.gov/info/municipal/nrmsir.htm) for list of current NRMSIRs and SIDs

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**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

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**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.)

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**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](http://www.firstriver.com)

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**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 July 25, 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](mailto: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](mailto:Tlemon@otsegomemorialhospital.org) Obligor Web Site Address [www.otsegomemorialhospital.org](http://www.otsegomemorialhospital.org)

**Investor Relations Contact, if any:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

<b>Otsego Memorial Hospital &amp; Foundation</b>																		
<b>13 Week Cash Flow Forecast</b>																		
Management Assumptions																		
	Starting Ending	Actual 7/19/10 7/25/10	1 7/26/10 8/1/10	2 8/2/10 8/8/10	3 8/9/10 8/15/10	4 8/16/10 8/22/10	5 8/23/10 8/29/10	6 8/30/10 9/5/10	7 9/6/10 9/12/10	8 9/13/10 9/19/10	9 9/20/10 9/26/10	10 9/27/10 10/3/10	11 10/4/10 10/10/10	12 10/11/10 10/17/10	13 10/18/10 10/24/10	13 Week Total		
Opening Operating Cash Balance		252,153	732,315	86,368	1,034,049	478,668	890,889	234,711	902,791	0	501,921	0	722,823	22,688	505,413	732,315		
<b>Cash Receipts:</b>																		
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	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	218,731	0	1,312,386
Medicaid - MIP - Bi - Weekly		0	62,555	0	62,555	0	8,555	0	62,555	0	62,555	0	62,555	0	62,555	0	62,555	383,885
Medicaid - CIP - Bi-Weekly		0	1,000	0	1,000	0	1,000	0	1,000	0	1,000	0	1,000	0	1,000	0	1,000	7,000
Commercial		128,925	259,278	259,278	259,278	259,278	259,278	259,278	207,422	259,278	259,278	259,278	259,278	259,278	259,278	259,278	3,318,758	
Medicare Part B & Outpat pay		358,229	136,772	136,772	136,772	136,772	136,772	136,772	109,417	136,772	136,772	136,772	136,772	136,772	136,772	136,772	1,750,677	
PMB & Clinic		193,063	193,409	424,909	193,409	193,409	193,409	193,409	154,727	193,409	193,409	193,409	193,409	193,409	193,409	193,409	2,707,132	
Self Pay & Other		79,060	69,811	69,811	69,811	69,811	69,811	69,811	55,849	69,811	69,811	69,811	69,811	69,811	69,811	69,811	893,583	
Medicaid Other		13,055	41,613	41,613	41,613	41,613	41,613	41,613	33,291	41,613	41,613	41,613	41,613	41,613	41,613	41,613	532,652	
Medicaid QAAP		0	35,666	264,361	0	0	0	35,666	0	0	0	35,666	0	0	0	0	371,359	
Dividend Distribution		0	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	0	
Transfers from QAAP Account		0	0	0	0	0	0	0	132,214	0	99,549	0	0	0	172,717	0	404,480	
Transfers from Funded Depreciation		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PY cost report settlements		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Miscellaneous		76,002	24,922	24,921	193,586	24,921	24,921	24,921	19,937	24,921	24,921	24,921	24,921	24,921	24,921	24,921	487,656	
<b>Total Cash Receipts</b>		<b>1,301,965</b>	<b>1,059,926</b>	<b>1,675,296</b>	<b>1,192,924</b>	<b>1,179,435</b>	<b>970,259</b>	<b>1,215,101</b>	<b>1,011,312</b>	<b>1,179,435</b>	<b>1,123,808</b>	<b>1,215,101</b>	<b>1,024,259</b>	<b>1,179,435</b>	<b>1,196,976</b>	<b>15,223,269</b>		
<b>Cash Disbursements:</b>																		
Operating supplies		14,204	11,869	11,869	11,869	11,869	11,869	11,869	11,869	11,869	11,869	11,869	11,869	11,869	11,869	11,869	154,297	
Medical Supplies & Pharmacy		319,870	180,285	142,403	230,285	142,403	230,285	142,403	230,285	142,403	230,285	142,403	230,285	142,403	230,285	230,285	2,416,413	
Purchased Services		110,899	33,076	33,076	33,076	33,076	33,076	33,076	33,076	33,076	33,076	33,076	33,076	33,076	33,076	33,076	429,988	
Professional Fees		0	12,277	12,277	15,277	12,277	23,277	12,277	12,277	15,277	12,277	12,277	12,277	12,277	15,277	12,277	179,601	
Facilities		9,404	85,847	85,847	85,847	85,847	85,847	85,847	85,847	85,847	85,847	85,847	85,847	81,491	85,847	85,428	1,111,236	
Insurance		0	130,044	0	0	0	0	71,478	10,000	0	0	14,991	10,150	0	0	30,000	266,663	
Other expenses		18,324	40,619	40,619	40,619	40,619	27,619	27,619	27,619	27,619	27,619	27,619	27,619	27,619	27,619	27,619	411,047	
Payroll & Employee Taxes		0	1,164,975	0	1,169,224	0	1,169,224	0	1,169,224	0	1,169,224	0	1,169,224	0	1,169,224	0	8,180,319	
Equipment Lease		0	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	0	84,489	0	0	0	84,347	0	0	0	84,221	0	0	0	0	253,057	
Wells Fargo Bond Interest		0	0	0	0	0	0	0	95,419	0	0	0	0	95,419	0	190,838		
CAPEX		0	0	0	0	0	22,000	90,000	10,512	0	10,512	0	0	40,000	0	0	162,512	
Additional Professional Fees		0	12,000	9,500	19,500	0	12,000	0	12,000	0	12,000	0	12,000	7,500	12,000	0	108,500	
Health Insurance		324,102	0	0	22,500	324,102	0	22,500	324,102	0	22,500	0	22,500	200,378	0	0	916,082	
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	25,000	325,000	
Forbearance Fee		0	0	0	0	0	0	0	0	0	0	25,000	0	0	0	0	25,000	
QAAP Taxes		0	0	167,100	80,768	0	0	0	80,768	0	0	0	80,768	0	0	0	409,404	
Prior Year's Potential Medicare Settlement		0	0	0	0	0	0	0	0	0	0	0	0	0	57,000	0	57,000	
Bank Fees		0	0	0	6,000	0	0	0	0	6,000	0	0	0	6,000	0	0	18,000	
Other	2%	0	9,880	92,022	8,339	92,022	8,239	7,691	8,219	6,322	8,019	6,562	8,135	6,322	8,611	0	270,385	
<b>Total Cash Disbursements</b>		<b>821,804</b>	<b>1,705,873</b>	<b>727,616</b>	<b>1,748,304</b>	<b>767,215</b>	<b>1,626,436</b>	<b>547,021</b>	<b>1,914,103</b>	<b>677,515</b>	<b>1,625,728</b>	<b>492,279</b>	<b>1,724,394</b>	<b>696,710</b>	<b>1,702,389</b>	<b>15,955,584</b>		
Operating Cash Flow		480,161	(645,946)	947,681	(555,380)	412,220	(656,177)	668,080	(902,791)	501,920	(501,920)	722,823	(700,135)	482,725	(505,413)	(732,314)		
<b>Ending Operating Cash Balance</b>		<b>732,315</b>	<b>86,368</b>	<b>1,034,049</b>	<b>478,668</b>	<b>890,889</b>	<b>234,711</b>	<b>902,791</b>	<b>0</b>	<b>501,921</b>	<b>0</b>	<b>722,823</b>	<b>22,688</b>	<b>505,413</b>	<b>0</b>	<b>0</b>		
QAAP Cash Balance - PNC		196,365	259,895	317,895	317,895	317,895	317,895	326,795	231,831	231,831	132,282	132,282	177,282	177,282	4,565	4,565		
<b>Total Operating + QAAP Cash Balance</b>		<b>928,680</b>	<b>346,263</b>	<b>1,351,944</b>	<b>796,563</b>	<b>1,208,784</b>	<b>552,606</b>	<b>1,229,586</b>	<b>231,831</b>	<b>733,752</b>	<b>132,282</b>	<b>855,105</b>	<b>199,970</b>	<b>682,695</b>	<b>4,565</b>	<b>4,565</b>		
<b>Additional Cash Balances</b>																		
Funded Depreciation		966,629	966,629	966,629	966,629	967,351	992,351	1,017,351	1,042,351	1,067,351	1,092,351	1,117,351	1,142,351	1,167,351	1,192,351	1,192,351		
Foundation Cash		253,710	258,710	263,710	268,710	273,710	278,710	283,710	288,710	293,710	298,710	303,710	308,710	313,710	318,710	318,710		
Foundation Investments		923,236	923,236	923,236	923,236	923,236	923,236	923,236	923,236	923,236	923,236	923,236	923,236	923,236	923,236	923,236		
Total Other Fund Balances		2,143,575	2,148,575	2,153,575	2,158,575	2,164,297	2,194,297	2,224,297	2,254,297	2,284,297	2,314,297	2,344,297	2,374,297	2,404,297	2,434,297	2,434,297		
Total Cash		3,072,255	2,494,838	3,505,519	2,955,138	3,373,081	2,746,903	3,453,883	2,486,128	3,018,049	2,446,579	3,199,402	2,574,267	3,086,992	2,438,862	2,438,862		
Short-Term Debt - Margin Loan		99,277	74,277	49,277	24,277	0	0	0	0	0	0	0	0	0	0	0		
Total Cash less Short-Term Debt		2,972,978	2,420,561	3,456,242	2,930,861	3,373,081	2,746,903	3,453,883	2,486,128	3,018,049	2,446,579	3,199,402	2,574,267	3,086,992	2,438,862	2,438,862		
Cumulative Average Daily Cash Expenses		177,422				177,254				175,840				173,552				
Days on Hand		17				19				17				18				
Note: Float		546,082																
Total Cash in Bank less ST Debt plus float		3,519,060																
Cash in Bank - Operating		1,278,397																

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

Assumptions and detailed additions/deletions  
as of July 25, 2010

<b>Cash Receipts:</b>	
PMB & Clinic	A retroactive payment for first and second quarter RHC payment increase is forecasted to be received WE 8/5.
Medicaid-MIP	Per executive order from the State of MI, a one time reduction in bi-weekly payments will be taken the WE 8/29 for \$54,000.
HMO CHAP payment	HMO CHAP payment of \$63,530 expected to be received WE 8/1.
Miscellaneous	2009 charge capture review payments received in WE 7-25 total \$71,925. \$171,335 has been received to date.

  

<b>Cash Disbursements</b>	
PY Potential Medicare Cost report settlement	Updated FY 2007 and 2008 Medicare cost report estimated settlements of \$57,000 to week 13.
Lease terminations and buy-outs	Capital expenditures forecasted beginning WE 9/5 total \$162,500 over 7 weeks, reducing lease expense by \$37,672 per month
Blue Cross premiums	Estimated 4th quarter monthly premiums are \$200,378 beginning October.