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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  
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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 FIRST AVENUE

City or town, state or province, country, and ZIP or foreign postal code

ROCK ISLAND, IL 61201

F Name and address of principal officer

W KENNY MASSEY

1701 FIRST AVENUE

ROCK ISLAND, IL 61201

D Employer identification number

36-1493430

E Telephone number

(309) 786-6481

G Gross receipts \$ 1,680,010,930

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

Activities & Governance

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) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .

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

2018-11-12

Date

JERALD J LYPHOUT NATIONAL SECRETARY

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

JOHN J ROMANO

JOHN J ROMANO

Firm's name ▶ RSM US LLP

Firm's EIN ▶ 42-0714325

Firm's address ▶ 201 N HARRISON STREET SUITE 300

Phone no (563) 888-4000

DAVENPORT, IA 528011999

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**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.

<b>4a</b>	(Code ) (Expenses \$	including grants of \$	(Revenue \$ )
	See Additional Data		

<b>4b</b>	(Code ) (Expenses \$	including grants of \$	(Revenue \$ )
	See Additional Data		

















<b>4c</b>	(Code ) (Expenses \$	including grants of \$	(Revenue \$ )
	See Additional Data		

(Code ) (Expenses \$	including grants of \$	(Revenue \$ )
FRATERNAL CHARACTER (759,942 MEMBERS)		

<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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**4e Total program service expenses ▶**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . .	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>  . . . . .	<b>11a</b>	Yes
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  . . . . .	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  . . . . .	<b>11c</b>	Yes
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  . . . . .	<b>11d</b>	Yes
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .	<b>11e</b>	Yes
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  . . . . .	<b>12a</b>	Yes
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  . . . . .	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . 	<b>14b</b>	Yes
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . . 	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . . 	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**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 ☐

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	69,998		
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes		
<b>2a</b>	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 . . . . .	<b>2a</b>	2,302		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		No	
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		No	
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	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? . . . . .	<b>6a</b>		No	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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? . . . . .	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			

**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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	Yes	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official.	Yes	
<b>b</b>	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed: <b>►</b>
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records. <b>►</b> JERALD J LYPHOUT 1701 FIRST AVENUE ROCK ISLAND, IL 61201 (309) 786-6481

**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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(1) DARCY ANN CALLAS ..... GENERAL COUNSEL	40 00 .....	X		X				720,604	0	1,402,227
(2) DAVID B EMRICK ..... DIRECTOR	5 00 .....	X						88,138	0	0
(3) WILLIAM KELTNER ..... REGIONAL DIRECTOR	40 00 .....	X						836,458	15,959	562,001
(4) JERALD J LYPHOUT ..... NATIONAL SECRETARY	40 00 .....	X		X				600,837	0	1,413,979
(5) WILLIAM KENNY MASSEY ..... PRESIDENT	40 00 .....	X		X				1,658,971	0	1,986,046
(6) GARY L MEDD ..... FORMER DIRECTOR	5 00 .....	X						1,986	0	0
(7) LORI NEWBERG ..... DIRECTOR	5 00 .....	X						79,120	0	0
(8) ROBERT C POLLEX ..... DIRECTOR	5 00 .....	X						80,623	0	0
(9) JOSEPH A SZTAPKA ..... DIRECTOR	40 00 .....	X						609,948	22,640	492,502
(10) JAMES E TEMPERLEY ..... DIRECTOR	5 00 .....	X						70,934	0	0
(11) MICHAEL SCOTT ANDREWS ..... CHIEF ACTUARY	40 00 .....			X				370,724	0	750,162
(12) DANIEL G DEPUYDT ..... HUMAN RESOURCES DIRECTOR	40 00 .....			X				392,679	0	140,208
(13) MELVIN L RAMBO ..... CHIEF RISK OFFICER	40 00 .....			X				325,638	0	126,011
(14) PATRICK OMAR SAUNDERS ..... ASSISTANT NATIONAL SECRETARY	40 00 .....			X				333,602	0	481,331
(15) BRETT M VAN ..... TREASURER	40 00 .....			X				515,722	0	750,748
(16) JILL LAIN WEAVER ..... FRATERNAL DIRECTOR	40 00 .....			X				284,642	0	477,288
(17) GEORGE RAYMOND WORLEY ..... CHIEF DISTRIBUTION & MARKETING	40 00 .....			X				504,889	0	1,103,318

**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) TODD DAVID SWANSON CONTROLLER	40 00				X			291,649	0	203,380
(19) KELLY G HERRING REGIONAL DIRECTOR	40 00					X		511,596	20,677	372,091
(20) ALBERT T HURST JR REGIONAL DIRECTOR	40 00					X		1,611,920	3,652	8,910
(21) KENNY D JACKSON REGIONAL DIRECTOR	40 00					X		684,214	14,084	516,027
(22) ROBERT KEORKUNIAN REGIONAL DIRECTOR	40 00					X		440,522	64,195	211,616
(23) DANIEL L LAWRENCE REGIONAL DIRECTOR	40 00					X		583,268	49,570	532,606
(24) DENIS PATRICK PRIOR FORMER NATIONAL SECRETARY	0 00						X	119,746	0	10,080

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	11,718,430	190,777	11,540,531

**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 **▶ 314**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	
<b>4</b> 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? If "Yes," complete Schedule J for such individual	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
SE2 5801 SW SIXTH AVENUE TOPEKA, KS 66636	VA PRODUCT MANAGEMENT	1,131,842
ERNST & YOUNG PNC BANK EY US LLP 3712 SOLUTIONS C CHICAGO, IL 60677	AUDIT AND CONSULTING	739,357
KIMCO FACILITY SERVICES LLC PO BOX 638556 CINCINNATI, OH 45263	CLEANING SERVICES	610,109
BALANCED GROWTH CONSULTING 980 NORTH MICHIGAN AVENUE STE 1400 CHICAGO, IL 60611	MANAGEMENT CONSULTING	571,562
PRUDENTIAL PRIVATE PLACEMENT INVESTORS L GATEWAY CTR 3 18TH FLOOR NEWARK, NJ 07102	INVESTMENT MANAGEMENT	460,491

**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 **▶ 18**



**Part VIII** **Statement of Revenue**

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

Contributions, Gifts, Grants  
and Other Similar Amounts

<b>1a</b> Federated campaigns . . .	<b>1a</b>	
<b>b</b> Membership dues . . .	<b>1b</b>	
<b>c</b> Fundraising events . . .	<b>1c</b>	
<b>d</b> Related organizations	<b>1d</b>	
<b>e</b> Government grants (contributions)	<b>1e</b>	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	
<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		
<b>h Total.</b> Add lines 1a-1f . . . . . ▶		

Program Service Revenue

	Business Code				
<b>2a</b> PREMIUMS & OTHER RECEIPTS	524113	1,001,642,334	1,001,642,334		
<b>b</b> GROSS INVESTMENT INCOME	524113	588,741,743	588,741,743		
<b>c</b> OTHER INCOME	524113	89,564,739	88,959,498	605,241	
<b>d</b> PRINTING INCOME	323100	62,114		62,114	
<b>e</b> _____					
<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		1,680,010,930			

Other Revenue

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶				
<b>4</b> Income from investment of tax-exempt bond proceeds ▶				
<b>5</b> Royalties . . . . . ▶				
<b>6a</b> Gross rents	(i) Real	(ii) Personal		
<b>b</b> Less rental expenses				
<b>c</b> Rental income or (loss)				
<b>d</b> Net rental income or (loss) . . . . . ▶				
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
<b>b</b> Less cost or other basis and sales expenses				
<b>c</b> Gain or (loss)				
<b>d</b> Net gain or (loss) . . . . . ▶				
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>				
<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . ▶				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>				
<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . ▶				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>				
<b>b</b> Less cost of goods sold . . . <b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . ▶				
Miscellaneous Revenue	Business Code			
<b>11a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> All other revenue . . . . .				
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		1,680,010,930	1,679,343,575	667,355

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	469,556			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	518,165			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.	1,267,338,621			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	6,830,456			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	37,059,605			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	22,387,107			
<b>9</b> Other employee benefits.	16,675,260			
<b>10</b> Payroll taxes.	7,343,743			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	545,881			
<b>c</b> Accounting.	585,526			
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	881,878			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,309,719			
<b>12</b> Advertising and promotion.	1,897,098			
<b>13</b> Office expenses.	6,019,558			
<b>14</b> Information technology.	3,740,451			
<b>15</b> Royalties.				
<b>16</b> Occupancy.	5,722,582			
<b>17</b> Travel.	408,147			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	2,037,842			
<b>20</b> Interest.	2,831,067			
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	6,383,375			
<b>23</b> Insurance.	343,078			
<b>24</b> 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):				
<b>a</b> COMMISSIONS	65,460,724			
<b>b</b> MISCELLANEOUS EXPENSE	15,927,349			
<b>c</b> CHAPTER ADMIN & EXPENSE	14,600,085			
<b>d</b> UNRELATED BUSINESS INCO	148,456			
<b>e</b> All other expenses	103,652,625			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,591,117,954			
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,553,886	<b>1</b>	733,301
	<b>2</b> Savings and temporary cash investments . . . . .	180,026,763	<b>2</b>	295,582,741
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 82,220,869		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 56,159,650	26,585,169	<b>10c</b> 26,061,219
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	32,118,205	<b>12</b>	20,937,056
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	14,198,810,444	<b>13</b>	14,746,666,554
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	962,207,024	<b>15</b>	1,076,283,124
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	15,401,301,491	<b>16</b>	16,166,263,995	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	15,794,827	<b>17</b>	15,951,365
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	125,094,683	<b>23</b>	266,124,231
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	13,627,629,483	<b>25</b>	14,063,900,416
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	13,768,518,993	<b>26</b>	14,345,976,012
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	1,632,782,498	<b>32</b>	1,820,287,983
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	1,632,782,498	<b>33</b>	1,820,287,983	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	15,401,301,491	<b>34</b>	16,166,263,995	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,680,010,930
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,591,117,954
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	88,892,976
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,632,782,498
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	136,577,540
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-37,965,031
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,820,287,983

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>STATUTORY</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	Yes	
<b>3a</b> 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?		No
<b>b</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		

# Additional Data

Software ID:

Software Version:

EIN: 36-1493430

Name: MODERN WOODMEN OF AMERICA

Form 990 (2017)

**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 (759,942 MEMBERS)

**Form 990, Part III, Line 4b:**

FRATERNAL BENEFITS (31,053 BENEFICIARIES)

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**Form 990, Part III, Line 4c:**

YOUTH COMMUNITY SERVICE PROGRAMS   YOUTH ACTIVITIES (6,266) AND PROGRAMS (17,907)

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efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318019698

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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.

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

2a

2b

2c

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2017



**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**c** Beginning balance**d** Additions during the year**e** Distributions during the year**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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** Temporarily restricted 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**(i)** unrelated organizations . . . . .**(ii)** related organizations . . . . .**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .	463,770	1,345,245		1,809,015
<b>b</b> Buildings . . . . .	11,038,508	56,666,358	46,403,697	21,301,169
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		12,706,988	9,755,953	2,951,035
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				26,061,219

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(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	12,789,706,253	F
(2) COMMON STOCKS	852,697,886	F
(3) MORTGAGE LOANS	581,122,042	C
(4) OTHER INVESTED ASSETS	366,038,875	F
(5) CERTIFICATE LOANS	157,101,498	C
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶	14,746,666,554	

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	320,360,416
(2) SEPARATE ACCOUNTS	613,163,789
(3) INVESTMENT INCOME DUE & ACCRUED	130,574,202
(4) AMOUNTS RECOVERABLE FROM REINSURERS	621,912
(5) RECEIVABLE FROM SUBSIDIARIES & AFFILIATES	1,319,223
(6) UNCOLLECTED PREMIUMS	397,323
(7) MISCELLANEOUS ASSETS	63,787
(8) RECEIVABLE FOR SECURITIES	9,782,472
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	1,076,283,124

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 ) ▶	14,063,900,416

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,659,647,470
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,659,647,470
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	20,363,460
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	20,363,460
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	1,680,010,930

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,570,754,495
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,570,754,495
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	20,363,459
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	20,363,459
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	1,591,117,954

**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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<b>Part XIII</b>	<b>Supplemental Information <i>(continued)</i></b>
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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	320,360,416
SEPARATE ACCOUNTS	613,163,789
INVESTMENT INCOME DUE & ACCRUED	130,574,202
AMOUNTS RECOVERABLE FROM REINSURERS	621,912
RECEIVABLE FROM SUBSIDIARIES & AFFILIATES	1,319,223
UNCOLLECTED PREMIUMS	397,323
MISCELLANEOUS ASSETS	63,787
RECEIVABLE FOR SECURITIES	9,782,472

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

<b>1</b>	<b>(a) Description of Liability</b>	<b>(b) Book Value</b>
	CONTRACT RESERVES	12,559,379,234
	SECURITIES LENDING	320,360,416
	ASSET VALUATION RESERVE	276,170,553
	SEPARATE ACCOUNTS	613,163,789
	OTHER LIABILITIES	107,872,738
	LIABILITY FOR BENEFITS FOR EMPLOYEES & FIELDWORKERS	59,243,074
	INTEREST MAINTENANCE RESERVE	54,456,564
	CONTRACT CLAIM LIABILITY	45,784,549
	DRAFTS OUTSTANDING	16,857,410
	PROVISION FOR REFUNDS PAYABLE	7,300,000

Form 990, Schedule D, Part X, - Other Liabilities	
1 (a) Description of Liability	(b) Book Value
PREMIUMS RECEIVED IN ADVANCE	3,312,089

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MODERN WOODMEN OF AMERICA

**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.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

36-1493430

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

**1 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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States



**3** 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	0			67,089,523
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			67,089,523



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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.

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

- 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" to 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 non-cash assistance	(g) Description of non-cash 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, do not 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, do not 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).

ReturnReference	Explanation

## 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		48,210,453
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		18,879,070

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
MODERN WOODMEN OF AMERICA

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public  
Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 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. Part II can be duplicated if additional space is needed

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 22

3 Enter total number of other organizations listed in the line 1 table . . . . . 2

**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	180	456,175			
(2) ORPHAN BENEFITS	19	61,990			
(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 NATIONAL RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	33,722				HURRICANE HARVEY RELIEF & GENERAL SUPPORT
BETHANY FOR CHILDREN & FAMILIES 1830 6TH AVENUE MOLINE, IL 61265	36-2166973	501(C)(3)	10,038				AWARDS CELEBRATION



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 OF MISSISSIPPI VALLEY 130 W 5TH STREET DAVENPORT, IA 52801	42-1320908	501(C)(3)	14,047				YOUTH MENTORING & GENERAL SUPPORT
BOYS AND GIRLS CLUB OF THE MISSISSIPPI VALLEY INC 338 6TH STREET MOLINE, IL 61265	36-3838421	501(C)(3)	8,170				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 ROAD DAVENPORT, IA 52806	42-1011267	501(C)(3)	6,000				GENERAL SUPPORT
CHILDRENS THERAPY CENTER OF THE QUAD CITIES 1504 13TH AVE MOLINE, IL 61265	36-2207922	501(C)(3)	29,000				RELOCATION & 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
CHRISTIAN FRIENDLINESS ASSOCIATION INC 3928 12TH AVENUE MOLINE, IL 61265	36-2193602	501(C)(3)	26,500				ACTIVITY ROOM EXPANSION
DEVELOPMENT ASSOCIATION OF ROCK ISLAND 100 19TH STREET SUITE 109 ROCK ISLAND, IL 61201	36-2757981	501(C)(6)	5,775				DARI MEMBERSHIP

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
FRIENDLY HOUSE OF DAVENPORT IOWA 1221 N MYRTLE STREET DAVENPORT, IA 52804	42-0733466	501(C)(3)	12,140				GENERAL SUPPORT
FRIENDSHIP MANOR INC 1209 21ST AVE ROCK ISLAND, IL 61201	36-2524984	501(C)(3)	10,000				GENERAL SUPPORT & 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
GILDA'S CLUB OF QUAD CITIES 1234 E RIVER DRIVE DAVENPORT, IA 52803	42-1446989	501(C)(3)	6,500				SPONSORSHIP
HABITAT FOR HUMANITY - QUAD CITIES INC 3625 MISSISSIPPI AVENUE DAVENPORT, IA 52807	42-1404937	501(C)(3)	16,833				GENERAL SUPPORT & 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
HAND IN HAND 3860 MIDDLE ROAD BETTENDORF, IA 52722	42-1508508	501(C)(3)	5,575				GENERAL SUPPORT
HUMILITY OF MARY SHELTER INC 1016 W 5TH STREET DAVENPORT, IA 52807	01-0916973	501(C)(3)	6,500				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 OF THE HEARTLAND INC 800 12TH AVENUE MOLINE, IL 61265	36-2684253	501(C)(3)	12,811				SPONSORSHIP
LIFE HAPPENS 1530 WILSON BLVD SUITE 1060 ARLINGTON, VA 22209	52-1904610	501(C)(6)	19,000				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
MIDWEST WRITING CENTER 401 19TH STREET ROCK ISLAND, IL 61201	42-1126078	501(C)(3)	6,000				WRITERS CONFERENCE SPONSORSHIP
NEW GROUND THEATRE 2113 E 11TH STREET DAVENPORT, IA 52803	42-1519151	501(C)(3)	7,500				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
PROJECT NOW INC 418 19TH STREET ROCK ISLAND, IL 61201	36-2654175	501(C)(3)	7,000				GENERAL SUPPORT
QUAD CITY ARTS INC 1715 2ND AVENUE ROCK ISLAND, IL 61201	36-3122824	501(C)(3)	8,000				YOUTH APPRENTICESHIP PROGRAM

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 BOTANTICAL CENTER FOUNDATION 2525 4TH AVENUE ROCK ISLAND, IL 61201	36-3496537	501(C)(3)	20,000				INFRASTRUCTURE IMPROVEMENTS
QUAD CITY SYMPHONY ORCHESTRA ASSOCIATION 327 BRADY STREET DAVENPORT, IA 52801	42-6017663	501(C)(3)	12,500				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
ST AMBROSE UNIVERSITY 518 W LOCUST STREET DAVENPORT, IA 52803	42-0703280	501(C)(3)	5,500				WELLNESS CENTER SUPPORT
TWO RIVERS YMCA INC 2040 53RD STREET MOLINE, IL 61265	36-2169199	501(C)(3)	38,000				CAPITAL CAMPAIGN & GENERAL SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- 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.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
MODERN WOODMEN OF AMERICA

Employer identification number  
36-1493430

**Part I Questions Regarding Compensation**

**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.

- |                                                                               |                                                                                   |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <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 indemnification 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)          |

**b** If any of the boxes in 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.

**1b** Yes

**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 in line 1a?

**2** Yes

**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.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <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 |

**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:

**a** Receive a severance payment or change-of-control payment?

**4a** No

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b** Yes

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c** No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**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:

**a** The organization?

**5a**

**b** Any related organization?

**5b**

If "Yes," on line 5a or 5b, describe in Part III.

**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:

**a** The organization?

**6a**

**b** Any related organization?

**6b**

If "Yes," on line 6a or 6b, describe in Part III.

**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.

**7**

**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.

**8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

[illegible]

**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	PART I, LINE 1A MODERN WOODMEN OF AMERICA PROVIDES THE FOLLOWING TO INDIVIDUALS REPORTED IN PART VII, SECTION A, LINE 1A FIRST-CLASS OR CHARTER TRAVEL IN TAX YEAR 2017, 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 2017, THE FOLLOWING TYPES OF INDIVIDUALS REPORTED IN PART VII RECEIVED THE TRAVEL FOR COMPANIONS BENEFIT 7 DIRECTORS, 3 OFFICERS, AND 5 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 2017, THE FOLLOWING TYPES OF INDIVIDUALS REPORTED IN PART VII RECEIVED TAX INDEMNIFICATION AND GROSS-UP PAYMENTS 2 DIRECTORS, 9 OFFICERS, AND 5 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 2017, 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
PART I, LINE 4B	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 2017 SPONSORED BY MODERN WOODMEN OF AMERICA MICHAEL SCOTT ANDREWS - \$2,529, DARCY ANN CALLAS - \$11,459, DANIEL G DEPUYDT - \$2,132, KELLY G HERRING - \$7,211, ALBERT T HURST, JR - \$1,276,937, KENNY D JACKSON - \$8,544, WILLIAM KELTNER - \$14,338, ROBERT KEORKUNIAN - \$2,655, DANIEL L LAWRENCE - \$8,435, JERALD J LYPHOUT - \$5,739, WILLIAM KENNY MASSEY - \$38,848, PATRICK OMAR SAUNDERS - \$1,680, JOSEPH A SZTAPKA - \$9,326, BRETT M VAN - \$4,212, AND GEORGE RAYMOND WORLEY - \$6,149 THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR CONTRIBUTION MADE BY MODERN WOODMEN OF AMERICA ON BEHALF OF THE INDIVIDUAL TO THE PLAN IN 2017 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 INCREASE IN ACTUARIAL VALUE RELATED TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR ALBERT T HURST IS INCLUDED IN REPORTABLE COMPENSATION ON THE FORM 990, PART VII AND SCHEDULE J, PART II THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN IN 2017 SPONSORED BY MODERN WOODMEN OF AMERICA DENIS PATRICK PRIOR - \$119,746 THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR DISTRIBUTION TO THE INDIVIDUAL BY THE PLAN IN 2017 THIS INFORMATION IS INCLUDED IN REPORTABLE COMPENSATION ON THE FORM 990, PART VII AND SCHEDULE J, PART II

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DARCY ANN CALLAS GENERAL COUNSEL	(i)	550,276	134,004	36,324	1,389,332	12,895	2,122,831	0
	(ii)	0	0	0	0	0	0	0
1WILLIAM KELTNER REGIONAL DIRECTOR	(i)	309,276	56,348	470,834	548,642	13,359	1,398,459	0
	(ii)	0	0	15,959	0	0	15,959	0
2JERALD J LYPHOUT NATIONAL SECRETARY	(i)	472,450	104,750	23,637	1,403,349	10,630	2,014,816	0
	(ii)	0	0	0	0	0	0	0
3WILLIAM KENNY MASSEY PRESIDENT	(i)	1,289,121	313,500	56,350	1,972,472	13,574	3,645,017	0
	(ii)	0	0	0	0	0	0	0
4JOSEPH A SZTAPKA DIRECTOR	(i)	215,005	56,966	337,977	475,424	17,078	1,102,450	0
	(ii)	0	0	22,640	0	0	22,640	0
5MICHAEL SCOTT ANDREWS CHIEF ACTUARY	(i)	303,301	61,001	6,422	739,532	10,630	1,120,886	0
	(ii)	0	0	0	0	0	0	0
6DANIEL G DEPUYDT HUMAN RESOURCES DIRECTOR	(i)	320,296	64,525	7,858	129,578	10,630	532,887	0
	(ii)	0	0	0	0	0	0	0
7MELVIN L RAMBO CHIEF RISK OFFICER	(i)	272,450	52,000	1,188	115,381	10,630	451,649	0
	(ii)	0	0	0	0	0	0	0
8PATRICK OMAR SAUNDERS ASSISTANT NATIONAL SECRETARY	(i)	275,065	55,600	2,937	470,701	10,630	814,933	0
	(ii)	0	0	0	0	0	0	0
9BRETT M VAN TREASURER	(i)	430,475	76,194	9,053	737,174	13,574	1,266,470	0
	(ii)	0	0	0	0	0	0	0
10JILL LAIN WEAVER FRATERNAL DIRECTOR	(i)	232,798	45,836	6,008	470,748	6,540	761,930	0
	(ii)	0	0	0	0	0	0	0
11GEORGE RAYMOND WORLEY CHIEF DISTRIBUTION & MARKETING	(i)	414,874	82,085	7,930	1,092,688	10,630	1,608,207	0
	(ii)	0	0	0	0	0	0	0
12TODD DAVID SWANSON CONTROLLER	(i)	252,944	38,543	162	189,806	13,574	495,029	0
	(ii)	0	0	0	0	0	0	0
13KELLY G HERRING REGIONAL DIRECTOR	(i)	94,605	23,277	393,714	358,732	13,359	883,687	0
	(ii)	0	0	20,677	0	0	20,677	0
14ALBERT T HURST JR REGIONAL DIRECTOR	(i)	45,938	39,375	1,526,607	5,582	3,328	1,620,830	0
	(ii)	0	0	3,652	0	0	3,652	0
15KENNY D JACKSON REGIONAL DIRECTOR	(i)	146,650	32,500	505,064	502,668	13,359	1,200,241	0
	(ii)	0	0	14,084	0	0	14,084	0
16ROBERT KEORKUNIAN REGIONAL DIRECTOR	(i)	110,890	37,646	291,986	203,423	8,193	652,138	0
	(ii)	0	0	64,195	0	0	64,195	0
17DANIEL L LAWRENCE REGIONAL DIRECTOR	(i)	172,280	56,411	354,577	515,147	17,459	1,115,874	0
	(ii)	0	0	49,570	0	0	49,570	0
18DENIS PATRICK PRIOR FORMER NATIONAL SECRETARY	(i)	0	0	119,746	0	10,080	129,826	0
	(ii)	0	0	0	0	0	0	0

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► 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.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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 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

1	(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 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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

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

(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

**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 BANK WILLIAM KENNY MASSEY IS AN OFFICER AND DAVID B EMRICK IS A DIRECTOR OF MODERN WOODMEN OF AMERICA AND ARE REPORTED ON THE FORM 990, PART VII DURING THE TAX YEAR, WILLIAM KENNY MASSEY WAS AN OFFICER, AND DAVID B EMRICK WAS A DIRECTOR OF MWA BANK
FORM 990, SCHEDULE L, PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - MWA FINANCIAL SERVICES DARCY ANN CALLAS, JERALD J LYPHOUT, WILLIAM KENNY MASSEY, AND BRETT M VAN ARE OFFICERS, AND TODD DAVID SWANSON IS A KEY EMPLOYEE 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 DARCY ANN CALLAS, WILLIAM KENNY MASSEY, AND BRETT M VAN WERE DIRECTORS OF MWA FINANCIAL SERVICES
FORM 990, SCHEDULE L, PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - MWAGIA DARCY ANN CALLAS, JERALD J LYPHOUT, WILLIAM KENNY MASSEY, 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 DARCY ANN CALLAS AND BRETT M VAN WERE DIRECTORS OF MWAGIA

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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 BANK	SEE BELOW IN PART V	3,525,934	REIMBURSEMENT OF EXPENSES		No
(1) MWA BANK	SEE BELOW IN PART V	28,202	SERVICE FEES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
(3) MWA BANK	SEE BELOW IN PART V	113,111	RECEIPT OF RENT		No
(1) MWA BANK	SEE BELOW IN PART V	406,430	SALARIES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(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
(5) MWA FINANCIAL SERVICES	SEE BELOW IN PART V	700,000	CAPITAL CONTRIBUTION		No
(1) MWA FINANCIAL SERVICES	SEE BELOW IN PART V	1,233,768	REIMBURSEMENT OF EXPENSES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
(7) MWA FINANCIAL SERVICES	SEE BELOW IN PART V	88,276	RECEIPT OF RENT		No
(1) MWA FINANCIAL SERVICES	SEE BELOW IN PART V	371,409	SALARIES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
(9) MWAGIA	SEE BELOW IN PART V	430,296	REIMBURSEMENT OF EXPENSES		No
(1) MWAGIA	SEE BELOW IN PART V	13,049	RECEIPT OF RENT		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(11) MWAGIA	SEE BELOW IN PART V	176,258	SALARIES		No

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
MODERN WOODMEN OF AMERICA**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection**

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	THE RETURN IS PROVIDED TO THE GOVERNING BODY FOR FINAL REVIEW AFTER PREPARATION BY THE ACCOUNTING STAFF AND REVIEW BY THE CONTROLLER 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 JANUAR Y TO ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES THESE ARE RETURNED TO THE PRESIDENT FOR RE VIEW THIS INFORMATION, INCLUDING THE PRESIDENT'S INFORMATION, IS REVIEWED AT THE ANNUAL B OARD OF DIRECTORS MEETING EACH FEBURARY EACH EMPLOYEE IS ASKED TO PERIODICALLY ACKNOWLEDG E 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 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. REVIEW AND APPROVAL OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES OTHER THAN THE PRESIDENT 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.</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 -2,980,461 CHANGE IN ASSET VALUATION RESERVE -26,176,537 FR ATERNAL BENEFIT RESERVE CHANGE 358,634 CHANGE IN PENSION PLAN LIABILITY FOR BENEFITS -1,0 46,000 CHANGE IN POSTRETIREMENT PENSION PLAN LIABILITY FOR BENEFITS -10,967,823 CHANGE I N PREPAID PENSION PLAN COSTS 3,378,156 CHANGE IN POSTRETIREMENT MEDICAL BENEFITS FOR EMPL OYEES & FIELDWORKERS -531,000

**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)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MODERN WOODMEN OF AMERICA

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

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	
<b>(1)</b> HUDSON CLEAN ENERGY PARTNERS 400 FRANK BURR BOULEVARD STE 37 TEANECK, NJ 07666 26-3202466	INVESTING	CJ	MODERN WOODMEN OF AMERICA	EXCLUDED	9	2,705,413		No			No	89 670 %
<b>(2)</b> OFI GLOBAL SMALL CAP GROWTH FUND LLC 6803 SOUTH TUCSON WAY CENTENNIAL, CO 80112 68-0577323	INVESTING	DE	MODERN WOODMEN OF AMERICA	EXCLUDED	4,616,983	47,607,692		No			No	100 000 %

**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
<b>(1)</b> MWA BANK 1701 FIRST AVENUE ROCK ISLAND, IL 61201 35-2189783	FEDERAL SAVINGS BANK	IL	MODERN WOODMEN OF AMERICA	C	10,141,910	287,995,348	100 000 %	Yes	
<b>(2)</b> MWA FINANCIAL SERVICES INC 1701 FIRST AVENUE ROCK ISLAND, IL 61201 36-4420471	BROKER/DEALER	IL	MODERN WOODMEN OF AMERICA	C	18,293,476	2,394,951	100 000 %	Yes	
<b>(3)</b> MWAGIA 1701 FIRST AVENUE ROCK ISLAND, IL 61201 37-1414457	GENERAL INSURANCE AGENCY	IL	MWA FINANCIAL SERVICES INC	C	2,292,997	314,457	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**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 . . . . .**b** Gift, grant, or capital contribution to related organization(s) . . . . .**c** Gift, grant, or capital contribution from related organization(s) . . . . .**d** Loans or loan guarantees to or for related organization(s) . . . . .**e** Loans or loan guarantees by related organization(s) . . . . .**f** Dividends from related organization(s) . . . . .**g** Sale of assets to related organization(s) . . . . .**h** Purchase of assets from related organization(s) . . . . .**i** Exchange of assets with related organization(s) . . . . .**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .**o** Sharing of paid employees with related organization(s) . . . . .**p** Reimbursement paid to related organization(s) for expenses . . . . .**q** Reimbursement paid by related organization(s) for expenses . . . . .**r** Other transfer of cash or property to related organization(s) . . . . .**s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>	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

See Additional Data Table

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII** **Supplemental Information**

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

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 BANK	A	113,111	FAIR MARKET VALUE
MWA FINANCIAL SERVICES INC	A	88,276	FAIR MARKET VALUE
MWAGIA	A	13,049	FAIR MARKET VALUE
HUDSON CLEAN ENERGY PARNTERS	B	32,695	FAIR MARKET VALUE
MWA FINANCIAL SERVICES INC	B	700,000	FAIR MARKET VALUE
MWA BANK	M	28,202	FAIR MARKET VALUE
MWA BANK	P	3,525,934	FAIR MARKET VALUE
MWA FINANCIAL SERVICES INC	P	1,233,768	FAIR MARKET VALUE
MWAGIA	P	430,296	FAIR MARKET VALUE
MWA BANK	O	406,430	FAIR MARKET VALUE
MWA FINANCIAL SERVICES INC	O	371,409	FAIR MARKET VALUE
MWAGIA	O	176,258	FAIR MARKET VALUE
OFI GLOBAL INSTITUTIONAL SMALL CAP GROWTH FUND LLC	S	255,564	FAIR MARKET VALUE