	ridentification number (EIN) 3 9 -	0 9 7 8	9 8	9	Report fo	or this Quarter of 2019	
Name (r	not your trade name) LUTHERAN CHUR	CH OF THE RESURE	RECTION		and the state of t	ary, February, March	
Trada n	ame (if any)		i amo		2: April,	May, June	
Trade II					3: July,	August, September	
Address	Number Street Suite or room number				4: October, November, December Go to www.irs.gov/Form941 for		
	RACINE WI 53405					and the latest information.	
	City	State	ZIP code		\$2.50 St. 405.00		
	Facility	Familia and a description					
	Foreign country name	Foreign province/county	Foreign posta	2 286 7			
ead the	separate instructions before you compl Answer these questions for this of		orint within the	boxes.			
1 N	lumber of employees who received wa	The second secon			And the second s	363487	
ir	ncluding: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Q		arter 3), or Dec	c. 12 (Quarter 4) 1	15	
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3 F	ederal income tax withheld from wag	ee tine and other com			. 3	2396 . 0	
У	ederal income tax withheld from wag	es, ups, and other con	ipensation .	r norgadir ud	1.10 35	NA CONTROL OF THE CONTROL OF THE	
4 If	no wages, tips, and other compensati		ial security or			heck and go to line 6.	
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OD I	axable social security tips		1 4 0 101 - 1				
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Form **941** (Rev. 1-2019)

Name (not your trade name)	A OF THE DECLIDEO	YON	Employer identification number (EIN) 39-0978989
	OF THE RESURRECT		39-09/8989
If you are unsure abou		e and tax liability for this quarter. hthly schedule depositor or a semi	weekly schedule depositor, see section 11
of Pub. 15. 16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return fo incur a \$100,000 next-day deposit obligation during the current qual line 12 on this return is \$100,000 or more, you must provide a record depositor, complete the deposit schedule below; if you are a semiweekil Part 3.			uarter. If line 12 for the prior quarter was less than \$2,500 but rd of your federal tax liability. If you are a monthly schedule
X	You were a monthly so liability for the quarter, the		arter. Enter your tax liability for each month and tota
	Tax liability: Month 1	3006 26	
	Month 2	3063 94	
	Month 3	3041 16	
	Total liability for quarter	9111 36	Total must equal line 12.
	You were a semiweekl	y schedule depositor for any part or r Semiweekly Schedule Depositors, a	of this quarter. Complete Schedule B (Form 941), and attach it to Form 941.
Part 3: Tell us abou		estion does NOT apply to your bu	
HI FWE		walkednessance on warther have be	Check here, and
17 If your business	has closed or you stopp	ed paying wages	
enter the final dat	te you paid wages	inche de la	e nacharitation factor batter batter produced as 4
18 If you are a seas	onal employer and you d	lon't have to file a return for every o	quarter of the year Check here.
	ak with your third-party		
Market Control of the			cuss this return with the IRS? See the instructions
for details.	W 2011	= 200001-173 - 2837-1	maki ili sanga sa mendihani sinikani
Yes. Designe	ee's name and phone num	ber	e er al traction as a sayma skatoka" (58)
Select a	a 5-digit Personal Identifica	ation Number (PIN) to use when talkin	g to the IRS.
Annual Control of the	You MUST complete hot	th pages of Form 941 and SIGN it	estre et reme il l'en paladit purisi par l'el 18
COLUMN CO			edules and statements, and to the best of my knowledge
and belief, it is true, correct	ct, and complete. Declaration	of preparer (other than taxpayer) is based	on all information of which preparer has any knowledge.
14			Print your name here ANTHONY BAUMGARDT
Sign your name here			Print your
Halle II	14 6		title here COUNCIL PRESIDENT
D	ate 4 11512019		Best daytime phone (262)634-7431
Paid Preparer Us	se Only		Check if you are self-employed
Preparer's name		применя дополня приментал	PTIN
Preparer's signature	5.1	il enimal franchista	Date / /
Firm's name (or yours if self-employed)			unifical and standing of the s
Address			Phone
City		State	ZIP code
			La filo de la calenda de la calenda de la compansión de l

Page 2

Employe					OMB No. 1545-		
	r identification number (EIN) 3 9 -	0 9 7 8 9	8 9	Report for (Check one.)	this Quarter of 2019		
Name (not your trade name) LUTHERAN CHURO	1: January, February, March					
1984 P	1 Com 1	the materials		X 2: April, N	May, June		
Trade r	name (if any)			3: July, A	ugust, September		
Address	ss 322 OHIO STREET			4: Octobe	er, November, December		
					Go to www.irs.gov/Form941 for		
	RACINE	WI	53405	instructions a	and the latest information	•	
	City	State	ZIP code			10.0510.77.63	
	Foreign country name	Foreign province/county Forei	gn postal code				
CATALOG STATE	e separate instructions before you comple		nin the boxes.		TO THE RESIDENCE OF THE PARTY O		
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	lumber of employees who received wag ncluding: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Q				13		
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2 V	Vages, tips, and other compensation	origina angesta segua 1998 di		2	58126	44	
2 .	The second contract where the second contract is a second contract of the second contract o			•	2280	00	
3 F	ederal income tax withheld from wage	s, ups, and other compensat	ion	3	2200	00	
4 1	f no wages, tips, and other compensati	ion are subject to social secu	rity or Medicare tax	☐ Ch	eck and go to line 6.		
	and plants	Column 1	Column 2				
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5b 1	Faxable social security tips	× 0.124	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CEPYN I			
5c 1	Taxable Medicare wages & tips	44051 1 0 × 0.029	1277	49			
			12// 8				
	Faxable wages & tips subject to) = 12// m				
5d 1	Faxable wages & tips subject to	× 0.000		april 100			
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5d 1		a grafic order acces (KIS) a		5e	6739	83	
5d 7	Additional Medicare Tax withholding	i 5d) =	5e	6739 .	83	
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Name (not your trade name)			Employer identification number (EIN)
LUTHERAN CHURCH OF THE RESURRECTION			39-0978989
Part 2: Tell us abou	t your deposit schedule	and tax liability for this quarter.	
	ut whether you are a mon	thly schedule depositor or a semi	weekly schedule depositor, see section 11
of Pub. 15. 16 Check one:	incur a \$100,000 next-day of line 12 on this return is \$100 depositor, complete the depo Part 3.	leposit obligation during the current que 0,000 or more, you must provide a reconsit schedule below; if you are a semiwee	for the prior quarter was less than \$2,500, and you didn't larter. If line 12 for the prior quarter was less than \$2,500 but rd of your federal tax liability. If you are a monthly schedule skly schedule depositor, attach Schedule B (Form 941). Go to
X	You were a monthly soll liability for the quarter, the		arter. Enter your tax liability for each month and total
	Tax liability: Month 1	3085 44	
	Month 2	2964 42	
	Month 3	2970 36	
	Total liability for quarter	9020 22	Total must equal line 12.
		schedule depositor for any part of Semiweekly Schedule Depositors, a	of this quarter. Complete Schedule B (Form 941), and attach it to Form 941.
Part 3: Tell us abou	t your business. If a que	stion does NOT apply to your bu	usiness, leave it blank.
enter the final dat	has closed or you stoppe e you paid wages /	d paying wages	Check here, and
SAN 2004AV	ak with your third-party		quarter of the year
for details. Yes. Designe	ee's name and phone numb		g to the IRS.
ACTION AND ADDRESS OF THE ACTION AND ADDRESS	ou MUST complete hot	pages of Form 941 and SIGN it.	St. Science 1270 de la la california de la
RAX I GREEN			edules and statements, and to the best of my knowledge
sign you name he	et, and complete. Declaration of	f preparer (other than taxpayer) is based	on all information of which preparer has any knowledge. Print your name here Print your title here TREASURER
Da	ate $7/6/9$	e sus seriodo embergo	Best daytime phone (262)637-7431
Paid Preparer Us	e Only		Check if you are self-employed
Preparer's name	Pr solit	and the state of t	PTIN
Preparer's signature			Date / /
Firm's name (or yours if self-employed)			EIN
Address			Phone
City		State	ZIP code

941 for 2019: Employer's QUARTERLY Federal Tax Return 950117 OMB No. 1545-0029 Department of the Treasury Report for this Quarter of 2019 3 0 9 8 Employer identification number (EIN) (Check one.) Name (not your trade name) LUTHERAN CHURCH OF THE RESURRECTION 1: January, February, March 2: April, May, June Trade name (if any) X 3: July, August, September 322 OHIO STREET Address 4: October, November, December Number Street Suite or room numbe Go to www.irs.gov/Form941 for instructions and the latest information. RACINE WI 53405 City State ZIP code Foreign country name Foreign province/county Foreign postal code Read the separate instructions before you complete Form 941. Type or print within the boxes. Answer these questions for this quarter. Part 1: 1 Number of employees who received wages, tips, or other compensation for the pay period 13 including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 58,544 53 2 Wages, tips, and other compensation 00 2283 3 Federal income tax withheld from wages, tips, and other compensation . If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6. Column 1 Column 2 44,469 5,514 18 19 Taxable social security wages . $\times 0.124 =$ 5b Taxable social security tips . \times 0.124 = 44,469 1,289 19 61 5c Taxable Medicare wages & tips. $\times 0.029 =$ Taxable wages & tips subject to Sd **Additional Medicare Tax withholding** \times 0.009 = 79 6,803 Add Column 2 from lines 5a, 5b, 5c, and 5d 50 5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions) 79 9,086 .. 6 Total taxes before adjustments. Add lines 3, 5e, and 5f 45 7 Current quarter's adjustment for fractions of cents 8 Current quarter's adjustment for sick pay . 8 9 Current quarter's adjustments for tips and group-term life insurance 9,087 24 10 Total taxes after adjustments. Combine lines 6 through 9 11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 24 12 9,087 ... Total taxes after adjustments and credits. Subtract line 11 from line 10 . 12 Total deposits for this quarter, including overpayment applied from a prior quarter and 13 9,087 24 overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter Balance due. If line 12 is more than line 13, enter the difference and see instructions 14 15 Overpayment. If line 13 is more than line 12, enter the difference Check one: Apply to next return. Send a refund. Next -You MUST complete both pages of Form 941 and SIGN it.

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enter the final date you paid wages / / If you are a seasonal employer and you don't have to file a return for every quarter of the year	,500, and you didn't less than \$2,500 but
If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see s of Pub. 15. 16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$1 incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2 incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$3 incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you and depositor, complete the deposit schedule below, if you are a semiweekly schedule depositor for the entire quarter. Enter your tax liability for ear liability for the quarter, then go to Part 3. Tax liability: Month 1	,500, and you didn't less than \$2,500 bu
of Pub. 15. 16 Check one: Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500 or line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a semiweekly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule Part 3. You were a monthly schedule depositor for the entire quarter. Enter your tax liability for ear liability for the quarter, then go to Part 3. Tax liability: Month 1	,500, and you didn't less than \$2,500 bu
Ince 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a semiweeldy schedule depositor, complete the deposit schedule below; if you are a semiweeldy schedule depositor, attach Schedule Part 3. You were a monthly schedule depositor for the entire quarter. Enter your tax liability for ear liability for the quarter, then go to Part 3. Tax liability: Month 1	less than \$2,500 bu
Tax liability: Month 1 3,494 92 Month 2 2,716 64 Month 3 2,875 68 Total liability for quarter 9,087 24 Total must equal line 12. You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank. 17 If your business has closed or you stopped paying wages	
Month 2 2,716 64 Month 3 2,875 68 Total liability for quarter 9,087 24 Total must equal line 12. You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank. 17 If your business has closed or you stopped paying wages	h month and tote
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Total liability for quarter 9,087 24 Total must equal line 12. You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank. 17 If your business has closed or you stopped paying wages	
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Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank. 17 If your business has closed or you stopped paying wages	
enter the final date you paid wages / / If you are a seasonal employer and you don't have to file a return for every quarter of the year	B (Form 941),
enter the final date you paid wages / / . 18 If you are a seasonal employer and you don't have to file a return for every quarter of the year	op reagate s
	w electron to be a server of the server of t
name here Off MG Print your title here TREASURER	S Current qu
Date 10 114 2019 Best daytime phone (262)	637-7431
Paid Preparer Use Only Check if you are self-employed	49-10 378-25
Preparer's name 11 A788 moR dastA additions not seem unless on the seem of th	e berillaud - 1
Preparer's signature Date / /	
Firm's name (or yours if self-employed)	exat layer
Address	0.780 1870 1 37 0.780 1870 1 37 0.780 1870 1 37
City State ZIP code	SOX STATE OF

➤ You MUST complete both pages of Form 941 and SIGN it.

Next ■

950217

Name (not your trade name)	Salvaria di gerrali salatul -	Employer identification number (EIN)
LUTHERAN CHURCH OF THE RESURRECT	39-0978787	
Part 2: Tell us about your deposit schedule	Mila) audmour notacinger to engologie	
If you are unsure about whether you are a more		weekly schedule denositor, see section 11
of Pub. 15.	and a series as a series	rectally soliculate depositor, see section 11
incur a \$100,000 next-day line 12 on this return is \$1	deposit obligation during the current que 00,000 or more, you must provide a reco	for the prior quarter was less than \$2,500, and you didn't uarter. If line 12 for the prior quarter was less than \$2,500 but ord of your federal tax liability. If you are a monthly schedule ekly schedule depositor, attach Schedule B (Form 941). Go to
You were a monthly so liability for the quarter, the		arter. Enter your tax liability for each month and tota
Tax liability: Month 1	3,042 44	- 5/0
Month 2	3,021 86	
Month 3	3,767 46	
Total liability for quarter	9,831 _m 76	Total must equal line 12.
You were a semiweekl Report of Tax Liability fo	y schedule depositor for any part or r Semiweekly Schedule Depositors, a	of this quarter. Complete Schedule B (Form 941), and attach it to Form 941.
Part 3: Tell us about your business. If a qu	estion does NOT apply to your bu	usiness, leave it blank.
17 If your business has closed or you stopp	ed paying wages	
enter the final date you paid wages	ibelj to vihur na konca se hasevis.	F no mages, des, end atten consynantion are
18 If you are a seasonal employer and you d	on't have to file a return for every	quarter of the year Check here.
Part 4: May we speak with your third-party		dutter of the year
	A D = D	cuss this return with the IRS? See the instructions
for details.	expreparer, or another person to disc	cuss this return with the IRS? See the instructions
Yes. Designee's name and phone num	ber	t Taxabla weges 6 dgs o signific
	VERNING STORY	ONE CONTROL OF THE PROPERTY OF
Select a 5-digit Personal Identifica	ation Number (PIN) to use when talkin	g to the IRS.
Part 5: Sign here. You MUST complete bot	th pages of Form 941 and SIGN it	oub xa T—bnameG bna eculos (parsité houses 12
		edules and statements, and to the best of my knowledge
and belief, it is true, correct, and complete. Declaration	of preparer (other than taxpayer) is based	on all information of which preparer has any knowledge.
1 1 1 1 1	/	Print your
Sign your name here		name here JAY WEISS Print your
130344		title here TREASURER
Date 1 /26/2020		Best daytime phone (262)637-7431
Paid Preparer Use Only		Check if you are self-employed
Preparer's name	apasing research ecdnities. Attach Fr	nii en sibera bas Res so saenieud liems peihieuQ e PTIN
Preparer's signature	otraci line 17 from line 10	Date / /
Firm's name (or yours if self-employed)	alji vore, is more solicije sreme srp od solicije (2003. 865. g. X. 566.	Tellocopia strain
Address	senitourtza nat has amendilli act i	Phone 3 grant Manual And
City	State	ZIP code