

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
MODERN WOODMEN OF AMERICA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1701 1ST AVE

City or town, state or province, country, and ZIP or foreign postal code
ROCK ISLAND, IL 612018724

D Employer identification number
36-1493430

E Telephone number
(309) 786-6481

G Gross receipts \$ 1,753,210,728

F Name and address of principal officer:
W KENNY MASSEY
1701 1ST AVE
ROCK ISLAND, IL 612018724

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) (8) ◀(insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.MODERNWOODMEN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1883 **M** State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE QUALITY OF LIFE FOR OUR MEMBERS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1,835
6 Total number of volunteers (estimate if necessary)	6	278,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	27,461,419
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	9,046,187

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	1,781,138,211	1,753,210,728
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,781,138,211	1,753,210,728
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,097,883	1,084,039
14 Benefits paid to or for members (Part IX, column (A), line 4)	1,180,569,623	1,393,865,485
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	71,173,342	69,257,613
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	445,125,228	171,308,125
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,697,966,076	1,635,515,262
19 Revenue less expenses. Subtract line 18 from line 12	83,172,135	117,695,466

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	17,486,511,569	17,138,403,394
21 Total liabilities (Part X, line 26)	15,086,840,207	14,722,367,418
22 Net assets or fund balances. Subtract line 21 from line 20	2,399,671,362	2,416,035,976

Part II Signature Block

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.

Sign Here

Signature of officer
Date 2023-11-14

TODD D SWANSON CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2023-11-14 Check if self-employed PTIN P01306883

Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325

Firm's address ▶ 4650 EAST 53RD STREET Phone no. (563) 888-4000
DAVENPORT, IA 528073479

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO IMPROVE THE QUALITY OF LIFE FOR OUR MEMBERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a 1,835</p>		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</p>	<p>2b</p>	<p>Yes</p>	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	<p>3a</p>	<p>Yes</p>	
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	<p>3b</p>	<p>Yes</p>	
<p>4a 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)?</p>	<p>4a</p>		<p>No</p>
<p>b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>			
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	<p>5a</p>		<p>No</p>
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p>5b</p>		<p>No</p>
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	<p>5c</p>		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	<p>6a</p>		<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>6b</p>		
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>			
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	<p>7a</p>		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	<p>7b</p>		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	<p>7c</p>		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>		
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p>7e</p>		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p>7f</p>		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	<p>7g</p>		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	<p>7h</p>		
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	<p>8</p>		
<p>9 Sponsoring organizations maintaining donor advised funds.</p>			
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p>9a</p>		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	<p>9b</p>		
<p>10 Section 501(c)(7) organizations. Enter:</p>			
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>		
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>		
<p>11 Section 501(c)(12) organizations. Enter:</p>			
<p>a Gross income from members or shareholders</p>	<p>11a</p>		
<p>b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p>11b</p>		
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>			
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p>12b</p>		
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>			
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	<p>13a</p>		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b</p>		
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>		
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	<p>14a</p>		<p>No</p>
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	<p>14b</p>		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.</p>	<p>15</p>	<p>Yes</p>	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>	<p>16</p>		<p>No</p>
<p>17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.</p>	<p>17</p>		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (4), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM KENNY MASSEY PRESIDENT AND CEO	40.00	X		X			2,404,645	0	243,895	
(2) JERALD J LYPHOUT NATIONAL SECRETARY AND EXECUTIVE VICE PRESIDENT	40.00	X		X			1,251,358	0	-1,126,476	
(3) LESTER L BOHNERT GENERAL COUNSEL	40.00	X		X			661,611	0	-407,838	
(4) BRETT M VAN CHIEF INVESTMENT OFFICER & TREASURER	40.00	X		X			848,455	0	-991,992	
(5) JOSEPH A SZTAPKA DIRECTOR & REGIONAL DIRECTOR	40.00	X					591,847	70,053	-628,350	
(6) LORI NEWBERG DIRECTOR	5.00	X					129,583	0	0	
(7) JAMES E TEMPERLEY DIRECTOR	5.00	X					115,970	0	0	
(8) SAM KUPRESIN DIRECTOR	5.00	X					103,933	0	0	
(9) DAVE NUERNBERGER DIRECTOR	5.00	X					99,139	0	0	
(10) SHEA E DOYLE ASSISTANT NATIONAL SECRETARY	40.00			X			390,230	0	-413,119	
(11) MICHAEL SCOTT ANDREWS CHIEF ACTUARY	40.00			X			444,552	0	-975,858	
(12) TODD DAVID SWANSON CHIEF ACCOUNTING OFFICER	40.00			X			481,262	0	-363,984	
(13) JILL LAIN WEAVER CHIEF FRATERNAL OFFICER	40.00			X			368,026	0	-597,260	
(14) DANIEL G DEPUYDT CHIEF HUMAN RESOURCES OFFICER	40.00			X			488,598	0	-15,880	
(15) STEVEN J OLLENBURG CHIEF RISK OFFICER	40.00			X			484,886	0	-398,669	
(16) JEFFREY N SOWARDS CHIEF DISTRIBUTION & MARKETING OFFICER	40.00			X			672,372	0	-284,347	
(17) DARWIN D LARRISON CHIEF INFORMATION SECURITY OFFICER	40.00			X			278,609	0	2,007	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) XIN LIU CHIEF FINANCIAL ACTUARY	40.00			X				364,833	0	-136,934	
(19) ROBERT KEORKUNIAN REGIONAL DIRECTOR	40.00					X		1,026,475	114,920	-276,755	
(20) DARREN G FINCHER FINANCIAL REPRESENTATIVE	40.00					X		925,866	1,560	10,943	
(21) DANIEL L LAWRENCE REGIONAL DIRECTOR	40.00					X		772,207	91,589	-705,354	
(22) JONATHON MARSH REGIONAL DIRECTOR	40.00					X		739,326	54,080	-262,348	
(23) STEVEN EATON MANAGING PARTNER	40.00					X		584,941	67,315	-157,252	
(24) DARCY CALLAS FORMER SPECIAL PROJECTS COORDINATOR	0.00						X	133,887	0	16,542	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								14,362,611	399,517		-7,469,029

1b Sub-Total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 345

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ZINNIA 5801 SW SIXTH AVENUE TOPEKA, KS 66636	PRODUCT MANAGEMENT	738,485
IMPRINT EVENTS COLORADO LLC 4100 W 38TH AVE STE 201 DENVER, CO 80212	EVENT PLANNING & MANAGEMENT	699,771
THE C2 GROUP 560 5TH ST NW SUITE 100 GRAND RAPIDS, MI 49504	SOFTWARE DEVELOPMENT & PROJECT MGMT	565,280
WILLIS TOWERS WATSON US LLC 1735 MARKET STREET PHILADELPHIA, PA 191037501	PRODUCT DEVELOPMENT	491,681
INVESCO 6803 SOUTH TUCSON WAY CENTENNIAL, CO 80112	INVESTMENT MANAGEMENT	475,414

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 32

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include: Contributions, Gifts, Grants and Other Similar Amounts (1a-1g); Program Service Revenue (2a-2f); Other Revenue (3-12).

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	565,578			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	518,461			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	1,393,865,485			
5 Compensation of current officers, directors, trustees, and key employees	9,741,479			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	45,083,157			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	-11,220,242			
9 Other employee benefits	18,241,612			
10 Payroll taxes	7,411,607			
11 Fees for services (non-employees):				
a Management				
b Legal	449,628			
c Accounting	370,660			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,102,688			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,376,396			
12 Advertising and promotion	1,589,304			
13 Office expenses	5,224,850			
14 Information technology	10,624,576			
15 Royalties				
16 Occupancy	5,881,640			
17 Travel	621,769			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,061,746			
20 Interest	16,221,798			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,881,699			
23 Insurance	654,779			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMISSIONS	54,166,413			
b MISCELLANEOUS EXPENSE	15,410,606			
c CAMP ADMIN & EXPENSE	11,837,759			
d FIELD EXPENSE ALLOWANCE	8,328,334			
e All other expenses	24,503,480			
25 Total functional expenses. Add lines 1 through 24e	1,635,515,262			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	10,751,714	1	3,300,026
	2 Savings and temporary cash investments	729,572,520	2	234,785,592
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	77,720,631		
	b Less: accumulated depreciation	59,773,733	17,085,897	10c 17,946,898
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	2,863,808	12	2,698,604
	13 Investments—program-related. See Part IV, line 11	14,805,088,619	13	15,339,283,510
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,921,149,011	15	1,540,388,764
16 Total assets. Add lines 1 through 15 (must equal line 33)	17,486,511,569	16	17,138,403,394	
Liabilities	17 Accounts payable and accrued expenses	19,450,138	17	22,166,406
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	586,091,215	23	722,027,107
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	14,481,298,854	25	13,978,173,905
	26 Total liabilities. Add lines 17 through 25	15,086,840,207	26	14,722,367,418
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	2,399,671,362	31	2,416,035,976
32 Total net assets or fund balances	2,399,671,362	32	2,416,035,976	
33 Total liabilities and net assets/fund balances	17,486,511,569	33	17,138,403,394	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,753,210,728
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,635,515,262
3	Revenue less expenses. Subtract line 2 from line 1	3	117,695,466
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,399,671,362
5	Net unrealized gains (losses) on investments	5	-405,135,732
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	303,804,880
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,416,035,976

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other STATUTORY
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 36-1493430

Name: MODERN WOODMEN OF AMERICA

Form 990 (2022)

Form 990, Part III, Line 4a:

LIFE INSURANCE PROGRAMS: MODERN WOODMEN OF AMERICA PROVIDES BENEFITS AND SERVICES COVERAGE FOR LIFE, ANNUITY, AND ACCIDENT & HEALTH INSURANCE (717,981 MEMBERS).

Form 990, Part III, Line 4b:

FRATERNAL BENEFITS (20,373 BENEFICIARIES).

Form 990, Part III, Line 4c:

YOUTH COMMUNITY SERVICE ACTIVITIES (3,457).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
MODERN WOODMEN OF AMERICA

Employer identification number
36-1493430

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,345,245		1,345,245
b Buildings	1,069,999	67,552,081	52,773,255	15,848,825
c Leasehold improvements				
d Equipment		7,753,306	7,000,478	752,828
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				17,946,898

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) BONDS	12,705,970,866	F
(2) COMMON STOCKS	1,002,861,518	F
(3) MORTGAGE LOANS	319,462,632	C
(4) OTHER INVESTED ASSETS	1,112,657,770	F
(5) CERTIFICATE LOANS	127,293,064	C
(6) PREFERRED STOCKS	71,037,660	F
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	15,339,283,510	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITIES LENDING	295,223,895
(2) SEPARATE ACCOUNTS	1,089,108,953
(3) INVESTMENT INCOME DUE & ACCRUED	122,989,782
(4) AMOUNTS RECOVERABLE FROM REINSURERS	31,796,621
(5) RECEIVABLE FROM SUBSIDIARIES & AFFILIATES	290,027
(6) UNCOLLECTED PREMIUMS	407,157
(7) REINSURANCE RECEIVABLE	310,494
(8) MISCELLANEOUS ASSETS	261,835
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,540,388,764

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	13,978,173,905

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,308,722,098
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-405,135,732
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-405,135,732
3	Subtract line 2e from line 1	3	1,713,857,830
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,352,898
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	39,352,898
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,753,210,728

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,596,162,364
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,596,162,364
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,352,898
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	39,352,898
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,635,515,262

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 36-1493430

Name: MODERN WOODMEN OF AMERICA

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
SECURITIES LENDING	295,223,895
SEPARATE ACCOUNTS	1,089,108,953
INVESTMENT INCOME DUE & ACCRUED	122,989,782
AMOUNTS RECOVERABLE FROM REINSURERS	31,796,621
RECEIVABLE FROM SUBSIDIARIES & AFFILIATES	290,027
UNCOLLECTED PREMIUMS	407,157
REINSURANCE RECEIVABLE	310,494
MISCELLANEOUS ASSETS	261,835

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
CONTRACT RESERVES	10,600,884,420
SECURITIES LENDING	295,223,895
ASSET VALUATION RESERVE	194,782,503
SEPARATE ACCOUNTS	1,089,108,953
OTHER LIABILITIES	-5,078,225
LIABILITY FOR BENEFITS FOR EMPLOYEES & FIELDWORKERS	78,529,303
CONTRACT CLAIM LIABILITY	47,280,864
DRAFTS OUTSTANDING	25,115,690
FUNDS HELD UNDER COINSURANCE	1,638,310,605
PROVISION FOR REFUNDS PAYABLE	10,660,000

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
PREMIUMS RECEIVED IN ADVANCE	3,355,897

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MODERN WOODMEN OF AMERICA

Employer identification number
36-1493430

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			78,623,735
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			78,623,735

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 36-1493430

Name: MODERN WOODMEN OF AMERICA

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		52,248,192
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		26,375,543

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization MODERN WOODMEN OF AMERICA

Employer identification number 36-1493430

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 23
3 Enter total number of other organizations listed in the line 1 table. 3

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	198	475,711			
(2) ORPHAN BENEFITS	13	42,750			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	ALTHOUGH MODERN WOODMEN DOES NOT HAVE SPECIFIC PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS, IT DOES HAVE PROCEDURES IN PLACE TO DECIDE WHO RECEIVES GRANTS, CONTRIBUTIONS, SCHOLARSHIPS AND ORPHAN BENEFITS. TO BE ELIGIBLE TO RECEIVE CONTRIBUTIONS AN ORGANIZATION MUST BE A 501(C)(3) OR 501(C)(6) ORGANIZATION. CONTRIBUTION RECIPIENTS ARE SELECTED BY A MODERN WOODMEN COMMITTEE OR BOARD OF DIRECTORS BASED ON ESTABLISHED CRITERIA. ELIGIBLE SCHOLARSHIP RECIPIENTS MUST BE BENEFICIAL MEMBERS OF MODERN WOODMEN AND ARE SELECTED BY AN INDEPENDENT COMMITTEE OR AT RANDOM BASED ON ESTABLISHED CRITERIA. SCHOLARSHIP CHECKS ARE MADE PAYABLE TO THE SCHOOL AND NOT THE INDIVIDUAL. ORPHAN BENEFITS ARE PROVIDED TO MEMBERS' CHILDREN OR JUNIOR MEMBERS WHO BECOME ORPHANED BEFORE THEIR 19TH BIRTHDAY. ELIGIBILITY REQUIREMENTS ARE ESTABLISHED BY THE BOARD OF DIRECTORS AND PAYMENTS ARE PAID ONLY TO LEGAL GUARDIANS.

Additional Data

Software ID:
Software Version:
EIN: 36-1493430
Name: MODERN WOODMEN OF AMERICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 1100 RIVER DRIVE MOLINE, IL 61265	53-0196605	501(C)(3)	20,210	0			GENERAL SUPPORT
BETHANY FOR CHILDREN & FAMILIES 1830 6TH AVE MOLINE, IL 61265	36-2166973	501(C)(3)	8,000	0			COMMUNITY CELEBRATION SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS 130 W 5TH STREET DAVENPORT, IA 52801	42-1320809	501(C)(3)	10,540	0			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF MISSISSIPPI VALLEY 338 6TH ST MOLINE, IL 61265	36-3838421	501(C)(3)	8,000	0			SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR ACTIVE SENIORS INC 1035 W KIMBERLY RD DAVENPORT, IA 52806	42-1011267	501(C)(3)	5,070	0			GENERAL SUPPORT
CHILDREN'S THERAPY CENTER 1504 13TH AVE MOLINE, IL 61265	36-2207922	501(C)(3)	21,460	0			CAPITAL CAMPAIGN PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN FRIENDLINESS ASSOCIATION - YOUTHHOPE 3928 12TH AVE MOLINE, IL 61265	36-2193602	501(C)(3)	73,460	0			CAPITAL CAMPAIGN PROJECT
FRIENDLY HOUSE 1221 N MYRTLE ST DAVENPORT, IA 52804	42-0733466	501(C)(3)	9,910	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP MANOR 1209 21ST AVE ROCK ISLAND, IL 61201	36-2524984	501(C)(3)	7,000	0			CAPITAL CAMPAIGN/GENERAL SUPPORT
GILDA'S CLUB OF QUAD CITIES 1234 E RIVER DR DAVENPORT, IA 52803	42-1446989	501(C)(3)	6,460	0			SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY QC 3625 MISSISSIPPI AVE DAVENPORT, IA 52807	42-1404937	501(C)(3)	12,460	0			GENERAL SUPPORT/SPONSORSHIP
HUMILITY HOMES & SERVICES INC 3805 MISSISSIPPI AVE DAVENPORT, IA 52807	01-0916973	501(C)(3)	6,690	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT 800 12TH AVE MOLINE, IL 61265	36-2684253	501(C)(3)	10,000	0			SPONSORSHIP
LL GLOBAL INC 300 DAY HILL RD WINDSOR, CT 06095	26-1339203	501(C)(6)	10,000	0			CONTINUING EDUCATION FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE HAPPENS 1530 WILSON BLVD SUITE ARLINGTON, VA 22209	52-1904610	501(C)(6)	21,945	0			GENERAL SUPPORT
NAMI COLORADO 3333 S BANNOCK ST STE ENGLEWOOD, CO 80110	74-2240544	501(C)(3)	10,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALMER COLLEGE OF CHIROPRACTIC 1000 BRADY ST DAVENPORT, IA 52803	42-6081293	501(C)(3)	15,000	0			CAPITAL CAMPAIGN PROJECT
POST TRAUMATIC GROWTH INSTITUTE 1065 NORTH 115TH ST SUITE OMAHA, NE 68154	27-2012749	501(C)(3)	10,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUAD CITIES CHAMBER OF COMMERCE 331 W 3RD ST SUITE DAVENPORT, IA 52801	36-2878405	501(C)(6)	35,000	0			GENERAL SUPPORT/MEMBERSHIP
Q2030 QUAD CITIES REGIONAL VISION 2550 MIDDLE RD STE BETTENDORF, IA 52722	86-1972292	501(C)(3)	25,000	0			SPONSORSHIP/GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUAD CITY BOTANICAL CENTER 2525 4TH AVENUE ROCK ISLAND, IL 61201	36-3496537	501(C)(3)	10,000	0			GENERAL SUPPORT
QC SYMPHONY ORCHESTRA 327 BRADY ST DAVENPORT, IA 52801	42-6017663	501(C)(3)	10,000	0			SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER BEND FOOD BANK 4010 KIMMEL DR DAVENPORT, IA 52802	36-3147342	501(C)(3)	27,770	0			CAPITAL CAMPAIGN PROJECT
TWO RIVERS YMCA 2040 53RD ST MOLINE, IL 61265	36-2169199	501(C)(3)	36,000	0			CAPITAL CAMPAIGN PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF THE QUAD CITIES 229 16TH ST ROCK ISLAND, IL 61201	36-2171176	501(C)(3)	5,500	0			SPONSORSHIP

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MODERN WOODMEN OF AMERICA

Employer identification number
36-1493430

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes								
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a									
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b									
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a									
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b									
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	<p>MODERN WOODMEN OF AMERICA PROVIDES THE FOLLOWING TO INDIVIDUALS REPORTED IN PART VII, SECTION A, LINE IA: FIRST-CLASS OR CHARTER TRAVEL: IN TAX YEAR 2022, THE FOLLOWING TYPE OF INDIVIDUAL LISTED IN PART VII RECEIVED THE FIRST-CLASS OR CHARTER TRAVEL BENEFIT: 1 OFFICER. TRAVEL FOR COMPANIONS: IN TAX YEAR 2022, THE FOLLOWING TYPES OF INDIVIDUALS REPORTED IN PART VII RECEIVED THE TRAVEL FOR COMPANIONS BENEFIT: 5 DIRECTORS, 9 OFFICERS, AND 4 HIGHEST COMPENSATED EMPLOYEES. THE DOLLAR AMOUNT OF THE BENEFIT IS INCLUDED IN REPORTABLE COMPENSATION ON THE FORM 990 PART VII, AND SCHEDULE J PART, II. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: IN TAX YEAR 2022, THE FOLLOWING TYPES OF INDIVIDUALS REPORTED IN PART VII RECEIVED TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: 1 DIRECTOR, 7 OFFICERS, AND 4 HIGHEST COMPENSATED EMPLOYEES. THE DOLLAR AMOUNT OF THE BENEFIT IS INCLUDED IN REPORTABLE COMPENSATION ON THE FORM 990 PART VII, AND SCHEDULE J, PART II. HEALTH OR SOCIAL CLUB DUES: IN TAX YEAR 2022, THE FOLLOWING TYPES OF INDIVIDUALS REPORTED IN PART VII RECEIVED HEALTH OR SOCIAL DUES: 6 OFFICERS. THE DOLLAR AMOUNT OF THE BENEFIT IS INCLUDED IN REPORTABLE COMPENSATION ON THE FORM 990 PART VII, AND SCHEDULE J, PART II.</p>

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	<p>MODERN WOODMEN OF AMERICA SPONSORS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR EXECUTIVE-LEVEL EMPLOYEES WHOSE COMPENSATION EXCEEDS THE ANNUAL IRS LIMITS FOR QUALIFIED PENSION PLANS. THE PURPOSE OF THIS PLAN IS TO RESTORE RETIREMENT BENEFITS THAT ARE RESTRICTED FOR THESE EXECUTIVES UNDER THE ORGANIZATION'S QUALIFIED RETIREMENT PLANS BECAUSE OF THE IRS COMPENSATION LIMIT AND/OR IRS LIMITS ON QUALIFIED PLAN CONTRIBUTIONS AND ACCRUALS. THE PLAN WAS CLOSED TO NEW PARTICIPANTS EFFECTIVE MARCH 1, 2016. THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN IN 2022 SPONSORED BY MODERN WOODMEN OF AMERICA: MICHAEL SCOTT ANDREWS - \$4,002, LESTER BOHNERT - \$8,097, DANIEL DEPUYDT - \$4,779, DARREN FINCHER - \$709,124, ROBERT KEORKUNIAN - \$17,639, DANIEL LAWRENCE - \$12,133, JERALD LYPHOUT - \$20,814, JONATHON MARSH - \$9,947, WILLIAM KENNY MASSEY - \$55,611, STEVEN OLLENBURG - \$5,113, JOSEPH SZTAPKA - \$4,477, AND BRETT VAN - \$14,485. THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR CONTRIBUTION MADE BY MODERN WOODMEN OF AMERICA ON BEHALF OF THE INDIVIDUAL TO THE PLAN IN 2022 . THIS INFORMATION IS INCLUDED IN REPORTABLE COMPENSATION ON THE FORM 990, PART VII AND SCHEDULE J, PART II. THE INCREASE OR DECREASE IN ACTUARIAL VALUE RELATED TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR THE INDIVIDUALS LISTED ABOVE IS INCLUDED IN DEFERRED COMPENSATION ON THE FORM 990, PART VII AND SCHEDULE J, PART II. THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN IN 2022 SPONSORED BY MODERN WOODMEN OF AMERICA: DARCY ANN CALLAS - \$133,887. THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR DISTRIBUTION TO THE INDIVIDUALS BY THE PLAN IN 2016 . THIS INFORMATION IS INCLUDED IN REPORTABLE COMPENSATION ON THE FORM 990, PART VII AND SCHEDULE J, PART II.</p>

Schedule L (Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization MODERN WOODMEN OF AMERICA

Employer identification number 36-1493430

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? Yes/No.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? To/From, (e) Original principal amount, (f) Balance due, (g) In default? Yes/No, (h) Approved by board or committee? Yes/No, (i) Written agreement? Yes/No.

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MWA FINANCIAL SERVICES	SEE BELOW IN PART V	3,196,594	REIMBURSEMENT OF EXPENSES		No
(2) MWA FINANCIAL SERVICES	SEE BELOW IN PART V	86,280	RECEIPT OF RENT		No
(3) MWA FINANCIAL SERVICES	SEE BELOW IN PART V	557,441	SALARIES		No
(4) MWAGIA	SEE BELOW IN PART V	337,801	REIMBURSEMENT OF EXPENSES		No
(5) MWAGIA	SEE BELOW IN PART V	13,680	RECEIPT OF RENT		No
(6) MWAGIA	SEE BELOW IN PART V	281,640	SALARIES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV, COLUMN B:	DESCRIPTION OF RELATIONSHIP - MWA FINANCIAL SERVICES:LESTER BOHNERT, JERALD J. LYPHOUT, WILLIAM KENNY MASSEY, JEFFREY N. SOWARDS, TODD DAVID SWANSON, AND BRETT M. VAN ARE OFFICERS OF MODERN WOODMEN OF AMERICA AND ARE REPORTED ON THE FORM 990, PART VII. DURING THE TAX YEAR, JERRY J. LYPHOUT AND TODD DAVID SWANSON WERE OFFICERS, AND LESTER BOHNERT, WILLIAM KENNY MASSEY, JEFFREY N. SOWARDS, AND BRETT M. VAN WERE DIRECTORS OF MWA FINANCIAL SERVICES.
FORM 990, SCHEDULE L, PART IV, COLUMN B:	DESCRIPTION OF RELATIONSHIP - MWAGIA:LESTER BOHNERT, JERALD J. LYPHOUT, WILLIAM KENNY MASSEY, JEFFREY N. SOWARDS, AND BRETT M. VAN ARE OFFICERS OF MODERN WOODMEN OF AMERICA AND ARE REPORTED ON THE FORM 990, PART VII. DURING THE TAX YEAR, JERALD J. LYPHOUT AND WILLIAM KENNY MASSEY WERE OFFICERS, AND LESTER BOHNERT, JEFFREY N. SOWARDS, AND BRETT M. VAN WERE DIRECTORS OF MWAGIA.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
MODERN WOODMEN OF AMERICA

Employer identification number

36-1493430

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOCIETY IS ORGANIZED AS A FRATERNAL BENEFIT SOCIETY WITH MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	BEFORE FILING WITH THE INTERNAL REVENUE SERVICE, THE RETURN IS PROVIDED TO THE GOVERNING BODY FOR FINAL REVIEW AFTER PREPARATION BY THE ACCOUNTING STAFF AND REVIEW BY THE CHIEF ACCOUNTING OFFICER WITH THE ASSISTANCE OF AN EXTERNAL ACCOUNTING FIRM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST, ETHICS AND EXTERNAL AUDITOR QUESTIONNAIRES ARE SENT OUT EVERY JANUARY TO ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES. THESE ARE RETURNED TO THE PRESIDENT FOR REVIEW. THIS INFORMATION, INCLUDING THE PRESIDENT'S INFORMATION, IS REVIEWED AT THE ANNUAL BOARD OF DIRECTORS MEETING EACH FEBRUARY. EACH EMPLOYEE IS ASKED TO PERIODICALLY ACKNOWLEDGE THEIR UNDERSTANDING OF MODERN WOODMEN OF AMERICA'S PRINCIPLES OF CONDUCT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>REVIEW AND APPROVAL OF COMPENSATION FOR THE PRESIDENT AND NATIONAL SECRETARY IS DETERMINED ANNUALLY BASED ON A RECOMMENDATION OF THE BOARD'S COMPENSATION COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS. THE REVIEW INCLUDES INDUSTRY PEER GROUP SURVEY DATA FACTORED FOR RELATIVE ASSETS MANAGED, BENCHMARKING THE MEDIAN BASE PAY AS THE MIDPOINT OF THE RANGE RECOMMENDED. TOTAL COMPENSATION TARGETS INCLUDE VARIABLE BONUS PAY, PERQUISITES, AND THE COMPREHENSIVE BENEFITS PROGRAM AVAILABLE TO ALL MODERN WOODMEN OF AMERICA EMPLOYEES. THE BOARD MAY ENGAGE EXTERNAL CONSULTANT RESOURCES TO CONDUCT THE REVIEW AND FORMULATE RECOMMENDATIONS TO THE COMPENSATION COMMITTEE WHEN DEEMED NECESSARY. APPROVAL OF COMPENSATION FOR THE PRESIDENT AND NATIONAL SECRETARY IS DOCUMENTED IN THE COMPENSATION COMMITTEE'S MEETING MINUTES. REVIEW AND APPROVAL OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OTHER THAN THE PRESIDENT AND NATIONAL SECRETARY IS CONDUCTED ANNUALLY BY MANAGEMENT, REVIEWED BY THE COMPENSATION COMMITTEE, AND APPROVED BY THE BOARD OF DIRECTORS. THE REVIEW INCLUDES THE EVALUATION OF INDUSTRY PEER GROUP SURVEY DATA FACTORED FOR THE RELATIVE ASSETS MANAGED, BASED ON THE MEDIAN AS THE MIDPOINT OF A PAY RANGE RECOMMENDED FOR EACH POSITION. THE REVIEW MAY ENTAIL THE USE OF AN OUTSIDE COMPENSATION CONSULTANT. TOTAL COMPENSATION TARGETS INCLUDE BASE PAY, VARIABLE COMPENSATION PROGRAMS, AND THE COMPREHENSIVE BENEFITS PROGRAM AVAILABLE TO ALL MODERN WOODMEN OF AMERICA EMPLOYEES. APPROVAL OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OTHER THAN PRESIDENT AND NATIONAL SECRETARY IS DOCUMENTED IN THE COMPENSATION COMMITTEE'S MEETING MINUTES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FEDERAL TAX LAW DOES NOT REQUIRE THAT SUCH DOCUMENTS BE MADE PUBLICLY AVAILABLE. CERTAIN INFORMATION IS AVAILABLE THROUGH THE DEPARTMENT OF INSURANCE, ON OUR WEBSITE, AND IN OUR MEMBER PUBLICATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN NONADMITTED ASSETS 12,084,700. CHANGE IN ASSET VALUATION RESERVE 302,688,015. FR ATERNAL BENEFIT RESERVE CHANGE 33,464. CHANGE IN POSTRETIREMENT MEDICAL BENEFITS FOR EMPLO YEES & FIELDWORKERS -2,409,977. CHANGE IN PREPAID PENSION PLAN COSTS -33,193,297. CHANGE I N PENSION PLAN LIABILITY FOR BENEFITS 21,594,058. CHANGE IN POSTRETIREMENT PENSION PLAN LI ABILITY FOR BENEFITS 3,007,917.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 1:	THE FINANCIAL STATEMENTS AND TAX RETURN ARE PREPARED ON THE BASIS OF ACCOUNTING PRACTICES PRESCRIBED OR PERMITTED BY THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION - DIVISION OF INSURANCE (STATUTORY ACCOUNTING PRACTICES).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION DID NOT CHANGE THE OVERSIGHT OR THE SELECTION PROCESS FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MODERN WOODMEN OF AMERICA

Employer identification number

36-1493430

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HUDSON CLEAN ENERGY PARTNERS 400 FRANK BURR BOULEVARD TEANECK, NJ 07666 26-3202466	INVESTING	CJ	MODERN WOODMEN OF AMERICA	EXCLUDED	-32,479			No			No	89.650 %
(2) INVESCO SMALL CAP GROWTH FUND LLC 1331 SPRING STREET NW SUITE 2500 ATLANTA, GA 30306 68-0577323	INVESTING	DE	MODERN WOODMEN OF AMERICA	EXCLUDED	-5,615,263	65,412,884		No			No	100.000 %
(3) SOUND POINT US DIRECT LENDING FUND II (UL) LP 375 PARK AVENUE 33RD FLOOR NEW YORK, NY 10152 83-1402462	INVESTING	DE	MODERN WOODMEN OF AMERICA	EXCLUDED	3,256,114	40,466,696		No	222,393		No	99.810 %
(4) MWA FUND OF ONE 40 EAST 52ND STREET NEW YORK, NY 10022 84-4035681	INVESTING	DE	MODERN WOODMEN OF AMERICA	EXCLUDED	8,528,812	200,513,688		No			No	97.950 %
(5) SOUND POINT US DIRECT LENDING FUND III (MASTER) LP 375 PARK AVENUE 33RD FLOOR NEW YORK, NY 10152 88-1519751	INVESTING	DE	MODERN WOODMEN OF AMERICA	EXCLUDED	-146,913	-146,913		No	-146,594		No	54.550 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) MWA FINANCIAL SERVICES INC 1701 FIRST AVENUE ROCK ISLAND, IL 61201 36-4420471	BROKER/DEALER	IL	MODERN WOODMEN OF AMERICA	C	28,557,710	4,080,856	100.000 %	Yes	
(2) MWAGIA 1701 FIRST AVENUE ROCK ISLAND, IL 61201 37-1414457	GENERAL INSURANCE AGENCY	IL	MWA FINANCIAL SERVICES INC	C	67,209	886,652	100.000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-1493430

Name: MODERN WOODMEN OF AMERICA

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MWA FINANCIAL SERVICES INC	A	86,280	FAIR MARKET VALUE
MWAGIA	A	13,680	FAIR MARKET VALUE
MWA FUND OF ONE	B	80,666,229	FAIR MARKET VALUE
SOUND POINT US DIRECT LENDING FUND II (UL) LP	B	2,283,298	FAIR MARKET VALUE
MWA FINANCIAL SERVICES INC	O	557,441	FAIR MARKET VALUE
MWAGIA	O	281,640	FAIR MARKET VALUE
MWA FINANCIAL SERVICES INC	P	3,196,594	FAIR MARKET VALUE
MWAGIA	P	337,801	FAIR MARKET VALUE
HUDSON CLEAN ENERGY PARTNERS	S	35,607	FAIR MARKET VALUE
INVESCO SMALL CAP GROWTH FUND LLC	S	475,414	FAIR MARKET VALUE
MWA FUND OF ONE	S	17,555,164	FAIR MARKET VALUE
SOUND POINT US DIRECT LENDING FUND II (UL) LP	S	2,954,324	FAIR MARKET VALUE