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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

PATRICK L DEES

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 ▶

D Employer identification number

47-0339250

E Telephone number

(402) 342-1890

G Gross receipts \$ 2,449,616,390

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 ☐ 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)

314

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

410

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

52,707

6 Total number of volunteers (estimate if necessary)

646,437

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

7a460,420

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

7b-247,034

Revenue

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

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

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

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

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

Prior Year

Current Year

810,032,746

656,515,117

469,974,604

529,730,278

5,701,143

7,093,175

1,285,708,493

1,193,338,570

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

Current Year

141,278,207

123,451,181

1,189,018,673

1,034,093,266

96,689,820

159,245,304

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

10,676,069,157

10,846,690,315

9,502,779,201

9,576,454,555

1,173,289,956

1,270,235,760

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

2017-11-15

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

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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 \$)
	See Additional Data		

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



















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

(Code) (Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		
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>		
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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		
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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	233,106
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	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	2a	2,707
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	Yes
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?	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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
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?		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?		

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]

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	9,009,466		2,906,044

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 ▶ 229

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIRIUS COMPUTER SOLUTIONS PO BOX 202289 DALLAS, TX 753202289	COMPUTER MAINTENANCE	2,711,818
IPIPELINE 222 VALLEY CREEK BLVD DALLAS, TX 752676673	SOFTWARE DEVELOPMENT	747,959
IBM PO BOX 676673 DALLAS, TX 752676673	COMPUTER MAINTENANCE	712,266
EMSI PO BOX 202669 DALLAS, TX 753202669	MEDICAL EXAM FEE	661,123
CONFORTI CONSTRUCTION SERVICES INC 632 GREENS VIEW DRIVE ALGONQUIN, IL 60102	CONSTRUCTION SERVICES	525,387

<p>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 ► 49</p>	
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Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	639,186,093	639,186,093	
	b	FRATERNAL INCOME	524113	12,066,911	12,066,911	
	c	SUPPLEMENTARY CONTRACTS	524113	5,262,113	5,262,113	
	d	_____				
	e	_____				
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	656,515,117			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		416,727,696			416,727,696
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a	Gross rents	20,861,539			
	b	Less rental expenses	14,228,784			
	c	Rental income or (loss)	6,632,755			
	d	Net rental income or (loss)	6,632,755			6,632,755
			(i) Securities	(ii) Other		
	7a	Gross amount from sales of assets other than inventory	1,122,832,046	232,219,572		
	b	Less cost or other basis and sales expenses	1,011,471,485	230,577,551		
	c	Gain or (loss)	111,360,561	1,642,021		
	d	Net gain or (loss)	113,002,582	113,002,582		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a	PARKING LOTS AND GARAGES	812930	475,908		475,908	
b	INCOME/(LOSS) FROM PSHIPS	900099	-15,488		-15,488	
c	_____					
d	All other revenue					
e	Total. Add lines 11a-11d		460,420			
12	Total revenue. See Instructions		1,193,338,570	769,517,699	460,420	423,360,451

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.	413,598	413,598		
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, line 15 and 16.				
4 Benefits paid to or for members.	835,202,000	835,202,000		
5 Compensation of current officers, directors, trustees, and key employees.	9,198,593		9,198,593	
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.	40,235,112		40,235,112	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	6,752,784		6,752,784	
9 Other employee benefits.	12,467,591		12,467,591	
10 Payroll taxes.	6,372,407		6,372,407	
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,331,383		1,331,383	
c Accounting.	360,641		360,641	
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).	23,794		23,794	
12 Advertising and promotion.	2,489,939		2,489,939	
13 Office expenses.	4,416,707		4,416,707	
14 Information technology.	7,065,246		7,065,246	
15 Royalties.				
16 Occupancy.	3,980,522		3,980,522	
17 Travel.	500,582		500,582	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	800,229		800,229	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,100,992		4,100,992	
23 Insurance.	707,060		707,060	
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	43,226,185		43,226,185	
b SALES EXPENSES	17,558,272		17,558,272	
c TRANSFER TO SEPARATE ACCO	16,852,788		16,852,788	
d MEMBER DUES EXPENSE	8,794,220		8,794,220	
e All other expenses	11,242,621		11,242,621	
25 Total functional expenses. Add lines 1 through 24e.	1,034,093,266	835,615,598	198,477,668	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	60,135,655	1	8,005,173
	2 Savings and temporary cash investments	90,389,177	2	157,341,326
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	80,908	4	315,620
	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.	212,372,255		
	b Less: accumulated depreciation	129,981,405		
		83,577,514	10c	82,390,850
	11 Investments—publicly traded securities	7,972,405,712	11	7,910,869,750
	12 Investments—other securities. See Part IV, line 11	2,020,292,865	12	2,178,846,082
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	449,187,326	15	508,921,514	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,676,069,157	16	10,846,690,315	
Liabilities	17 Accounts payable and accrued expenses	46,821,584	17	44,489,954
	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	
	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.	9,455,957,617	25	9,531,964,601
	26 Total liabilities. Add lines 17 through 25	9,502,779,201	26	9,576,454,555
Net Assets or Fund Balances	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	1,173,289,956	32	1,270,235,760
33 Total net assets or fund balances	1,173,289,956	33	1,270,235,760	
34 Total liabilities and net assets/fund balances	10,676,069,157	34	10,846,690,315	

Part XI Reconciliation of Net AssetsCheck 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	1,193,338,570
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,034,093,266
3	Revenue less expenses Subtract line 2 from line 1	3	159,245,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,173,289,956
5	Net unrealized gains (losses) on investments	5	-81,491,182
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	19,191,682
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,270,235,760

Part XII Financial Statements and ReportingCheck 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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

MEMBER BENEFITS WOODMENLIFE OFFERS A VARIETY OF EXCLUSIVE MEMBER BENEFITS AND DISCOUNTS TO OUR MEMBERS AT NO EXTRA COST, JUST FOR DOING BUSINESS WITH US SOME OF THE NON-CONTRACTUAL BENEFITS AVAILABLE TO ELIGIBLE WOODMENLIFE MEMBERS INCLUDE -FIRST RESPONDERS BENEFIT WOODMENLIFE WILL PAY A 10,000 BENEFIT IF A GOOD-STANDING MEMBER IS KILLED WHILE PERFORMING HIS OR HER DUTIES AS A NON-MILITARY FIRST RESPONDER FIRST RESPONDERS MAY 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 OF UP TO 250 PER CHILD PER MONTH -NEWBORN BENEFIT QUALIFIED MEMBERS CAN RECEIVE A 10,000 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, FLOODS, WILD/FORREST FIRES, OR EARTHQUAKES, MAY BE ELIGIBLE FOR UP TO 500 TO HELP WITH HOME REPAIR COSTS -LIFE'S PERKS THIS EASY-TO-USE MEMBER DISCOUNT PROGRAM OFFERS SAVINGS ON BRAND-NAME ITEMS FROM MORE THAN 30,000 LOCAL AND NATIONAL RETAILERS MEMBERS CAN SAVE MONEY ON EVERYDAY ITEMS SUCH AS CELL PHONES, RESTAURANTS AND WHOLESALE CLUB MEMBERSHIPS, AND ON MAJOR PURCHASES LIKE AUTOMOBILES, HOMES AND FURNITURE -PRESCRIPTION DRUG SAVINGS CARD THIS NO-COST PRESCRIPTION DRUG SAVINGS CARD OFFERS MEMBERS THE LOWEST PRICE AVAILABLE ON DRUGS PURCHASED THROUGH THE SCRIPTSAVE NETWORK OF PHARMACIES -YOUTH PROGRAM, INCLUDING SUMMER CAMP FOR MORE THAN A CENTURY, WOODMENLIFE HAS OFFERED EDUCATIONAL AND SOCIAL ACTIVITIES TO MEMBERS AGES 8-15, INLCUDING OUR SUMMER ANNUAL SUMMER CAMP EXPERIENCE FAMILY CHAPTERS ALSO HAVE SPECIAL ACTIVITIES FOR YOUTH MEMBERS, HELPING MOLD THEM INTO FUTURE LEADERS -SENIOR ACTIVITIES SENIOR CAMP AND SPECIAL APPRECIATION ACTIVITIES FOR SENIOR MEMBERS ARE AVAILABLE IN MOST AREAS AND PROVIDE OPPORTUNITIES FOR FELLOWSHIP, FUN AND RELAXATION -COMMUNITY IMPROVEMENT FUNDS WOODMENLIFE DONATES MONEY TO LOCAL CHAPTERS AND COMMUNITIES THESE FUNDS HELP MEMBERS PROVIDE FOR COMMUNITY NEEDS AND GIVE CUSTOMERS A VOICE IN DECIDING WHICH CAUSES MATTER MOST TO THEM

Form 990, Part III, Line 4b:

RED BASKET, INC RED BASKET IS A NONPROFIT CROWDFUNDING WEB SITE DEDICATED TO HELPING INDIVIDUALS RAISE MONEY FOR PERSONAL EMERGENCIES AND COMMUNITY IMPROVEMENT PROJECTS IN A FEE-FREE ENVIRONMENT RED BASKET WAS CREATED IN 2012 AND IS AVAILABLE IN ALL 50 STATES IN 2016, REDBASKET.ORG SURPASSED THE 2 MILLION MARK FOR PROJECT FUNDING WOODMENLIFE COVERS ALL ADMINISTRATIVE AND OPERATING EXPENSES FOR RED BASKET, ENSURING THAT EVERY DOLLAR DONATED GOES DIRECTLY TO THE PROJECT BEING FUNDED WOODMENLIFE'S SUPPORT INCLUDES A FULL IN-HOUSE STAFF, SUPPORT STAFF NATIONWIDE, AND MARKETING, COMMUNICATIONS, WEB SERVICES AND ACCOUNTING SUPPORT WOODMENLIFE ALSO COVERS ALL PAYMENT PROCESSING FEES AND BANK SERVICE CHARGES BECAUSE RED BASKET IS A 501(C)(3) NON-PROFIT ORGANIZATION, ALL DONATIONS ARE TAX-DEDUCTIBLE

Form 990, Part III, Line 4c:

PATRIOTIC PROGRAM WOODMENLIFE'S PATRIOTIC PROGRAM WAS LAUNCHED OVER 70 YEARS AGO IN SUPPORT OF THE ORGANIZATION'S COMMON BOND FOCUS ON OUR COUNTRY WOODMENLIFE PROVIDES AMERICAN AND STATE FLAGS TO LOCAL CHAPTERS FOR PRESENTATION TO NON-PROFIT CIVIC AND YOUTH GROUPS, SCHOOLS, CHURCHES, AND COMMUNITY CENTERS SINCE 1947, THE ORGANIZATION HAS DONATED MORE THAN THREE MILLION FLAGS TO WORTHY NON-PROFIT INSTITUTIONS WOODMENLIFE IS THE SECOND LARGEST PURCHASER OF AMERICAN FLAGS BEHIND THE UNITED STATES GOVERNMENT AS PART OF THE PATRIOTIC PROGRAM, CHAPTERS ARE ENCOURAGED TO PLAN AND PARTICIPATE IN FLAGS ACROSS AMERICA PROJECTS ON JUNE 14 AND IN HONOR AND REMEMBRANCE CEREMONIES ON SEPTEMBER 11

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	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				997,929	0	130,064		
PATRICK L DEES EXEC VP, FRA	50 00 3 00	X		X				575,841	0	259,196		
ROBERT T MAHER EXEC VP, FIN	50 00 4 00	X		X				554,166	0	281,666		
DENISE M MCCAULEY EXEC VP, OPE	50 00 3 00	X		X				549,430	0	73,999		
DANNY E CUMMINS DIR, FORMER	5 00	X						186,951	0	0		
JAMES W SHAVER BOARD OF DIR	5 00 1 00	X						89,503	0	14,324		
DANIEL W RICE BOARD OF DIR	5 00 1 00	X						89,414	0	29,286		
WESLEY A DODD BOARD OF DIR	5 00 1 00	X						89,198	0	9,547		
JAMES W BOSLER III BOARD OF DIR	5 00 1 00	X						87,904	0	10,324		
MICHAEL C SHEALY BOARD OF DIR	5 00 1 00	X						87,322	0	12,185		

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			
DARYL J DOISE BOARD OF DIR	5 00	X						76,021	0	0
RONALD H ALDRIDGE BOARD OF DIR	5 00	X						69,166	0	0
MARK L SCHREIER DIR, FORMER	5 00	X						61,335	0	0
DWAYNE H TUCKER BOARD OF DIR	5 00	X						14,050	0	0
ELVIS O ANDERSON SENIOR VP, S	50 00			X				392,874	0	320,373
MATTHEW E ELLIS VP, GENERAL	50 00 1 00			X				361,757	0	51,971
RANDALL P ROTSCHAFER VP, ACTUARY	50 00			X				303,971	0	194,529
RAYMOND G SMOLINSKI VP, BUSINESS	50 00			X				301,100	0	53,073
CYNTHIA S BENGTSO VP, INVESTME	50 00			X				299,194	0	106,809
RANDALL D HORROCKS VP, SALES, R	50 00			X				297,754	0	87,157

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors				
(C)	(D)	(E)	(F)	(G)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PENCER T OWEN SENIOR VP, S	50 00 2 00			X				260,512	0	63,717
CARLA J GOCHENOUR VP, HUMAN RE	50 00			X				255,038	0	100,359
EE A JANECEK VP, CERTIFIC	50 00			X				235,109	0	119,590
ANNETTE M DEVINE VP, ACCOUNTI	50 00 4 00			X				224,007	0	113,370
TEVEN T MCKERN VP, ADMINIST	50 00			X				193,290	0	80,466
IMOTHY K BUDERUS DIRECTOR, OP	10 00 41 00				X			173,605	0	41,438
WILLIAM J MANIFOLD DIRECTOR, AG	10 00 41 00				X			155,618	0	63,091
ACK M YATES REGIONAL DIR	50 00					X		549,483	0	120,188
GREGORY D ROBERTSON REGIONAL DIR	50 00					X		444,843	0	46,317
ONNIE LEAR REGIONAL SAL	50 00					X		371,714	0	69,127

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			
DARYLE W HARDAWAY REGIONAL DIR	50 00					X		320,849	0	81,774
SHANNON WARE SALES REPRES	50 00					X		316,822	0	40,988
PAMELA A HERNANDEZ EXEC VP, OPE						X	23,696	0	331,116

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	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.	2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service		

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
-------------------------------------------------------------------------	-----------------------------------------------------

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 ▶ \$ 22,300
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 720 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

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?

☐ Yes ☐ 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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under 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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
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" on Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

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

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

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		103,765,285	79,468,102	24,297,183
c Leasehold improvements				
d Equipment				
e Other	108,606,970		50,513,303	58,093,667
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				82,390,850

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) MORTGAGE LOANS - COST	2,012,567,033	C
(B) CTF LOANS-LEGACY	149,568,031	C
(C) OTHER SCHEDULE BA-COST	10,614,807	C
(D) CTF LOANS-INGENIUM	5,824,440	C
(E) ACCELERATED BENEFIT LIENS	1,312,496	C
(F) CTF LOANS IN PROCESS	214,077	C
(G) MORTGAGE LOANS - DISCOUNT	-5,041	C
(H) CTF LOANS-NONADMITTED	-1,249,761	C
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	2,178,846,082	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	9,531,964,601	

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

☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,186,404,166
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	14,228,784
e	Add lines 2a through 2d	2e	14,228,784
3	Subtract line 2e from line 1	3	1,172,175,382
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	21,163,188
c	Add lines 4a and 4b	4c	21,163,188
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,193,338,570

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	1,027,158,862
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	14,228,784
e	Add lines 2a through 2d	2e	14,228,784
3	Subtract line 2e from line 1	3	1,012,930,078
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	21,163,188
c	Add lines 4a and 4b	4c	21,163,188
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,034,093,266

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

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	2,012,567,033	C
(3) Other (A) CTF LOANS-LEGACY	149,568,031	C
(B) OTHER SCHEDULE BA-COST	10,614,807	C
(C) CTF LOANS-INGENIUM	5,824,440	C
(D) ACCELERATED BENEFIT LIENS	1,312,496	C
(E) CTF LOANS IN PROCESS	214,077	C
(F) MORTGAGE LOANS - DISCOUNT	-5,041	C
(G) CTF LOANS-NONADMITTED	-1,249,761	C

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

1	(a) Description of Liability	(b) Book Value
	LIFE RESERVES	4,547,203,324
	UNIVERSAL LIFE LIAB-CASH VALUE	3,244,015,249
	ANNUITY RESERVES	3,221,104,823
	ANNUITY LIABILITY	1,382,909,967
	QUALIFIED RET PLAN	332,580,319
	VARIABLE ANNUITY RESERVES	331,943,485
	QUALIFIED RET PLAN - SEP ACCTS	261,332,665
	REFUNDS LEGACY	234,876,023
	VA TRANSFERS IN	224,392,808
	NONLIFE SETTLEMENT OPTIONS	148,789,498

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

1	(a) Description of Liability	(b) Book Value
	ASSET VALUATION RESERVE	122,450,158
	PAYABLE FOR SECURITIES LENDING	101,304,647
	DISABILITY-DISABLED LIVES RSRV	83,589,337
	A&H ACTIVE CONTRACT RESERVES	71,627,185
	SCI RESERVES	66,820,554
	PROVISION FOR REFUNDS PAYABLE	47,115,000
	POST RET BENEFITS LIABILITY	46,225,627
	CLM LIAB-LIFE ICOS	20,044,306
	INT MAINTENANCE RESERVE	19,412,891
	DEFERRED COMP	13,682,391

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

1	(a) Description of Liability	(b) Book Value
	CLM SUSP-INGENIUM ICOS	11,085,051
	SUPP RET PLAN	9,131,078
	A&H CLAIM RESERVES	9,092,978
	DISABILITY-DISABLED IBNR RSRV	7,300,000
	DISABILITY-ACTIVE LIVES RSRV	7,115,522
	AIO RESERVE	6,757,140
	LIABILITY-INGENIUM SET OPTS	6,385,715
	UNFUNDED ABO LIABILITY	6,046,372
	CLM LIAB-LIFE IBNR	5,922,000
	ACCIDENTAL DEATH RESERVE	5,855,661

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

1	(a) Description of Liability	(b) Book Value
	UNEARNED PREMIUM RESERVE	5,215,919
	ADVANCE PAYMENTS LEGACY	2,900,253
	UNSETTLED TRADES PAYABLE	2,750,711
	ADVANCE PAYMENTS INGENIUM	2,245,541
	ADVANCE PREM - DIRECT -RENEWAL	1,273,061
	CLM LIAB-LIFE D&U	1,229,152
	VA RESERVE - SEP ACCOUNT	907,052
	MORTGAGE LOANS - GUARANTEE DEP	811,000
	A&H ACTIVE UNEARNED PREM RSRV	711,125
	CLM LIAB-A&H IBNR	559,253

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

1	(a) Description of Liability	(b) Book Value
	CLM LIAB-LIFE RESISTED	548,122
	NQ PENSION - LIABILITY	516,090
	CLM LIAB-A&H ICOS	408,262
	REFUNDS INGENIUM	310,063
	SURRENDER VALUES PAYABLE	240,334
	GUARANTEED ENDOWMENTS LEGACY	226,012
	A&H ACTIVE ADDITIONAL RESERVE	164,750
	RE-SEC DEP-BANK OF BLUE VALLEY	86,743
	DESOP - LIABILITY	63,000
	RE-SUSPENSE	39,974

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

1	(a) Description of Liability	(b) Book Value
	ADVANCE PAYMENTS - ACCRUED INT	33,107
	STALE DATED CHECKS - LAWSON	26,774
	RE-SEC DEP-IBERIABANK	21,999
	RE-SEC DEP-US BANK	18,109
	RE-SEC DEP-FIDELITY BANK	14,580
	RE-GUARANTEE DEPOSITS	11,823
	UNCASHED CHKS - WBA CLOSEOUT	11,115
	ADVANCE PREM - DIRECT - 1ST YR	8,462
	DESOP - ESCROW	6,102
	DESOP - LIABILITY MKT VAL ADJ	5,345

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

1	(a) Description of Liability	(b) Book Value
	REFUNDS - ACCRUED INTEREST	4,719
	CLM LIAB-A&H REIN IBNR	-253
	ADVANCE PREM - REINS - RENEWAL	-2,097
	CLM LIAB-A&H REIN ICOS	-16,203
	A&H UNEARNED CEDED RESERVE	-198,773
	CLM LIAB-LIFE REIN D&U	-320,244
	CLM LIAB-LIFE REIN ICOS	-1,157,646
	A&H CLAIM REINSURANCE	-4,936,171
	A&H ACTIVE LIFE REINSURANCE	-27,194,956
	REINSURANCE OFFSET	-31,052,311

Form 990, Schedule D, Part X, - Other Liabilities	
1 (a) Description of Liability	(b) Book Value
VA TRANSFERS OUT	-393,711,855
NET ANNUITY LIABILITY	-1,382,909,967
NET UNIVERSAL LIFE CASH VALUE	-3,244,015,249

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	EXPENSES RELATED TO RENTAL INCOME 14,228,784

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	EXPENSES RELATED TO INVESTMENT INCOME 21,163,188

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	EXPENSES RELATED TO RENTAL INCOME 14,228,784

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	EXPENSES RELATED TO INVESTMENT INCOME 21,163,188 BOOK / TAX DEPRECIATION DIFFERENCE 18,329,776

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

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 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					19,385,207
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					19,385,207

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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ 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).

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 16,700,300 EUROPE 0 2,684,907

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		16,700,300
EUROPE			INVESTMENTS		2,684,907

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319050227

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE
SOCIETY

Employer identification number
47-0339250

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15

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

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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	7,950				GENERAL SUPPORT
BOY SCOUTS OF AMERICA 12401 WEST MAPLE STREET OMAHA, NE 68164	47-0376545	501C3	5,150				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	6,000				GENERAL SUPPORT
FONTENELLE NATURE ASSOCIATION 1111 NORTH BELLEVUE BLVD BELLEVUE, NE 68005	47-6026109	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
FOOD BANK FOR THE HEARTLAND 10525 J STREET OMAHA, NE 68127	47-0637701	501C3	66,500				GENERAL SUPPORT
GREATER OMAHA CHAMBER OF COMMERCE 1301 HARNEY STREET OMAHA, NE 68102	47-0258610	501C6	17,375				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
HABITAT FOR HUMANITY 1701 NORTH 24TH STREET OMAHA, NE 68110	36-3283625	501C3	10,150				GENERAL SUPPORT
IOWA WESTERN 2700 COLLEGE ROAD COUNCIL BLUFFS, IA 51503	42-1224333	501C3	6,000				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
JUNIOR ACHIEVEMENT 11248 DAVENPORT STREET SUITE 100 OMAHA, NE 68154	47-0468426	501C3	5,250				GENERAL SUPPORT
NEBRASKA HUMANE SOCIETY 8929 FORT STREET OMAHA, NE 68134	47-0378997	501C3	7,080				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

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
OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST OMAHA, NE 68110	47-0411375	501C3	7,875				GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS 1805 HARNEY STREET OMAHA, NE 68102	47-0376605	501C3	70,300				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
WOMEN'S CENTER FOR ADVANCEMENT 222 SOUTH 29TH STREET OMAHA, NE 68131	27-3205476	501C3	6,275				GENERAL SUPPORT
YMCA 430 S 20TH STREET OMAHA, NE 68102	47-0376586	501C3	5,250				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"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</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	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?	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 type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input 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: a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
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		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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
	(i) Base 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	TRAVEL FOR COMPANIONS 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, PAGE 1, PART I, LINE 4	ELVIS O ANDERSON 0 1,081,801 0
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 2016, WOODMENLIFE MADE BENEFIT PAYMENTS TO ELVIS ANDERSON IN THE AMOUNT OF 1,081,801. 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.

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)	670,527	240,500	86,902	103,409	26,655	1,127,993	
	(ii)					-	-	
1PATRICK L DEES EXEC VP, FRATERNAL	(i)	388,883	118,329	68,629	225,311	33,885	835,037	
	(ii)					-	-	
2ROBERT T MAHER EXEC VP, FINANCE & T	(i)	358,839	112,966	82,361	249,578	32,088	835,832	
	(ii)					-	-	
3DENISE M MCCAULEY EXEC VP, OPERATIONS	(i)	381,045	112,042	56,343	46,989	27,010	623,429	
	(ii)					-	-	
4DANNY E CUMMINS DIR, FORMER CEO	(i)	65,565		121,386			186,951	
	(ii)					-	-	
5ELVIS O ANDERSON SENIOR VP, SALES	(i)	265,844	83,178	43,852	288,907	31,466	713,247	
	(ii)					-	-	
6MATTHEW E ELLIS VP, GENERAL COUNSEL	(i)	276,662	63,810	21,285	37,028	14,943	413,728	
	(ii)					-	-	
7RANDALL P ROTSCHAER VP, ACTUARY	(i)	234,525	53,080	16,366	162,930	31,599	498,500	
	(ii)					-	-	
8RAYMOND G SMOLINSKI VP, BUSINESS TECHNOL	(i)	209,739	70,080	21,281	24,255	28,818	354,173	
	(ii)					-	-	
9CYNTHIA S BENGTSO VP, INVESTMENT	(i)	203,747	82,014	13,433	88,066	18,743	406,003	
	(ii)					-	-	
10RANDALL D HORROCKS VP, SALES, REG DIR	(i)	238,698	52,934	6,122	78,816	8,341	384,911	
	(ii)					-	-	
11SPENCER T OWEN SENIOR VP, SALES	(i)	204,298	49,783	6,431	34,583	29,134	324,229	
	(ii)					-	-	
12KARLA J GOCHENOUR VP, HUMAN RESOURCES	(i)	197,182	44,952	12,904	66,962	33,397	355,397	
	(ii)					-	-	
13LEE A JANECEK VP, CERTIFICATE ADMI	(i)	189,718	43,080	2,311	86,963	32,627	354,699	
	(ii)					-	-	
14ANNETTE M DEVINE VP, ACCOUNTING SERVI	(i)	157,339	40,080	26,588	78,665	34,705	337,377	
	(ii)					-	-	
15STEVEN T MCKERN VP, ADMINISTRATIVE S	(i)	152,210	32,586	8,494	64,894	15,572	273,756	
	(ii)					-	-	
16TIMOTHY K BUDERUS DIRECTOR, OPERATIONS	(i)	136,589	27,388	9,628	11,995	29,443	215,043	
	(ii)					-	-	
17WILLIAM J MANIFOLD DIRECTOR, AGENCY WIA	(i)	121,085	28,055	6,478	37,007	26,084	218,709	
	(ii)					-	-	
18JACK M YATES REGIONAL DIRECTOR	(i)	359,250	166,177	24,056	107,554	12,634	669,671	
	(ii)					-	-	
19GREGORY D ROBERTSON REGIONAL DIRECTOR	(i)	290,189	112,758	41,896	33,362	12,955	491,160	
	(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				
21RONNIE LEAR REGIONAL SALES MGR	(i)	241,047	112,142	18,525	56,373	12,754	440,841	
	(ii)					-	-	
1DARYLE W HARDAWAY REGIONAL DIRECTOR	(i)	177,001	107,342	36,506	57,994	23,780	402,623	
	(ii)					-	-	
2SHANNON WARE SALES REPRESENTATIVE	(i)	185,676	123,166	7,980	21,383	19,605	357,810	
	(ii)					-	-	
3PAMELA A HERNANDEZ EXEC VP, OPERATIONS	(i)		14,821	8,875	331,116		354,812	
	(ii)					-	-	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE
SOCIETY

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

2016

**Open to Public
Inspection**

Employer identification number

47-0339250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>-NEWBORN BENEFIT QUALIFIED MEMBERS CAN RECEIVE A 10,000 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, FLOODS, WILD/FOREST FIRES, OR EARTHQUAKES, MAY BE ELIGIBLE FOR UP TO 500 TO HELP WITH HOME REPAIR COSTS -LIFE'S PERKS THIS EASY-TO-USE MEMBER DISCOUNT PROGRAM OFFERS SAVINGS ON BRAND-NAME ITEMS FROM MORE THAN 30,000 LOCAL AND NATIONAL RETAILERS MEMBERS CAN SAVE MONEY ON EVERYDAY ITEMS SUCH AS CELL PHONES, RESTAURANTS AND WHOLESALE CLUB MEMBERSHIPS, AND ON MAJOR PURCHASES LIKE AUTOMOBILES, HOMES AND FURNITURE -PRESCRIPTION DRUG SAVINGS CARD THIS NO-COST PRESCRIPTION DRUG SAVINGS CARD OFFERS MEMBERS THE LOWEST PRICE AVAILABLE ON DRUGS PURCHASED THROUGH THE SCRIPTSAVE NETWORK OF PHARMACIES -YOUTH PROGRAM, INCLUDING SUMMER CAMP FOR MORE THAN A CENTURY, WOODMENLIFE HAS OFFERED EDUCATIONAL AND SOCIAL ACTIVITIES TO MEMBERS AGES 8-15, INCLUDING OUR SUMMER ANNUAL SUMMER CAMP EXPERIENCE FAMILY CHAPTERS ALSO HAVE SPECIAL ACTIVITIES FOR YOUTH MEMBERS, HELPING MOLD THEM INTO FUTURE LEADERS -SENIOR ACTIVITIES SENIOR CAMP AND SPECIAL APPRECIATION ACTIVITIES FOR SENIOR MEMBERS ARE AVAILABLE IN MOST AREAS AND PROVIDE OPPORTUNITIES FOR FELLOWSHIP, FUN AND RELAXATION -COMMUNITY IMPROVEMENT FUNDS WOODMENLIFE DONATES MONEY TO LOCAL CHAPTERS AND COMMUNITIES THESE FUNDS HELP MEMBERS PROVIDE FOR COMMUNITY NEEDS AND GIVE CUSTOMERS A VOICE IN DECIDING WHICH CAUSES MATTER MOST TO THEM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	DONATIONS ARE TAX-DEDUCTIBLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY IS COMPRISED OF ITS MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS ELECT THE OFFICERS AND DIRECTORS EVERY FOUR YEARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	THE EXECUTIVE OFFICERS AND BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL OF THE MEMBERSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE IS PROVIDED BY AND SUBSEQUENTLY RETAINED BY THE LEGAL DEPARTMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	COMPENSATION FOR RED BASKET, INC 'S PRESIDENT COLUMN D 60,779 COLUMN F 28,979

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN ASSET VALUATION RESERVE 4,629,878 MINIMUM PENSION OBLIGATIONS 20,476,474 CHANGE IN NON-ADMITTED ASSETS -5,914,670 TOTAL 19,191,682

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

2016

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	-16,230	17,230,214	100 000 %	Yes	
(2) WOODMEN FINANCIAL SERVICES INC 1700 FARNAM STREET OMAHA, NE 68102 22-3828171	FINANCIAL	NE	N/A					Yes	
(3) WOODMEN INSURANCE 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

No

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

See Additional Data Table

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

Schedule R (Form 990) 2016

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	45,409	CASH PAID
(1)	WOODMEN FOUNDATION	P	43,650	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	793,947	CASH PAID
(6)	WOODMEN INSURANCE AGENCY INC	J	39,360	CASH PAID
(7)	WOODMEN INSURANCE AGENCY INC	P	491,760	CASH PAID
(8)	WFS HOLDINGS INC	J	180	CASH PAID
(9)	WFS HOLDINGS INC	P	1,200	CASH PAID
(10)	WFS HOLDINGS INC	B	20,000	CASH PAID
(11)	RED BASKET INC	O	274,072	CASH PAID
(12)	RED BASKET INC	N	37,680	MARKET RATES
(13)	RED BASKET INC	P	296,121	CASH PAID
(14)	RED BASKET INC	P	14,400	CASH PAID
(15)	RED BASKET INC	B	18,333	CASH PAID