

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 September 5, 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 _____

	Actual	1	2	3	4	5	6	7	8	9	10	11	12	13	13 Week
	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	11/1/10	11/8/10	11/15/10	11/22/10	11/29/10	Total
	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending
Oscego Memorial Hospital & Foundation															
13 Week Cash Flow Forecast															
Management Assumptions															
Opening Operating Cash Balance	428,312	1,078,213	266,218	697,558	(0)	811,583	166,588	758,137	15,313	950,965	495,684	1,021,058	271,436	1,165,706	1,075,213
Cash Receipts:															
Blue Cross - BIP - Weekly		234,900	234,900	324,700	259,900	259,900	259,900	259,900	259,900	259,900	259,900	259,900	259,900	259,900	3,393,500
Medicare - PIP - BI - Weekly		206,174	206,174	0	62,555	0	206,174	0	206,174	0	206,174	0	206,174	0	1,237,044
Medicaid - HIP - BI - Monthly		0	0	0	0	0	0	0	0	0	0	0	0	0	437,885
Medicaid - CIP - BI - Weekly		0	0	0	0	0	0	0	0	0	0	0	0	0	7,000
Commercial		184,582	208,048	260,060	260,060	260,060	260,060	260,060	260,060	260,060	260,060	260,060	260,060	260,060	3,230,768
Medicare Part B & Outpat pay		147,143	143,035	143,035	143,035	143,035	143,035	143,035	143,035	143,035	143,035	143,035	143,035	143,035	1,830,848
PMB & Clinic		207,201	169,176	211,470	211,470	211,470	211,470	211,470	211,470	211,470	211,470	211,470	211,470	211,470	2,706,916
Self Pay & Other		78,956	70,565	70,565	70,565	70,565	70,565	70,565	70,565	70,565	70,565	70,565	70,565	70,565	903,231
Medicaid Other		73,001	30,790	38,488	38,488	38,488	38,488	38,488	38,488	38,488	38,488	38,488	38,488	38,488	492,645
Medicaid QAAP		0	0	0	0	0	0	0	0	0	0	0	0	0	371,259
Dividend Distribution		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
Transfers from QAAP Account		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transfers from Funded Depreciation		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
Miscellaneous		103,694	33,219	46,274	46,274	46,274	46,274	46,274	46,274	46,274	46,274	46,274	46,274	46,274	699,708
Total Cash Receipts	1,235,651	910,588	1,202,166	1,261,528	1,271,532	1,315,947	1,235,966	1,093,347	1,291,632	1,377,608	1,255,966	1,261,747	1,255,966	1,148,013	15,883,069
Cash Disbursements:															
Operating supplies		16,478	18,808	18,808	18,808	18,808	18,808	18,808	18,808	18,808	18,808	18,808	18,808	18,808	244,504
Medical Supplies & Pharmacy		328,339	257,101	132,698	227,698	119,698	119,698	119,698	119,698	119,698	119,698	119,698	119,698	119,698	2,289,477
Purchased Services		30,063	43,850	43,850	43,850	43,850	43,850	43,850	43,850	43,850	43,850	43,850	43,850	43,850	682,716
Professional Fees		0	8,562	8,562	8,562	8,562	8,562	8,562	8,562	8,562	8,562	8,562	8,562	8,562	120,306
Facilities		18,234	93,610	79,077	79,077	79,077	79,077	79,077	79,077	79,077	79,077	79,077	79,077	79,077	1,006,862
Insurance		15,009	49,593	137,053	14,991	21,000	25,991	25,991	25,991	25,991	25,991	25,991	25,991	25,991	341,960
Other expenses		19,989	36,008	36,008	36,008	36,008	36,008	36,008	36,008	36,008	36,008	36,008	36,008	36,008	469,104
Payroll & Employee Taxes		0	1,145,480	0	1,165,289	0	1,165,289	0	1,165,289	0	1,165,289	0	1,165,289	0	8,197,214
Equipment Lease		23,414	0	0	0	0	0	0	0	0	0	0	0	0	23,414
5/3 Bond Principal & Interest		85,127	0	0	0	0	0	0	0	0	0	0	0	0	85,127
Wells Fargo Bond Interest		1,828	97,670	0	0	0	0	0	0	0	0	0	0	0	99,500
CAPEX		22,107	0	0	0	0	0	0	0	0	0	0	0	0	22,107
Additional Professional Fees		0	11,900	10,512	10,512	11,900	11,900	11,900	11,900	11,900	11,900	11,900	11,900	11,900	83,300
Health Insurance		0	22,500	324,102	324,102	22,500	22,500	22,500	22,500	22,500	22,500	22,500	22,500	22,500	792,374
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	525,000
Forbearance Fee		0	0	0	0	0	0	0	0	0	0	0	0	0	0
QAAP Taxes		0	67,000	0	87,652	0	87,652	0	87,652	0	87,652	0	87,652	0	175,304
Prior Year's Potential Medicare Settlement		162	0	0	0	0	0	0	0	0	0	0	0	0	162
Bank Fees		0	8,000	0	0	0	0	0	0	0	0	0	0	0	8,000
Other		585,730	1,722,563	770,826	1,959,066	460,049	1,860,941	644,417	1,836,171	355,081	1,832,789	730,591	2,011,369	381,596	16,514,907
Total Cash Disbursements	649,901	(81,994)	431,339	(697,558)	811,583	(644,994)	591,549	(742,324)	935,551	(455,181)	525,376	(749,622)	694,270	(719,316)	(631,822)
Operating Cash Flow	1,078,213	266,218	697,558	(0)	811,583	166,588	758,137	15,313	950,965	495,684	1,021,058	271,436	1,165,706	446,390	446,390
Ending Operating Cash Balance	359,031	362,031	362,031	258,650	258,650	303,650	303,650	303,650	303,650	395,950	432,800	432,800	432,800	441,700	441,700
QAAP Cash Balance - PNC	1,436,244	628,249	1,059,589	258,650	1,070,233	470,238	1,061,787	318,963	1,254,515	891,234	1,453,858	704,236	1,599,506	888,090	888,090
Total Operating + QAAP Cash Balance	1,059,669	1,144,809	1,144,809	1,169,809	1,194,809	1,259,809	1,319,809	1,319,809	1,369,809	1,419,809	1,469,809	1,519,809	1,569,809	1,619,809	1,619,809
Additional Cash Balances		278,117	284,117	290,117	296,117	302,117	308,117	314,117	320,117	326,117	332,117	338,117	344,117	350,117	356,117
Funded Depreciation		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Foundation Cash		956,950	956,950	956,950	956,950	956,950	956,950	956,950	956,950	956,950	956,950	956,950	956,950	956,950	808,550
Foundation Investments		2,294,736	2,360,876	2,426,916	2,492,956	2,558,996	2,625,036	2,691,076	2,757,116	2,823,156	2,889,196	2,955,236	3,021,276	3,087,316	2,549,876
Total Other Fund Balances		3,750,980	2,989,125	3,450,465	2,679,526	3,521,109	2,728,514	3,375,063	3,677,791	3,369,510	3,987,134	3,144,112	4,093,382	3,437,966	3,437,966
Total Cash	3,750,980	2,989,125	3,450,465	2,679,526	3,521,109	2,728,514	3,375,063	3,677,791	3,369,510	3,987,134	3,144,112	4,093,382	3,437,966	3,437,966	
Short-Term Debt - Margin Loan		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Short-Term Debt - Term Debt		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash less Short-Term Debt	3,750,980	2,989,125	3,450,465	2,679,526	3,521,109	2,728,514	3,375,063	3,677,791	3,369,510	3,987,134	3,144,112	4,093,382	3,437,966	3,437,966	
Cumulative Average Daily Cash Expenses	174,429	174,796	174,614	175,571	174,111	174,111	174,111	174,111	174,111	174,111	174,111	174,111	174,111	174,111	181,482
Days on Hand	21	20	20	20	20	20	20	20	20	20	20	20	20	20	19
Note: Float	252,880														
Total Cash in Bank less ST Debt plus float	3,883,860														
Cash in Bank - Operating	1,331,083														

Otsego Memorial Hospital & Foundation

13 Week Cash Flow Forecast

Assumptions and detailed additions/deletions
as of September 5, 2010

Cash Receipts:	
Updated Cash Receipts	Updated average cash receipts for month ended 8-31.
Blue Cross Repayment of Advance	Repayment of BCBS advance is expected to be paid in full WE 9-26 with offset of lump sum due to OMH.
Transfer from Foundation	Foundation to fund Digital Mammography unit expected to be paid when delivered WE 10-10 and when functional WE 11-21
Miscellaneous	2009/2010 charge capture review receipts in WE 9-05 total \$98,422. \$446,961 has been received to date.
Cash Disbursements:	
Blue Cross premiums	4th quarter monthly premiums are \$200,378 beginning October.
Capital Expenditures	Digital Mammography unit expected to be paid in WE 10-10 and WE11-21 with funds received from Foundation.
340(b) Drug Discount program	Estimated \$13,000 per week reduction in pharmaceutical expense beginning WE 10-03
Updated Cash Disbursements	Updated average cash disbursements for month ended 8-31.