

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 August 1, 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	Actual	1	2	3	4	5	6	7	8	9	10	11	12	13	13 Week
	Ending	7/26/10	8/2/10	8/9/10	8/16/10	8/23/10	8/30/10	9/6/10	9/13/10	9/20/10	9/27/10	10/4/10	10/11/10	10/18/10	10/25/10	Total
	8/1/10	8/8/10	8/15/10	8/22/10	8/29/10	9/5/10	9/12/10	9/19/10	9/26/10	10/3/10	10/10/10	10/17/10	10/24/10	10/31/10		
Opening Operating Cash Balance		732,315	59,914	993,982	654,916	991,271	283,713	921,839	0	507,633	0	643,036	(0)	488,438	(82,326)	59,914
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		0	218,731	0	218,731	0	218,731	0	218,731	0	218,731	0	218,731	0	218,731	1,531,117
Medicaid - MIP - Bi - Weekly		0	0	62,555	0	8,555	0	62,555	0	62,555	0	62,555	0	62,555	0	321,330
Medicaid - CIP - Bi-Weekly		1,000	0	1,000	0	1,000	0	1,000	0	1,000	0	1,000	0	1,000	0	6,000
Commercial		202,233	255,084	255,084	255,084	255,084	255,084	204,088	255,084	255,084	255,084	255,084	255,084	255,084	255,084	3,265,080
Medicare Part B & Outpat pay		154,092	142,757	142,757	142,757	142,757	142,757	114,206	142,757	142,757	142,757	142,757	142,757	142,757	142,757	1,827,293
PMB & Clinic		217,748	424,909	199,647	199,647	199,647	199,647	199,647	199,647	199,647	199,647	199,647	199,647	199,647	199,647	2,780,742
Self Pay & Other		72,706	69,185	69,185	69,185	69,185	69,185	55,348	69,185	69,185	69,185	69,185	69,185	69,185	69,185	885,573
Medicaid Other		30,853	39,812	39,812	39,812	39,812	39,812	31,850	39,812	39,812	39,812	39,812	39,812	39,812	39,812	509,597
Medicaid QAAP		35,666	0	264,361	0	35,666	0	0	0	0	35,666	0	0	0	35,666	371,359
Dividend Distribution		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfers from Foundation		3,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfers from QAAP Account		0	0	0	0	0	0	115,382	0	95,384	0	44,438	0	153,914	0	409,118
Transfers from Funded Depreciation		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
Miscellaneous		60,549	22,658	137,324	22,658	22,658	22,658	18,126	22,658	22,658	22,658	22,658	22,658	22,658	22,658	404,690
Total Cash Receipts		1,012,547	1,408,037	1,406,626	1,182,775	1,009,265	1,182,775	997,153	1,182,775	1,122,963	1,218,441	1,072,037	1,182,775	1,181,513	1,218,441	15,365,600
Cash Disbursements:																
Operating supplies		17,718	17,052	17,052	17,052	17,052	17,052	17,052	17,052	17,052	17,052	17,052	17,052	17,052	17,052	221,676
Medical Supplies & Pharmacy		190,206	136,462	231,462	136,462	231,462	136,462	231,462	136,462	231,462	136,462	231,462	136,462	231,462	136,462	2,344,006
Purchased Services		65,209	41,038	41,038	41,038	41,038	41,038	41,038	41,038	41,038	41,038	41,038	41,038	41,038	41,038	533,494
Professional Fees		21,251	10,774	13,774	10,774	21,774	10,774	10,774	13,774	10,774	10,774	10,774	10,774	10,774	10,774	160,062
Facilities		45,290	82,527	82,527	82,527	82,527	82,527	82,527	82,527	82,527	82,527	82,527	82,527	82,527	82,527	1,048,222
Insurance		116,402	0	0	0	0	71,478	10,000	0	14,991	10,150	0	130,000	0	0	236,619
Other expenses		15,536	35,912	35,912	35,912	22,912	22,912	22,912	22,912	22,912	22,912	22,912	22,912	22,912	22,912	336,856
Payroll & Employee Taxes		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	7,015,344
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	84,489	0	0	0	84,347	0	0	84,221	0	84,221	0	0	0	253,057
Wells Fargo Bond Interest		0	0	0	0	0	0	95,419	0	0	0	95,419	0	0	0	190,838
CAPEX		0	0	0	0	0	22,000	90,000	0	10,512	0	0	40,000	0	0	162,512
Additional Professional Fees		23,361	10,826	12,000	0	12,000	0	12,000	0	12,000	0	12,000	7,500	12,000	0	90,326
Health Insurance		0	0	22,500	324,102	0	22,500	324,102	0	22,500	324,102	0	22,500	200,378	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	325,000
Forbearance Fee		0	0	0	0	0	0	0	0	25,000	0	0	0	0	0	25,000
QAAP Taxes		0	0	80,768	167,078	0	0	80,768	0	0	80,768	0	0	0	0	409,382
Prior Year's Potential Medicare Settlement		0	0	0	0	0	0	0	0	0	0	0	0	0	57,000	57,000
Bank Fees		0	0	6,000	0	0	0	0	0	0	0	0	0	0	0	18,000
Other	2%	0	6,475	8,435	6,475	93,835	7,645	8,315	6,275	8,115	92,015	7,953	6,275	10,707	6,097	266,619
Total Cash Disbursements		1,684,948	473,969	1,745,692	846,420	1,716,824	644,849	1,918,991	675,142	1,630,616	575,406	1,715,074	694,337	1,752,277	382,938	14,682,336
Operating Cash Flow		(672,401)	934,068	(339,066)	336,355	(707,559)	638,127	(921,839)	507,633	(507,633)	643,035	(643,036)	488,438	(570,764)	825,504	683,264
Ending Operating Cash Balance		59,914	993,982	654,916	991,271	283,713	921,839	0	507,633	0	643,036	(0)	488,438	(82,326)	743,178	743,178
QAAP Cash Balance - PNC		259,968	317,968	317,968	317,968	317,968	326,868	248,736	248,736	153,352	153,352	153,914	153,914	0	101,000	101,000
Total Operating + QAAP Cash Balance		319,882	1,311,951	972,885	1,309,240	601,681	1,248,708	248,737	756,370	153,353	796,388	153,914	642,352	(82,325)	844,178	844,178
Additional Cash Balances																
Funded Depreciation		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	1,217,351	1,217,351
Foundation Cash		254,883	259,883	264,883	269,883	274,883	279,883	284,883	289,883	294,883	299,883	304,883	309,883	314,883	319,883	319,883
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		2,144,748	2,149,748	2,154,748	2,160,470	2,160,470	2,220,470	2,250,470	2,280,470	2,310,470	2,340,470	2,370,470	2,400,470	2,430,470	2,460,470	2,460,470
Total Cash		2,464,630	3,461,699	3,127,633	3,469,710	2,792,151	3,469,178	2,499,207	3,036,840	2,463,823	3,136,858	2,524,384	3,042,822	2,348,145	3,304,648	3,304,648
Short-Term Debt - Margin Loan		74,277	49,277	24,277	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash less Short-Term Debt		2,390,353	3,412,422	3,103,356	3,469,710	2,792,151	3,469,178	2,499,207	3,036,840	2,463,823	3,136,858	2,524,384	3,042,822	2,348,145	3,304,648	3,304,648
Cumulative Average Daily Cash Expenses			174,106		175,487		173,936		175,072		173,481		173,366		181,807	161,344
Days on Hand			20		20		20		17		18		18		18	20
Note: Float		351,225														
Total Cash in Bank less ST Debt plus float		2,741,578														
Cash in Bank - Operating		411,139														

Otsego Memorial Hospital & Foundation

13 Week Cash Flow Forecast

Assumptions and detailed additions/deletions
as of August 01, 2010

Cash Receipts:	
Updated Cash Receipts	Updated average cash receipts for month ended 7-31.
PMB & Clinic	A retroactive payment for first and second quarter RHC payment increase is forecasted to be received WE 8/8.
Miscellaneous	2009 charge capture review payments received in WE 8-01 total \$53,999. \$225,333 has been received to date.

Cash Disbursements:	
Updated Cash Disbursements	Updated average cash disbursements for month ended 7-31.
PY Potential Medicare Cost report settlement	Updated FY 2007 and 2008 Medicare cost report estimated settlements of \$57,000 to week 13.
Blue Cross premiums	Estimated 4th quarter monthly premiums are \$200,378 beginning October.