SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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Open to Public Inspection

OMB No 1545 0047

2012

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization							Employe	r identifica	lion number			
NORTHSIDE CITIZEN WORSHIP CENTER INC							59-3615913					
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
The organization is not a private	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1 X A church, convention o	1 X A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).											
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3 A hospital or a coopera												
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's												
name, cily, and state												
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.)												
<u></u> ;												
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)												
= '												
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 settion 509(a)(2). (Complete Part III)												
	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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∣ b [a Type I b Type II c Type III — Functionally integrated d Type III — Non-functionally integrated											
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)												
If the organization received a written determination from the IRS that 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?												
Yes										No		
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and below, the governing body of the supported organization?						חם (ווו)	11 g (i)					
(ii) A family member of a person described in (i) above?							11 g (ii)					
(iii) A 35% controlled entity of a person described in (i) or (ii) above?							11 g (iii)					
h Provide the following in	Provide the following information about the supported organization(s).											
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column (your go	s the ation in) listed in everning nent?	(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the US?		(vii) Amount of monetary support			
			Yes	No	Yes	No	Yes	No				
(A)												
(B)												
												
(C)												
(D)												
(E)												
Total												
BAA For Paperwork Reduction A	Act Notice, see the I	nstructions for Form 9	90 or 99	D-EZ.			Schedul	e A (Fori	n 990 or 99	0-EZ)	2012	