


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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Doing business as

WOODMENLIFE

Number and street (or P O box if mail is not delivered to street address)

1700 FARNAM STREET SUITE 2200

Room/suite

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

OMAHA, NE 681022025

F Name and address of principal officer

LARRY R KING
1700 FARNAM STREET
OMAHA, NE 68102

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WOODMEN.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1890

M State of legal domicile

NE

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities WOODMENLIFE PROVIDES MEMBERS WITH FINANCIAL SECURITY WHILE MAKING A DIFFERENCE IN YOUR COMMUNITY		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,737
	6 Total number of volunteers (estimate if necessary)	6	74,673
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	460,134
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-299,147
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	773,302,753	810,032,746
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	450,594,531	469,974,604
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,254,329	5,731,696
Expenses		1,229,151,613	1,285,739,046
	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)	509,998	447,658
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	959,905,938	966,805,197
	16a Professional fundraising fees (Part IX, column (A), line 11e)	66,612,405	80,487,611
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
Net Assets or Fund Balances	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	127,520,142	141,278,207
	19 Revenue less expenses Subtract line 18 from line 12	1,154,548,483	1,189,018,673
		74,603,130	96,720,373
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	10,439,989,588	10,676,069,157
	21 Total liabilities (Part X, line 26)	9,343,085,117	9,502,779,201
	22 Net assets or fund balances Subtract line 21 from line 20	1,096,904,471	1,173,289,956

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

2016-09-28

Date

JORDAN S MAWSON DIR TAX & ACCOUNTING

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

Form990(2015)

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

WOODMENLIFE PROVIDES MEMBERS WITH FINANCIAL SECURITY WHILE MAKING A DIFFERENCE IN YOUR COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

MEMBER BENEFITS WOODMENLIFE OFFERS A VARIETY OF EXCLUSIVE MEMBER BENEFITS AND DISCOUNTS THAT HELP FAMILIES WHEN THEY NEED IT MOST BELOW ARE JUST SOME OF THE NON-CONTRACTUAL BENEFITS AVAILABLE TO ELIGIBLE WOODMENLIFE MEMBER CUSTOMERS -FIRST RESPONDERS BENEFIT WOODMENLIFE WILL PAY A 10,000 FRATERNAL DEATH BENEFIT IF A QUALIFIED MEMBER IS KILLED WHILE PERFORMING HIS OR HER DUTIES AS A NON-MILITARY FIRST RESPONDER TO BE ELIGIBLE FOR THIS BENEFIT, AN INDIVIDUAL MUST BE A GOOD STANDING BENEFIT MEMBER FIRST RESPONDERS INCLUDE FIREFIGHTERS, EMT/PARAMEDICS, POLICE OR A PERSON PERFORMING A SUPPORTING ROLE TO SUCH INDIVIDUALS -ORPHAN'S CARE BENEFIT ORPHANED CHILDREN OF QUALIFIED MEMBERS CAN RECEIVE MONTHLY BENEFIT PAYMENTS PLUS, ADDITIONAL FUNDS ARE AVAILABLE TO ORPHANS ATTENDING COLLEGE OR VOCATIONAL TRAINING -NEWBORN BENEFIT QUALIFIED 100 PERCENT WOODMENLIFE FAMILIES CAN RECEIVE A 10,000 FRATERNAL BENEFIT IF THEIR NEWBORN INFANT DIES BETWEEN THE AGES OF 48 HOURS AND SIX MONTHS DURING THAT SAME PERIOD, A 10,000 GUARANTEED- ISSUE LIFE INSURANCE CERTIFICATE CAN BE PURCHASED AT STANDARD RATES, REGARDLESS OF THE BABY'S HEALTH -NATURAL DISASTER BENEFIT QUALIFIED MEMBERS WHOSE HOMES ARE DAMAGED OR DESTROYED BY NATURAL DISASTERS, SUCH AS HURRICANES, TORNADOES, WILD/FORREST FIRES, OR EARTHQUAKES, MAY BE ELIGIBLE FOR UP TO 500 TO HELP WITH HOME REPAIR COSTS -PRESCRIPTION DRUG SAVINGS CARD THE NO-COST PRESCRIPTION DRUG SAVINGS CARD OFFERS MEMBERS THE LOWEST PRICE AVAILABLE ON DRUGS PURCHASED THROUGH THE SCRIPTSAVE NETWORK OF PHARMACIES -CATASTROPHIC ILLNESS BENEFIT AFTER ONE YEAR OF GOOD-STANDING MEMBERSHIP, WOODMENLIFE OFFERS A 1,000 BENEFIT SHOULD A MEMBER BE DIAGNOSED AS HAVING ONE OF THE FOLLOWING DISEASES LUNG CANCER, LEUKEMIA, BRAIN TUMOR, TUBERCULOSIS, MALIGNANT LYMPHOMA, MULTIPLE MYELOMA, OR HODGKIN'S DISEASE -YOUTH PROGRAM, INCLUDING SUMMER CAMP FOR MORE THAN A CENTURY, WOODMENLIFE HAS OFFERED EDUCATIONAL AND SOCIAL ACTIVITIES TO MEMBERS AGES 8-15 AND SINCE 1947, YOUTH MEMBERS HAVE ENJOYED OUR ANNUAL SUMMER CAMP EXPERIENCE FAMILY CHAPTERS ALSO HAVE SPECIAL ACTIVITIES FOR YOUTH MEMBERS, HELPING MOLD THEM INTO FUTURE LEADERS -SENIOR ACTIVITIES OFFERED IN MOST AREAS, SENIOR CAMP AND SPECIAL APPRECIATION ACTIVITIES FOR SENIOR MEMBERS OFFER OPPORTUNITIES FOR FELLOWSHIP, FUN AND RELAXATION -CUSTOMER DISCOUNT PROGRAM MEMBERS RECEIVE DISCOUNTS AND SPECIAL RATES FROM A VARIETY OF PROMINENT AND REPUTABLE PARTNERS, INCLUDING VARIOUS TRAVEL, ENTERTAINMENT, TECHNOLOGY, AND AUTO AND HOME INSURANCE COMPANIES

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

RED BASKET, INC RED BASKET IS A NONPROFIT CROWDFUNDING WEB SITE DEDICATED TO HELPING INDIVIDUALS RAISE MONEY FOR PERSONAL EMERGENCIES AND COMMUNITY IMPROVEMENT PROJECTS RED BASKET WAS INCORPORATED IN 2012 AND IS AVAILABLE IN ALL 50 STATES WOODMENLIFE COVERS ALL ADMINISTRATIVE AND OPERATING EXPENSES FOR RED BASKET, INCLUDING A FULL IN-HOUSE STAFF, RED BASKET COORDINATORS NATIONWIDE, AND MARKETING, COMMUNICATIONS, WEB SERVICES AND ACCOUNTING SUPPORT WOODMENLIFE ALSO COVERS ALL PAYMENT PROCESSING FEES AND BANK SERVICE CHARGES TO DATE, THE PROGRAM HAS RAISED AND CONTRIBUTED MORE THAN 1 MILLION IN DONATIONS

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

PATRIOTIC PROGRAM WOODMENLIFE LAUNCHED THEIR PATRIOTIC PROGRAM 70 YEARS AGO IN AN EFFORT TO CELEBRATE AMERICAN PRIDE AND CIVIC RESPONSIBILITY THROUGH SERVICES FOR U S CITIZENS OF ALL AGES PROGRAM ACTIVITIES, CONDUCTED BY LOCAL CHAPTER MEMBERS AND WOODMENLIFE REPRESENTATIVES, INCLUDE -PRESENTING UNITED STATES FLAGS WOODMENLIFE IS ONE OF THE LARGEST DISTRIBUTORS OF U S FLAGS, HAVING DONATED MORE THAN 2 5 MILLION AMERICAN FLAGS TO WORTHY NON-PROFIT AND COMMUNITY ORGANIZATIONS -PRESENTING AMERICAN PATRIOT'S HANDBOOKS TO SCHOOLS, LIBRARIES AND NEWLY NATURALIZED CITIZENS -PROVIDING AMERICAN HISTORY AWARDS TO JUNIOR AND SENIOR HIGH SCHOOL STUDENTS FOR PROFICIENCY IN AMERICAN HISTORY -HONORING FIRST RESPONDERS EVERY SEPT 11 FOR THE LAST 14 YEARS, WITH FLAG AND EQUIPMENT DONATIONS, AND WITH IN HONOR AND REMEMBRANCE CEREMONIES TO COMMEMORATE THE HEROES AND VICTIMS OF THAT DAY, AS WELL AS AMERICA'S BRAVE FIRST RESPONDERS 422 OF THESE CEREMONIES WERE HELD ACROSS THE COUNTRY IN 2015 -PLANNING FLAGS ACROSS AMERICA PROJECTS AND OBSERVANCES ANNUALLY ON JUNE 14

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 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? If "Yes," complete Schedule C, Part III	5	No
6 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? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes
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? If "Yes," complete Schedule D, Part VII	11b	Yes
c 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? If "Yes," complete Schedule D, Part VIII	11c	No
d 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? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes
f 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)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV	14b	Yes
15 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? If "Yes," complete Schedule F, Parts II and IV	15	No
16 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? If "Yes," complete Schedule F, Parts III and IV	16	No
17 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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	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>	21	Yes	
22	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>	22		No
23	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>	23	Yes	
24a	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>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a		
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>	25b		
26	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>	26		No
27	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>	27		No
28	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		No
32	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>	32		No
33	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>	33		No
34	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>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	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> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	232,230	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2,737	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	No
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
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.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

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
1a	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	Enter the number of voting members included in line 1a, above, who are independent		
2	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?	2	No
3	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	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?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	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	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
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?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (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)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records JORDAN MAWSON 1700 FARNAM STREET OMAHA, NE 68102 (402) 342-1890

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

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

[illegible]

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	10,069,603		4,036,079

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 ► 232

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIRIUS COMPUTER SOLUTIONS PO BOX 202289 DALLAS, TX 753202289	COMPUTER MAINTE	1,158,754
IBM PO BOX 676673 DALLAS, TX 752676673	COMPUTER MAINTE	657,696
PITNEY BOWES PRESORT SRV INC PO BOX 371896 PITTSBURGH, PA 152507896	MAIL SORTING	625,986
COSENTRYNET LLC PO BOX 390383 OMAHA, NE 681390383	DISASTER RECOVER	610,338
STONERIVER INC 75 REMITTANCE DR STE 6934 CHICAGO, IL 606756934	SOFTWARE CONSUL	528,963

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 ► 43

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	PREMIUM INCOME	524113	793,144,714	793,144,714		
	b	FRATERNAL INCOME	524113	11,674,197	11,674,197		
	c	SUPPLEMENTARY CONTRACTS	524113	5,213,835	5,213,835		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		810,032,746			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		415,459,113			415,459,113
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
			19,728,478				
		b	Less rental expenses				
		c	Rental income or (loss)	14,456,916			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			990,235,520	221,467,101			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)	936,840,705	220,346,425		
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a					
		b	Less direct expenses				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
		b	Less direct expenses				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
		a					
		b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Business Code				
	11a	PARKING LOTS AND GARAGES	812930	471,445		471,445	
	b	INCOME/(LOSS) FROM PSHIPS	900099	-11,311		-11,311	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		460,134				
12	Total revenue. See Instructions		1,285,739,046	864,548,237	460,134	420,730,675	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	447,658	447,658		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members	966,805,197	966,805,197		
5 Compensation of current officers, directors, trustees, and key employees	11,597,445		11,597,445	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,111,485		38,111,485	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,469,708		10,469,708	
9 Other employee benefits	13,641,058		13,641,058	
10 Payroll taxes	6,667,915		6,667,915	
11 Fees for services (non-employees)				
a Management				
b Legal	837,351		837,351	
c Accounting	352,880		352,880	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	63,699		63,699	
12 Advertising and promotion	2,455,924		2,455,924	
13 Office expenses	4,638,086		4,638,086	
14 Information technology	6,701,749		6,701,749	
15 Royalties				
16 Occupancy	3,901,134		3,901,134	
17 Travel	481,312		481,312	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	900,870		900,870	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,949,434		4,949,434	
23 Insurance	728,570		728,570	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COMMISSIONS	48,144,451		48,144,451	
b SALES EXPENSES	27,521,369		27,521,369	
c TRANSFER TO SEPARATE ACCO	17,085,630		17,085,630	
d MEMBER DUES EXPENSE	8,967,038		8,967,038	
e All other expenses	13,548,710		13,548,710	
25 Total functional expenses. Add lines 1 through 24e	1,189,018,673	967,252,855	221,765,818	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here 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 X ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			62,297,597	1	60,135,655
	2	Savings and temporary cash investments			103,694,620	2	90,389,177
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			55,176	4	80,908
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					
						5	
	6	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					
						6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	217,051,825			
	b	Less: accumulated depreciation	10b	133,474,311	84,234,028	10c	83,577,514
	11	Investments—publicly traded securities			7,793,391,058	11	7,972,405,712
	12	Investments—other securities. See Part IV, line 11			1,908,888,110	12	2,020,292,865
	13	Investments—program-related. See Part IV, line 11				13	
Liabilities	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			487,428,999	15	449,187,326
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,439,989,588	16	10,676,069,157
	17	Accounts payable and accrued expenses			47,086,123	17	46,821,584
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
Net Assets or Fund Balances	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			9,295,998,994	25	9,455,957,617
	26	Total liabilities. Add lines 17 through 25			9,343,085,117	26	9,502,779,201
		Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds			1,096,904,471	32	1,173,289,956
	33	Total net assets or fund balances			1,096,904,471	33	1,173,289,956
	34	Total liabilities and net assets/fund balances			10,439,989,588	34	10,676,069,157

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,285,739,046
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,189,018,673
3	Revenue less expenses Subtract line 2 from line 1	3	96,720,373
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,096,904,471
5	Net unrealized gains (losses) on investments	5	-63,163,966
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	42,829,078
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,173,289,956

Part XII

Financial Statements and Reporting

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

	Yes	No
1 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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b 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	2b	Yes
2c 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	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b 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	3b	

Additional Data

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
LARRY R KING PRESIDENT &	50 00 2 00	X		X				1,075,934	0	439,704
PATRICK L DEES EXEC VP, FRA	50 00 3 00	X		X				614,088	0	214,860
ROBERT T MAHER EXEC VP, FIN	50 00 4 00	X		X				581,039	0	233,353
DENISE M MCCAULEY EXEC VP, OPE	50 00 3 00	X		X				504,086	0	91,137
PAMELA A HERNANDEZ EXEC VP, OPE	50 00	X		X				413,162	0	251,081
DANNY E CUMMINS DIR, FORMER	5 00	X						112,241	0	0
DANIEL W RICE BOARD OF DIR	5 00 1 00	X						94,847	0	27,668
WESLEY A DODD BOARD OF DIR	5 00 1 00	X						92,581	0	8,878
MICHAEL C SHEALY BOARD OF DIR	5 00 1 00	X						91,264	0	11,349
JAMES W BOSLER III BOARD OF DIR	5 00 1 00	X						90,661	0	14,343
JAMES W SHAVER BOARD OF DIR	5 00 1 00	X						89,672	0	13,456
DARYL J DOISE BOARD OF DIR	5 00 1 00	X						71,125	0	0
RONALD H ALDRIDGE BOARD OF DIR	5 00	X						70,261	0	0
PATRICIA L METHENY BOARD OF DIR	5 00	X						52,611	0	0
MARK L SCHREIER DIR, FORMER	5 00	X						50,341	0	0
ELVIS O ANDERSON SENIOR VP, N	50 00			X				394,207	0	758,109
MATTHEW E ELLIS VP, GENERAL	50 00 1 00			X				358,620	0	44,515
RANDALL P ROTSCHAFER VP, ACTUARY	50 00			X				301,140	0	178,282
RAYMOND G SMOLINSKI VP, BUSINESS	50 00			X				286,963	0	51,169
RANDALL D HORROCKS VP, SALES	50 00			X				276,157	0	93,853
CYNTHIA S BENGTSO VP, INVESTME	50 00			X				275,599	0	90,757
KARLA J GOCHENOUR VP, HUMAN RE	50 00			X				250,576	0	95,154
STEVEN B JONES VP, MARKETIN	50 00			X				242,704	0	424,102
SPENCER T OWEN VP, SALES	50 00			X				230,623	0	65,954
LEE A JANECEK VP, CERTIFIC	50 00			X				229,619	0	151,358

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ANNETTE M DEVINE VP, ACCOUNTI	50 00 3 00			X				222,323	0	99,147
COLLEEN M MACIEJEWSKI VP, STRATEGI	50 00			X				203,542	0	65,624
STEVEN T MCKERN VP, ADMINIST	50 00			X				187,861	0	67,588
TIMOTHY K BUDERUS DIRECTOR, OP	10 00 41 00			X				168,718	0	41,479
WILLIAM J MANIFOLD DIRECTOR, AG	10 00 41 00			X				148,189	0	65,604
JOSEPH W WALTERS REGIONAL DIR	50 00					X		660,518	0	26,071
GREGORY D ROBERTSON REGIONAL DIR	50 00					X		469,813	0	50,879
JACK M YATES REGIONAL DIR	50 00					X		405,617	0	205,979
ROGER D ANDERSON REGIONAL DIR	50 00					X		377,045	0	140,372
CHARLES A BROWN REPRESENTATI	50 00					X		375,856	0	14,254

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY	Employer identification number 47-0339250
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ 14,500
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b	If "Yes," describe in Part IV		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$	
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART IV	WOODMENLIFE MADE STATE AND LOCAL CONTRIBUTIONS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE
SOCIETY

Employer identification number

47-0339250

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

► \$ _____

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

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

	Yes	No
3a(i)		
3a(ii)		
3b		

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings		106,779,529	81,580,574	25,198,955
c Leasehold improvements				
d Equipment				
e Other	110,272,296		51,893,737	58,378,559
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				83,577,514

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	1,278,203,707	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	14,456,916	
e	Add lines 2a through 2d	2e	14,456,916	
3	Subtract line 2e from line 1	3	1,263,746,791	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	21,992,255	
c	Add lines 4a and 4b	4c	21,992,255	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	1,285,739,046	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	1	1,181,483,334	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	14,456,916	
e	Add lines 2a through 2d	2e	14,456,916	
3	Subtract line 2e from line 1	3	1,167,026,418	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	21,992,255	
c	Add lines 4a and 4b	4c	21,992,255	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,189,018,673	

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
SCHEDULE D, PAGE 4, PART XI, LINE 2D	EXPENSES RELATED TO RENTAL INCOME 14,456,916
SCHEDULE D, PAGE 4, PART XI, LINE 4B	EXPENSES RELATED TO INVESTMENT INCOME 21,992,255
SCHEDULE D, PAGE 4, PART XII, LINE 2D	EXPENSES RELATED TO RENTAL INCOME 14,456,916
SCHEDULE D, PAGE 4, PART XII, LINE 4B	EXPENSES RELATED TO INVESTMENT INCOME 21,992,255

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other		
(A) MORTGAGE LOANS - COST	1,849,040,831	C
(B) CTF LOANS-LEGACY	155,697,817	C
(C) OTHER SCHEDULE BA-COST	10,606,310	C
(D) CTF LOANS-INGENIUM	4,523,957	C
(E) ACCELERATED BENEFIT LIENS	1,316,286	C
(F) CTF LOANS IN PROCESS	363,897	C
(G) MORTGAGE LOANS - DISCOUNT	-8,636	C
(H) CTF LOANS-NONADMITTED	-1,247,597	C

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

1 (a) Description of Liability	(b) Book Value
LIFE RESERVES	4,547,465,610
UNIVERSAL LIFE LIAB-CASH VALUE	3,327,315,351
ANNUITY RESERVES	3,132,809,043
ANNUITY LIABILITY	1,408,707,153
QUALIFIED RET PLAN	333,895,688
VARIABLE ANNUITY RESERVES	295,953,877
REFUNDS LEGACY	238,578,499
QUALIFIED RET PLAN - SEP ACCTS	231,904,485
VA TRANSFERS IN	192,559,578
PAYABLE FOR SECURITIES LENDING	178,461,807
NONLIFE SETTLEMENT OPTIONS	133,817,840
ASSET VALUATION RESERVE	127,080,036
DISABILITY-DISABLED LIVES RSRV	81,694,360
SCI RESERVES	68,734,836
A&H ACTIVE CONTRACT RESERVES	56,815,381
PROVISION FOR REFUNDS PAYABLE	50,110,000
POST RET BENEFITS LIABILITY	46,381,956
UNFUNDED ABO LIABILITY	25,352,351
CLM LIAB-LIFE ICOS	19,130,327
INT MAINTENANCE RESERVE	16,924,296
DEFERRED COMP	13,434,750
A&H CLAIM RESERVES	8,742,284
DISABILITY-DISABLED IBNR RSRV	7,800,000
SUPP RET PLAN	6,930,106
CLM LIAB-LIFE IBNR	6,812,000
AIO RESERVE	6,800,467
DISABILITY-ACTIVE LIVES RSRV	6,108,474
ACCIDENTAL DEATH RESERVE	5,860,759
LIABILITY-INGENIUM SET OPTS	5,843,096
CLM SUSP-INGENIUM ICOS	5,482,144
UNEARNED PREMIUM RESERVE	4,811,013
ADVANCE PAYMENTS LEGACY	4,044,936
ADVANCE PAYMENTS INGENIUM	2,493,149
ADVANCE PREM - DIRECT -RENEWAL	1,367,971
CLM LIAB-LIFE D&U	1,081,477
MORTGAGE LOANS - GUARANTEE DEP	1,024,000
A&H ACTIVE UNEARNED PREM RSRV	759,632
CLM LIAB-A&H ICOS	739,866
CLM LIAB-LIFE RESISTED	540,000
CLM LIAB-A&H IBNR	528,276
NQ PENSION - LIABILITY	397,769
SURRENDER VALUES PAYABLE	327,223
REFUNDS INGENIUM	238,413
UNCASHED CHKS - WBA CLOSEOUT	238,285
GUARANTEED ENDOWMENTS LEGACY	230,949
DESOP - LIABILITY	214,000
A&H ACTIVE ADDITIONAL RESERVE	183,250
RE-SEC DEP-BANK OF BLUE VALLEY	86,744
RE-SEC DEP-IBERIABANK	77,095
ADVANCE PAYMENTS - ACCRUED INT	38,422
STALE DATED CHECKS - LAWSON	35,332
DESOP - ESCROW	17,185
RE-SEC DEP-US BANK	16,608
RE-GUARANTEE DEPOSITS	11,823
ADVANCE PREM - DIRECT - 1ST YR	9,309
RE-SEC DEP-FIDELITY BANK	4,689
REFUNDS - ACCRUED INTEREST	3,821
SEPARATE ACCOUNTS	
UNFUNDED ACCUMULATED BENEFIT OBLIGAT	
SURRENDERS PAYABLE	
DEPOSITS	
DEFERRED COMPENSATION & PENSION LIAB	
COLLATERAL DEPOSIT FUND	
ADVANCE PREMIUMS	
PROVISION FOR REFUNDS PAYABLE	
A&H CLAIMS	
LIFE CLAIMS	
ASSET VALUATION RESERVE	
LIABILITY FOR DEPOSIT-TYPE CONTRACTS	
AGGREGATE RESERVES FOR LIFE CERTS	
INTEREST MAINTENANCE RESERVE	
AGGREGATE RESERVES FOR A&H CON	
POST-RETIREMENT BENEFIT LIABILITY	
PAYABLE FOR SECURITIES LENDING	
CLM LIAB-A&H REIN IBNR	-276
ADVANCE PREM - REINS - RENEWAL	-2,652
DESOP - LIABILITY MKT VAL ADJ	-25,423
CLM LIAB-A&H REIN ICOS	-115,518
A&H UNEARNED CEDED RESERVE	-207,547
CLM LIAB-LIFE REIN D&U	-300,000
CLM LIAB-LIFE REIN ICOS	-1,147,421
VA RESERVE - SEP ACCOUNT	-2,049,500
A&H CLAIM REINSURANCE	-4,803,224
A&H ACTIVE LIFE REINSURANCE	-20,557,676
REINSURANCE OFFSET	-34,043,320
VA TRANSFERS OUT	-351,795,113
NET ANNUITY LIABILITY	-1,408,707,153
NET UNIVERSAL LIFE CASH VALUE	-3,327,315,351

SCHEDULE F
(Form 990)

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.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE
SOCIETY

Employer identification number
47-0339250

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 Activites 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) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		20,692,600
(2) EUROPE			INVESTMENTS		2,773,742
(3)					
(4)					
(5)					
3a Sub-total					23,466,342
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					23,466,342

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.

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

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

3 Enter total number of other organizations or entities 

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" 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 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 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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 20,692,600 EUROPE 0 2,773,742

OMB No 1545-0047

▶ Attach to Form 990.

2015

Employer identification number

Part I General Information on Grants and Assistance

- ☒
- Yes
- ☐
- No

- (h) Purpose of grant or assistance**

Schedule I (Form 990) 2015

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 non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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
SCHEDULE I, PAGE 1, PART I, LINE 2	WOODMENLIFE APPOINTS A CORPORATE SOCIAL RESPONSIBILITY COMMITTEE ANNUALLY THIS COMMITTEE IS RESPONSIBLE FOR COORDINATING EFFORTS TO RECEIVE, CONSIDER, APPROVE, DENY AND DISBURSE CONTRIBUTIONS REQUESTED

Additional Data

Software ID:
Software Version:
EIN: 47-0339250
Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

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 HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS,TX 75231	13-5613797	501C3	12,880				GENERAL SUPPORT
AMERICAN LUNG ASSOCIATION 8990 WEST DODGE SUITE 226 OMAHA,NE 68114	13-1632524	501C3	5,025				GENERAL SUPPORT
BOY SCOUTS OF AMERICA 12401 WEST MAPLE STREET OMAHA,NE 68164	47-0376545	501C3	5,346				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
EASTERN NEBRASKA OFFICE ON AGING 4223 CENTER STREET OMAHA,NE 68105	47-0531340	501C3	5,250				GENERAL SUPPORT
FOOD BANK FOR THE HEARTLAND 10525 J STREET OMAHA,NE 68127	47-0637701	501C3	28,050				GENERAL SUPPORT
FOOD BANK OF NORTH ALABAMA INC 2000-B VERNON AVE HUNTSVILLE,AL 35805	63-0884372	501C3	28,000				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
GOODWILL INDUSTRIES INC 4805 NORTH 72ND STREET OMAHA,NE 68134	47-0378996	501C3	10,200				GENERAL SUPPORT
GREATER OMAHA CHAMBER OF COMMERCE 1301 HARNEY STREET OMAHA,NE 68102	47-0258610	501C6	16,280				GENERAL SUPPORT
HABITAT FOR HUMANITY 1701 NORTH 24TH STREET OMAHA,NE 68110	36-3283625	501C3	10,000				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
IOWA WESTERN 2700 COLLEGE ROAD COUNCIL BLUFFS, IA 51503	42-1224333	501C3	6,000				GENERAL SUPPORT
JUNIOR ACHIEVEMENT 11248 DAVENPORT STREET SUITE 100 OMAHA, NE 68154	47-0468426	501C3	5,240				GENERAL SUPPORT
KNIGHTS OF AKSARBEN FOUNDATION 8707 WEST CENTER ROAD OMAHA, NE 68124	47-0447496	501C3	20,000				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
OMAHA COMMUNITY PLAYHOUSE 6915 CASS STREET OMAHA,NE 68102	47-0399856	501C3	10,000				GENERAL SUPPORT
OMAHA SYMPHONY ASSOCIATION 1905 HARNEY STREET SUITE 400 OMAHA,NE 68102	47-6039304	501C3	15,000				GENERAL SUPPORT
OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST OMAHA,NE 68110	47-0411375	501C3	7,145				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
UNITED WAY OF THE MIDLANDS 1805 HARNEY STREET OMAHA,NE 68102	47-0376605	501C3	70,300				GENERAL SUPPORT
URBAN LEAGUE OF NEBRASKA INC 3040 LAKE STREET OMAHA,NE 68111	47-0384575	501C3	6,000				GENERAL SUPPORT
WOMEN'S CENTER FOR ADVANCEMENT 222 SOUTH 29TH STREET OMAHA,NE 68131	27-3205476	501C3	7,050				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number
47-0339250

Part I

Questions Regarding Compensation

		Yes	No
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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a	Yes
		4b	Yes
		4c	No
	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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 5a or 5b, describe in Part III.	5a	
		5b	
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 6a or 6b, describe in Part III.	6a	
		6b	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 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	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

(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
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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
SCHEDULE J, PAGE 1, PART I, LINE 1A	SPOUSE TRAVEL THAT MEETS SPECIFIC GUIDELINES IS REIMBURSED AND INCLUDED IN TAXABLE INCOME. A LIMITED GROSS UP IS PROVIDED FOR THOSE PAYMENTS. DISCRETIONARY SPENDING ACCOUNTS ARE EXTENDED TO EXECUTIVE OFFICERS.
SCHEDULE J, PART III	THE WOODMENLIFE NONQUALIFIED SUPPLEMENTAL PLAN WAS ESTABLISHED ON MAY 19, 1986 FOR THE PURPOSE OF PROVIDING A NONQUALIFIED RETIREMENT BENEFIT TO ELIGIBLE EMPLOYEES AND WOODMENLIFE REPRESENTATIVES. THIS PLAN COMPLIES WITH THE REQUIREMENTS OF SECTION 409A OF THE INTERNAL REVENUE CODE AND REGULATIONS PROMULGATED THEREUNDER. THE REFERENCED BENEFIT UNDER THIS PLAN IS CALCULATED BASED ON THE NORMAL OR EARLY RETIREMENT BENEFIT THAT WOULD HAVE BEEN PAYABLE TO AN ELIGIBLE EMPLOYEE OR WOODMENLIFE REPRESENTATIVE ON THE DAY THAT INDIVIDUAL COMPLETED A YEAR OF SERVICES AS AN ACTIVE PARTICIPANT OF WOODMENLIFE'S QUALIFIED PLAN AND CONTINUED TO BE AN ACTIVE PARTICIPANT OF THE QUALIFIED PLAN UNTIL THE ELIGIBLE EMPLOYEE'S OR WOODMENLIFE REPRESENTATIVE'S BENEFIT PAYOUT UNDER THE PLAN PER THE PLAN REQUIREMENTS AND CONDITIONS. THE SUPPLEMENTAL PLAN WAS CLOSED TO NEW PARTICIPANTS ON DECEMBER 31, 2012. IN 2015, WOODMENLIFE MADE BENEFIT PAYMENTS TO JACK YATES IN THE AMOUNT OF 309,175 AND STEVE JONES IN THE AMOUNT OF 350,405. PAYMENTS MADE UNDER THE SUPPLEMENTAL PLAN MAY NOT HAVE BEEN PREVIOUSLY INCLUDED IN PART II SCHEDULE J AS THE REPORTING REQUIREMENTS UNDER THIS SCHEDULE WERE NOT IN PLACE FOR ALL PRIOR YEARS THAT THE ELIGIBLE EMPLOYEE OR WOODMENLIFE REPRESENTATIVE ACCRUED DEFERRED COMPENSATION UNDER THE SUPPLEMENTAL PLAN. SINCE THERE WERE NO SUCH REPORTING REQUIREMENTS UNDER THE FORM 990 FOR PRIOR YEARS, INCLUDING SUCH PAYMENTS IN PART II SCHEDULE J WOULD CREATE A MISLEADING REPORT SINCE IT WOULD NOT ACCURATELY DISCLOSE THAT MOST OF THE DEFERRED COMPENSATION PAYMENT HAD ACTUALLY OCCURRED IN PRIOR YEARS. THE WOODMENLIFE NONQUALIFIED CONTRIBUTION BENEFIT PLAN ("CONTRIBUTION PLAN") WAS ESTABLISHED DECEMBER 31, 2012 TO PROVIDE A NONQUALIFIED DEFINED CONTRIBUTION BENEFIT PLAN TO ANY NEWLY ELIGIBLE EMPLOYEES AND WOODMENLIFE REPRESENTATIVES WHO HAD NOT PREVIOUSLY BEEN PROVIDED A BENEFIT UNDER THE SUPPLEMENTAL PLAN. THIS CONTRIBUTION PLAN COMPLIES WITH THE REQUIREMENTS OF SECTION 409A OF THE INTERNAL REVENUE CODE AND REGULATIONS PROMULGATED THEREUNDER. SEVERENCE PAYMENTS - COLLEEN MACIEJEWSKI 135,488.

Additional Data

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

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				
1LARRY R KING PRESIDENT & CEO	(i)	674,238	317,257	84,439	414,512	25,192	1,515,638	
	(ii)	-	-	-	-	-	-	-
1PATRICK L DEES EXEC VP, FRATERNAL	(i)	392,736	154,161	67,191	181,740	33,120	828,948	
	(ii)	-	-	-	-	-	-	-
2ROBERT T MAHER EXEC VP, FINANCE & T	(i)	359,502	147,239	74,298	200,951	32,402	814,392	
	(ii)	-	-	-	-	-	-	-
3DENISE M MCCAULEY EXEC VP, OPERATIONS	(i)	368,850	81,315	53,921	65,002	26,135	595,223	
	(ii)	-	-	-	-	-	-	-
4PAMELA A HERNANDEZ EXEC VP, OPERATIONS	(i)	217,544	161,970	33,648	231,539	19,542	664,243	
	(ii)	-	-	-	-	-	-	-
5ELVIS O ANDERSON SENIOR VP, NATIONAL	(i)	272,893	81,634	39,680	727,586	30,523	1,152,316	
	(ii)	-	-	-	-	-	-	-
6MATTHEW E ELLIS VP, GENERAL COUNSEL	(i)	246,455	91,396	20,769	30,715	13,800	403,135	
	(ii)	-	-	-	-	-	-	-
7RANDALL P ROTSCHAFER VP, ACTUARY	(i)	231,981	58,080	11,079	146,733	31,549	479,422	
	(ii)	-	-	-	-	-	-	-
8RAYMOND G SMOLINSKI VP, BUSINESS TECHNOL	(i)	200,310	66,080	20,573	23,008	28,161	338,132	
	(ii)	-	-	-	-	-	-	-
9RANDALL D HORROCKS VP, SALES	(i)	214,328	55,690	6,139	83,961	9,892	370,010	
	(ii)	-	-	-	-	-	-	-
10CYNTHIA S BENGTSON VP, INVESTMENT	(i)	199,922	62,358	13,319	74,480	16,277	366,356	
	(ii)	-	-	-	-	-	-	-
11KARLA J GOCHENOUR VP, HUMAN RESOURCES	(i)	190,807	49,039	10,730	62,412	32,742	345,730	
	(ii)	-	-	-	-	-	-	-
12STEVEN B JONES VP, MARKETING & FRAT	(i)	135,676	58,522	48,506	407,960	16,142	666,806	
	(ii)	-	-	-	-	-	-	-
13SPENCER T OWEN VP, SALES	(i)	183,293	42,188	5,142	34,802	31,152	296,577	
	(ii)	-	-	-	-	-	-	-
14LEE A JANECEK VP, CERTIFICATE ADMI	(i)	179,289	48,080	2,250	116,662	34,696	380,977	
	(ii)	-	-	-	-	-	-	-
15ANNETTE M DEVINE VP, ACCOUNTING SERVI	(i)	150,174	46,080	26,069	63,396	35,751	321,470	
	(ii)	-	-	-	-	-	-	-
16COLLEEN M MACIEJEWSKI VP, STRATEGIC PROJEC	(i)	47,061	20,000	136,481	53,763	11,861	269,166	
	(ii)	-	-	-	-	-	-	-
17STEVEN T MCKERN VP, ADMINISTRATIVE S	(i)	144,652	31,260	11,949	52,401	15,187	255,449	
	(ii)	-	-	-	-	-	-	-
18TIMOTHY K BUDERUS DIRECTOR, OPERATIONS	(i)	135,722	29,465	3,531	11,841	29,638	210,197	
	(ii)	-	-	-	-	-	-	-
19WILLIAM J MANIFOLD DIRECTOR, AGENCY WIA	(i)	116,757	26,465	4,967	35,176	30,428	213,793	
	(ii)	-	-	-	-	-	-	-

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				
1JOSEPH W WALTERS REGIONAL DIRECTOR	(i)	476,142	153,698	30,678		26,071	686,589	
	(ii)	-	-	-	-	-	-	-
1GREGORY D ROBERTSON REGIONAL DIRECTOR	(i)	328,457	110,802	30,554	38,338	12,541	520,692	
	(ii)	-	-	-	-	-	-	-
2JACK M YATES REGIONAL DIRECTOR	(i)	271,796	130,661	3,160	193,599	12,380	611,596	
	(ii)	-	-	-	-	-	-	-
3ROGER D ANDERSON REGIONAL DIRECTOR	(i)	277,728	74,564	24,753	118,449	21,923	517,417	
	(ii)	-	-	-	-	-	-	-
4CHARLES A BROWN REPRESENTATIVE	(i)	216,312	158,328	1,216		14,254	390,110	
	(ii)	-	-	-	-	-	-	-

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493273006456	
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .			OMB No 1545-0047
					2015 Open to Public Inspection
Name of the organization WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY				Employer identification number 47-0339250	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	MONTHLY BENEFIT PAYMENTS PLUS, ADDITIONAL FUNDS ARE AVAILABLE TO ORPHANS ATTENDING COLLEGE OR VOCATIONAL TRAINING -NEWBORN BENEFIT QUALIFIED 100 PERCENT WOODMENLIFE FAMILIES CAN RECEIVE A 10,000 FRATERNAL BENEFIT IF THEIR NEWBORN INFANT DIES BETWEEN THE AGES OF 48 HOURS AND SIX MONTHS DURING THAT SAME PERIOD, A 10,000 GUARANTEED- ISSUE LIFE INSURANCE CERTIFICATE CAN BE PURCHASED AT STANDARD RATES, REGARDLESS OF THE BABY'S HEALTH -NATURAL DISASTER BENEFIT QUALIFIED MEMBERS WHOSE HOMES ARE DAMAGED OR DESTROYED BY NATURAL DISASTERS, SUCH AS HURRICANES, TORNADOES, WILD/FOREST FIRES, OR EARTHQUAKES, MAY BE ELIGIBLE FOR UP TO 500 TO HELP WITH HOME REPAIR COSTS -PRESCRIPTION DRUG SAVINGS CARD THE NO-COST PRESCRIPTION DRUG SAVINGS CARD OFFERS MEMBERS THE LOWEST PRICE AVAILABLE ON DRUGS PURCHASED THROUGH THE SCRIPTSAVE NETWORK OF PHARMACIES -CATASTROPHIC ILLNESS BENEFIT AFTER ONE YEAR OF GOOD-STANDING MEMBERSHIP, WOODMENLIFE OFFERS A 1,000 BENEFIT SHOULD A MEMBER BE DIAGNOSED AS HAVING ONE OF THE FOLLOWING DISEASES LUNG CANCER, LEUKEMIA, BRAIN TUMOR, TUBERCULOSIS, MALIGNANT LYMPHOMA, MULTIPLE MYELOMA, OR HODGKIN'S DISEASE -YOUTH PROGRAM, INCLUDING SUMMER CAMP FOR MORE THAN A CENTURY, WOODMENLIFE HAS OFFERED EDUCATIONAL AND SOCIAL ACTIVITIES TO MEMBERS AGES 8-15 AND SINCE 1947, YOUTH MEMBERS HAVE ENJOYED OUR ANNUAL SUMMER CAMP EXPERIENCE FAMILY CHAPTERS ALSO HAVE SPECIAL ACTIVITIES FOR YOUTH MEMBERS, HELPING MOLD THEM INTO FUTURE LEADERS -SENIOR ACTIVITIES OFFERED IN MOST AREAS, SENIOR CAMP AND SPECIAL APPRECIATION ACTIVITIES FOR SENIOR MEMBERS OFFER OPPORTUNITIES FOR FELLOWSHIP, FUN AND RELAXATION -CUSTOMER DISCOUNT PROGRAM MEMBERS RECEIVE DISCOUNTS AND SPECIAL RATES FROM A VARIETY OF PROMINENT AND REPUTABLE PARTNERS, INCLUDING VARIOUS TRAVEL, ENTERTAINMENT, TECHNOLOGY, AND AUTO AND HOME INSURANCE COMPANIES
FORM 990, PAGE 2, PART III, LINE 4C	STUDENTS FOR PROFICIENCY IN AMERICAN HISTORY -HONORING FIRST RESPONDERS EVERY SEPT 11 FOR THE LAST 14 YEARS, WITH FLAG AND EQUIPMENT DONATIONS, AND WITH IN HONOR AND REMEMBRANCE CEREMONIES TO COMMEMORATE THE HEROES AND VICTIMS OF THAT DAY, AS WELL AS AMERICA'S BRAVE FIRST RESPONDERS 422 OF THESE CEREMONIES WERE HELD ACROSS THE COUNTRY IN 2015 -PLANNING FLAGLACS ACROSS AMERICA PROJECTS AND OBSERVANCES ANNUALLY ON JUNE 14
FORM 990, PAGE 5, PART V, LINE 3B	ADDITIONAL TIME IS NEEDED TO FILE FORM 990-T IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN
FORM 990, PAGE 6, PART VI, LINE 6	WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY IS COMPRISED OF ITS MEMBERS
FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS ELECT THE OFFICERS AND DIRECTORS EVERY FOUR YEARS
FORM 990, PAGE 6, PART VI, LINE 7B	THE EXECUTIVE OFFICERS AND BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL OF THE MEMBERSHIP
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PREPARED AND REVIEWED BY PROFESSIONAL INTERNAL STAFF THE FORM 990 IS THEN FORWARDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FINAL SIGNATURE AND FILING OF THE RETURN
FORM 990, PAGE 6, PART VI, LINE 12C	AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE IS PROVIDED BY AND SUBSEQUENTLY RETAINED BY THE LEGAL DEPARTMENT
FORM 990, PAGE 6, PART VI, LINE 15A	PERIODICALLY EXTERNAL RESEARCH IS CONDUCTED TO ASSESS THE COMPETITIVENESS OF EXECUTIVE-LEVEL COMPENSATION IF EXTERNAL DATA SUPPORTS A CHANGE, A RECOMMENDATION IS MADE BY HR TO THE COMPENSATION COMMITTEE (SUBSET OF BOARD OF DIRECTORS) FOR APPROVAL
FORM 990, PAGE 6, PART VI, LINE 15B	PERIODICALLY EXTERNAL RESEARCH IS CONDUCTED TO ASSESS THE COMPETITIVENESS OF EXECUTIVE-LEVEL COMPENSATION IF EXTERNAL DATA SUPPORTS A CHANGE, A RECOMMENDATION IS MADE BY HR TO THE COMPENSATION COMMITTEE (SUBSET OF BOARD OF DIRECTORS) FOR APPROVAL
FORM 990, PAGE 6, PART VI, LINE 19	THE CONSTITUTION AND BYLAWS ARE AVAILABLE ON OUR WEBSITE, WOODMEN.ORG THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
FORM 990, PART VII	COMPENSATION FOR RED BASKET, INC 'S PRESIDENT COLUMN D 66,132 COLUMN F 16,548
FORM 990, PART XI, LINE 9	CHANGE IN ASSET VALUATION RESERVE 8,068,679 MINIMUM PENSION OBLIGATIONS 38,306,261 CHANGE IN NON-ADMITTED ASSETS -3,545,862 TOTAL 42,829,078
FORM 990, PAGE 12, PART XII, LINE 1	WOODMENLIFE USES THE STATUTORY METHOD OF ACCOUNTING UTILIZED BY INSURANCE COMPANIES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE
SOCIETY

Employer identification number

47-0339250

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
(1)WOODMEN FOUNDATION 1700 FARNAM STREET OMAHA, NE 68102 20-4743934	FOUNDATION	NE	501C3	7	WOODMEN OF		No
(2)RED BASKET INC 1700 FARNAM STREET OMAHA, NE 68102 45-4412276	CHARITABLE	NE	501C3	7	WOODMEN OF		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	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)WFS HOLDINGS INC 1700 FARNAM STREET OMAHA, NE 68102 22-3828160	HOLDING CO	NE	WOODMEN OF	C CORP	-16,395	17,227,427	100 000 %	Yes	
WOODMEN FINANCIAL (2)SERVICES INC 1700 FARNAM STREET OMAHA, NE 68102 22-3828171	FINANCIAL	NE	N/A					Yes	
WOODMEN INSURANCE (3)AGENCY INC 1700 FARNAM STREET OMAHA, NE 68102 01-0785572	INSURANCE	NE	N/A					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

1a

No

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

No

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

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

Schedule R (Form 990) 2015

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)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

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
(1)	WOODMEN FOUNDATION	P	49,858	CASH PAID
(1)	WOODMEN FOUNDATION	P	42,600	CASH PAID
(2)	WOODMEN FOUNDATION	D	9,351,939	AMOUNT OF NOTE
(3)	WOODMEN FOUNDATION	K	31,524	CASH PAID
(4)	WOODMEN FINANCIAL SERVICES INC	J	47,520	CASH PAID
(5)	WOODMEN FINANCIAL SERVICES INC	P	840,951	CASH PAID
(6)	WOODMEN INSURANCE AGENCY INC	J	27,480	CASH PAID
(7)	WOODMEN INSURANCE AGENCY INC	P	564,320	CASH PAID
(8)	WFS HOLDINGS INC	J	180	CASH PAID
(9)	WFS HOLDINGS INC	P	1,200	CASH PAID
(10)	WFS HOLDINGS INC	B	320,000	CASH PAID
(11)	RED BASKET INC	O	340,591	CASH PAID
(12)	RED BASKET INC	N	37,680	MARKET RATES
(13)	RED BASKET INC	P	184,823	CASH PAID
(14)	RED BASKET INC	P	14,099	CASH PAID
(15)	RED BASKET INC	B	17,200	CASH PAID