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A For the 2008 calendar year, or tax year beginning 04-01-2008 , and ending 03-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SUNNYSIDE		D Employer identification number 47-0392339
☒ Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 5905 MALLARD WAY		E Telephone number (402) 463-3884
☐ Name change				
☐ Initial return		City or town, state or country, and ZIP + 4 HASTINGS, NE 68901		F Group Exemption Number
☐ Termination				
☒ Amended return				
☐ Application pending				

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶
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I Website:  N/A		H Check  ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one)— ☒ 501(c)(3)  (insert no) ☐ 4947(a)(1) or ☐ 527		

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	1	Contributions, gifts, grants, and similar amounts received	1	84,965
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	87,028
	5a	Gross amount from sale of assets other than inventory	5a	338,381
	b	Less cost or other basis and sales expenses	5b	339,223
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-842
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$_____ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ☐ _____)	8	10
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	171,161
	Expenses	10	Grants and similar amounts paid (attach schedule) ☐	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	3,995
14		Occupancy, rent, utilities, and maintenance	14	66
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe ☐ _____)	16	2,033
17		Total expenses (add lines 10 through 16)	17	43,312
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	127,849
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,123,911
	20	Other changes in net assets or fund balances (attach explanation) ☐	20	-1,091,845
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	1,159,915

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	2,131,528	22 1,167,309
23	Land and buildings		23
24	Other assets (describe _____)		24
25	Total assets	2,131,528	25 1,167,309
26	Total liabilities (describe _____)	7,617	26 7,394
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	2,123,911	27 1,159,915

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? SUNNYSIDE'S HISTORICAL PURPOSE WAS TO PROVIDE ROOM AND BOARD TO THE ELDERLY UNDER AN AFFILIATION AGREEMENT DATED 3/29/2000 REVISED BY-LAWS DATED 2/14/2001 AND REVISED ARTICLES OF INCORPORATION DATED 12/2/2004, SUNNYSIDE IS NOW OPERATED, CONTROLLED AND SUPERVISED BY THE MARY LANNING HOSPITAL ASSOCIATION AND IS OPERATED EXCLUSIVELY FOR THE CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES OF MARY LANNING MEMORIAL HOSPITAL			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 THE ORGANIZATION AWARDS GRANTS THAT ARE CONSISTENT WITH THE CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES OF THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION INCLUDING GRANTS FOR THE BENEFIT OF THE ELDERLY (Grants \$ 37,217) If this amount includes foreign grants, check here ☐		28a	37,217
29 (Grants \$) If this amount includes foreign grants, check here ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here ☐		30a	
31 Other program services (attach schedule) ☐ (Grants \$) If this amount includes foreign grants, check here ☐		31a	
32 Total program service expenses (add lines 28a through 31a) ☐		32	37,217

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	No		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
37a	0				
b	Did the organization file Form 1120-POL for this year?	37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b	No		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0				
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No		
41	List the states with which a copy of this return is filed ▶				
42a	The books are in care of ▶ DIVERSIFIED BOOKKEEPING Telephone no ▶ (402) 463-3884 110 SOUTH HASTINGS AVE Located at ▶ HASTINGS, NE ZIP + 4 ▶ 68901				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <table><tr><td>43</td><td></td></tr></table> and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43			
43					
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No		

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."				
(a)	Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c)	Compensation
	NONE				
	Total number of other independent contractors receiving over \$100,000				

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no.
	HASTINGS, NE 689021317				(402) 462-4154
	May the IRS discuss this return with the preparer shown above? See instructions.				

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization SUNNYSIDE	Employer identification number 47-0392339
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Part I

Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1

☐

A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2

☐

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4

☐

A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally Integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
THE MARY LANNING MEMORIAL HOSPITAL ASSOCIATION	470378779	3	Yes		Yes		Yes		2500
Total									2,500

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		☐
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 47-0392339
Name: SUNNYSIDE

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NANCY ZIEMBA 5905 MALLARD WAY HASTINGS, NE 68901	PRESIDENT 1 00	0	0	0
LINDA FRENCH 710 DOCKSIDE COVE HASTINGS, NE 68901	VICE PRESIDENT 1 00	0	0	0
KAREN DIELMAN 1000 N KANSAS HASTINGS, NE 68901	TREASURER 1 00	0	0	0
KARYN NICHOLSON 2012 WEST 11TH HASTINGS, NE 68901	SECRETARY 1 00	0	0	0
BECKY MARBLE 5640 N FIRST AVE HASTINGS, NE 68901	DIRECTOR 1 00	0	0	0
VERONA ANDERSON 1500 HERITAGE DRIVE HASTINGS, NE 68901	DIRECTOR 1 00	0	0	0
GLENDA PAULEY 740 MADDEN ROAD HASTINGS, NE 68901	DIRECTOR 1 00	0	0	0
MARY KAY ANDERSON 701 NORTH SHORE DRIVE HASTINGS, NE 68901	DIRECTOR 1 00	0	0	0
PAM OSBORNE 1830 HOME HASTINGS, NE 68901	DIRECTOR 1 00	0	0	0
MAXINE BORLEY 1812 W 11TH HASTINGS, NE 68901	DIRECTOR 1 00	0	0	0
STEPHANIE BLISS 705 NORTH SHORE DRIVE HASTINGS, NE 68901	DIRECTOR 1 00	0	0	0

Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2008
Attachment
Sequence No **67**

Name(s) shown on return SUNNYSIDE	Business or activity to which this form relates Form 990-EZ Page 1	Identifying number 47-0392339
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	66
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	66
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization of costs that began before your 2008 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

TY 2008 General Explanation Attachment**Name:** SUNNYSIDE**EIN:** 47-0392339

Identifier	Return Reference	Explanation
FORM 990EZ, PART I, LINE 1	SUPPORT FROM MARY LANNING HOSPITAL TRUST	SUNNYSIDE, INC RECEIVED A RULING FROM THE DEPARTMENT OF THE TREASURY EXEMPT ORGANIZATIONS TECHNICAL BRANCH DATED JULY 18, 1980 WHICH PROVIDES THAT "ANY INCOME YOU RECEIVE FROM A TESTAMENTARY TRUST IS NOT INVESTMENT INCOME AND IS NOT INCLUDED IN THE CALCULATION TO DETERMINE THE AMOUNT OF NET INVESTMENT *** " THE ORGANIZATIONS UNDERSTANDING FROM LEGAL COUNSEL AT THE TIME THE RULING WAS OBTAINED IS THAT THIS WAS INTENDED TO EXCLUDE SUPPORT SUCH AS THAT RECEIVED FROM MARY LANNING HOSPITAL TRUST FROM NET INVESTMENT INCOME IF THE SUPPORT FROM MARY LANNING HOSPITAL TRUST WAS DETERMINED TO NOT BE EXCLUDIBLE FROM NET INVESTMENT INCOME, THEN UNDER REG 1.509(a)(5) THE INCOME WOULD CONSTITUTE INTEREST, DIVIDEND, AND NET RENTAL INCOME (EXCLUSION CODES 14 AND 16, PART VII, FORM 990) MARY LANNING HOSPITAL TRUST IS A SUPPORTING ORGANIZATION OF MARY LANNING MEMORIAL HOSPITAL ASSOCIATION WITH WHOM SUNNYSIDE, INC IS AFFILIATED WITH UNDER AN "AFFILIATION AGREEMENT", "BY-LAWS", AND "ARTICLES OF INCORPORATION "

Identifier	Return Reference	Explanation
FORM 990EZ, SCHEDULE A, PART I, LINE 11	TYPE OF SUPPORTING ORGANIZATION	SUNNY SIDE, INC IS AN ENTITY THAT QUALIFIES AS A "SUPPORT ORGANIZATION" UNDER IRC SEC 509 (a)(3) BASED UPON REVISED AND RESTATED ARTICLES OF INCORPORATION, BY-LAWS, AND AFFILIATION AGREEMENT APPROVED AND ADOPTED IN PRIOR TAX YEARS ENDED 3-31-2000, 3-31-2001, 3-31-2002 AND 3-31-2005 UNDER DEPARTMENT OF TREASURY'S EXEMPT ORGANIZATIONS TECHNICAL BRANCH RULING DATED 7-18-1980 AND 7-31-1985 DISTRICT DIRECTOR LETTER RULING, SUNNY SIDE, INC QUALIFIED AS A 509(a)(2) ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990EZ, PART I, LINE 1	REASON FOR AMENDED FORM 990 - CORRECTION TO EQUITY ON PART 1, LINE 20	FORM 990 IS BEING AMENDED TO ELIMINATE FROM EQUITY THE ASSETS HELD BY THE MARGARET MARSH T RUST(A SEPARATE ENTITY) WHICH FOR FINANCIAL REPORTING HAD BEEN INCLUDED ON THE BALANCE SH EET OF SUNNY SIDE HOWEVER, THE MARGARET MARSH TRUST IS A SEPERATE ENTITY AND SHOULD NOT BE INCLUDED FOR TAX REPORTING BECAUSE SUNNY SIDE DOES NOT CONTROL THE TRUST AND IS NOT THE SO LE CHARITABLE BENEFICIARY OF THE MARGARET MARSH TRUST

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** SUNNYSIDE**EIN:** 47-0392339

Item No.	1
Class of Activity	TENTS - CHILDRENS PROGRAMS
Donee's Name	BOY SCOUT TROOP 200
Donee's Address	301 EAST 7TH ST HASTINGS, NE 68901
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-09

Item No.	2
Class of Activity	COMMUNITY IMPROVEMENT
Donee's Name	HASTINGS COMMUNITY FOUNDATION
Donee's Address	800 W 3RDRM 232 HASTINGS, NE 68901
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-03

Item No.	3
Class of Activity	COMMUNITY - MEMORIAL TILES
Donee's Name	THE COMPASSIONATE FRIENDS HASTINGS CHAPTER
Donee's Address	908 RICHMOND AVE HASTINGS, NE 68901
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	4
Class of Activity	EDUCATIONAL - TEEN PROGRAM
Donee's Name	AAA PREGNANCY RESOURCE CENTER OF HASTINGS
Donee's Address	223 E 14TH ST SUITE 202 HASTINGS, NE 68901
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-03

Item No.	5
Class of Activity	SCHOOL NURSING PROGRAM
Donee's Name	HASTINGS PUBLIC SCHOOLS
Donee's Address	1924 W A ST HASTINGS, NE 68901
Amount (FMV)	3,990
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-02

Item No.	6
Class of Activity	TEXTS & TEACHING TOOLS - AGING
Donee's Name	HASTINGS COLLEGE - PSYCHOLOGY DEPT
Donee's Address	710 TURNER AVE HASTINGS, NE 68901
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-11

Item No.	7
Class of Activity	COMMUNITY - FAMILY ACTIVITY EVENT
Donee's Name	ADAMS CENTRAL WALLACE #60 SCHOOL
Donee's Address	2975 S BALTIMORE AVE HASTINGS, NE 68901
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-03

Item No.	8
Class of Activity	CAMP COOL KIDS
Donee's Name	MARY LANNING MEMORIAL HOSPITAL
Donee's Address	715 N ST JOSEPH HASTINGS, NE 68901
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-09

Item No.	9
Class of Activity	NUTRITION KITS
Donee's Name	UNL EXTENSION - ADAMS CO NEBRASKA
Donee's Address	PO BOX 30 HASTINGS, NE 68902
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-03

Item No.	10
Class of Activity	SOUND SYSTEM
Donee's Name	SALVATION ARMY
Donee's Address	PO BOX 546 HASTINGS, NE 68902
Amount (FMV)	5,664
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-12

Item No.	11
Class of Activity	EDUCATIONAL - DNA TESTING/FAMILY HISTORY
Donee's Name	ADAMS COUNTY GENEALOGICAL SOCIETY
Donee's Address	PO BOX 424 HASTINGS, NE 68902
Amount (FMV)	529
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-10

Item No.	12
Class of Activity	AFTER SCHOOL ZONE ENTREPRENEURSHIP PROJ
Donee's Name	YWCA ADAMS COUNTY
Donee's Address	604 N ST JOSEPH AVE HASTINGS, NE 68901
Amount (FMV)	735
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-02

Item No.	13
Class of Activity	AFTER SCHOOL ZONE - MIDDLE SCHOOL
Donee's Name	YWCA ADAMS COUNTY
Donee's Address	604 N ST JOSEPH AVE HASTINGS, NE 68901
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-02

Item No.	14
Class of Activity	AFTER SCHOOL ZONE - HIGH SCHOOL
Donee's Name	YWCA ADAMS COUNTY
Donee's Address	604 N ST JOSEPH AVE HASTINGS, NE 68901
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-02

Item No.	15
Class of Activity	AQUA TREK STEPS & EQUIP - SENIOR AQUATICS
Donee's Name	YMCA OF HASTINGS NE
Donee's Address	PO BOX 1065 HASTINGS, NE 68902
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-03

Item No.	16
Class of Activity	DISABLED ACCESS - AUTOMATIC DOOR OPENER
Donee's Name	HASTINGS MUSEUM FOUNDATION
Donee's Address	PO BOX 148 HASTINGS, NE 68902
Amount (FMV)	3,800
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-02

TY 2008 Other Changes in Net Assets Schedule**Name:** SUNNYSIDE**EIN:** 47-0392339

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-433,406
SEE STATEMENT ATTACHED RELATED TO AMENDING FORM 990	-658,439

TY 2008 Other Expenses Schedule

Name: SUNNYSIDE

EIN: 47-0392339

Description	Amount
OFFICE EXP	175
BOOKKEEPING	1,200
STATE OCCUPATION TAX	20
MISCELLANEOUS EXP	638

TY 2008 Other Liabilities Schedule

Name: SUNNYSIDE

EIN: 47-0392339

Description	Beginning of Year Amount	End of Year Amount
ACCRUED PROPERTY TAX	7,617	7,394

TY 2008 Other Revenues Schedule

Name: SUNNYSIDE

EIN: 47-0392339

Description	Amount
MISC INCOME	10

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: SUNNYSIDE

EIN: 47-0392339

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.