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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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)

Room/suite

1700 FARNAM STREET

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

2331 S 218TH AVENUE

ELKHORN, NE 68022

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

Yes No

H(b) Are all subordinates included?

Yes No

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

H(c) Group exemption number

I Tax-exempt status

501(c)(3)

501(c) (8) (insert no)

4947(a)(1) or

527

J Website: WOODMENLIFE.ORG

K Form of organization

Corporation

Trust

Association

Other

L Year of formation

1890

M State of legal domicile

NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities

UNITING HARDWORKING AMERICANS TO SECURE THEIR FINANCIAL FUTURE WHILE STRENGTHENING OUR COMMUNITIES AND COUNTRY

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

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

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

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

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

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

Beginning of Current Year

End of Year

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

Signature of officer

2019-11-15

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 (2018)

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

UNITING HARDWORKING AMERICANS TO SECURE THEIR FINANCIAL FUTURE WHILE STRENGTHENING OUR COMMUNITIES AND COUNTRY

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

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

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

If "Yes," describe these changes on Schedule O

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

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





















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

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

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	Yes
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	Yes
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b	Yes
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax 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	219,307
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	2,494			
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?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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	1a 14		
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	1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: **▶**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.

☐ Own website ☐ Another's website ☒ Upon request ☐ 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

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

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

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								9,066,198		2,596,111

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 **▶** 221

	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>	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>	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>		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
LIDP CONSULTING SERVICES INC 101 W VENICE AVE SUITE 22 VENICE, FL 34285	SFTWR DEVELOP	3,387,168
BUSINESS IT SOURCE INC 850 ASBURY DRIVE VERNON HILLS, IL 60061	LAPTOPS	1,898,147
SIRIUS COMPUTER SOLUTIONS PO BOX 202289 DALLAS, TX 753202289	COMPUTER MAINTEN	1,549,552
EMSI PO BOX 202669 DALLAS, TX 753202669	MEDICAL EXAM FE	1,243,332
CONTENT CRITICAL SOLUTIONS INC 121 MOONACHIE AVE MOONACHIE, NJ 07074	PRINTING	1,195,339

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 **▶** 100

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	587,333,757	587,333,757	
	b	FRATERNAL INCOME	524113	15,677,011	15,677,011	
	c	SUPPLEMENTARY CONTRACTS	524113	9,151,963	9,151,963	
	d					
	e					
	f	All other program service revenue				
	g Total. Add lines 2a-2f		612,162,731			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		400,798,844			400,798,844
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents		(i) Real	(ii) Personal		
			20,675,116			
	b Less rental expenses		14,401,726			
	c Rental income or (loss)		6,273,390			
	d Net rental income or (loss)		6,273,390			6,273,390
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
			843,405,381	221,320,673		
	b Less cost or other basis and sales expenses		813,435,482	221,052,515		
	c Gain or (loss)		29,969,899	268,158		
	d Net gain or (loss)		30,238,057		30,238,057	
	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		900003	343,944		343,944	
b INCOME/(LOSS) FROM PSHIPS		900003	-137,873		-137,873	
c						
d All other revenue						
e Total. Add lines 11a-11d		206,071				
12 Total revenue. See Instructions		1,049,679,093		642,400,788	206,071	407,072,234

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.	392,103	392,103		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	538,500	538,500		
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.	774,380,780	774,380,780		
5 Compensation of current officers, directors, trustees, and key employees.	9,554,703		9,554,703	
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.	40,253,985		40,253,985	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	-448,988		-448,988	
9 Other employee benefits.	13,210,408		13,210,408	
10 Payroll taxes.	6,096,814		6,096,814	
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,083,029		1,083,029	
c Accounting.	462,875		462,875	
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).	197,853		197,853	
12 Advertising and promotion.	3,529,470		3,529,470	
13 Office expenses.	4,063,761		4,063,761	
14 Information technology.	11,187,153		11,187,153	
15 Royalties.				
16 Occupancy.	4,075,654		4,075,654	
17 Travel.	474,198		474,198	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	902,553		902,553	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,556,444		2,556,444	
23 Insurance.	502,953		502,953	
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	39,894,105		39,894,105	
b SALES EXPENSES	16,075,736		16,075,736	
c TRANSFER TO SEPARATE ACCO	14,996,989		14,996,989	
d MEMBER DUES EXPENSE	8,625,137		8,625,137	
e All other expenses	11,845,820		11,845,820	
25 Total functional expenses. Add lines 1 through 24e.	964,452,035	775,311,383	189,140,652	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	-338,343	1	71,924,272
	2 Savings and temporary cash investments	104,149,002	2	108,908,388
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 227,833,662		
	b Less: accumulated depreciation	10b 147,992,770	80,564,270	10c 79,840,892
	11 Investments—publicly traded securities	8,039,747,106	11	7,977,193,788
	12 Investments—other securities. See Part IV, line 11	2,182,288,982	12	2,194,524,020
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	569,048,323	15	517,119,364
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,975,459,340	16	10,949,510,724	
Liabilities	17 Accounts payable and accrued expenses	42,455,713	17	42,228,511
	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	9,539,465,967	25	9,475,108,939
	26 Total liabilities. Add lines 17 through 25	9,581,921,680	26	9,517,337,450
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	1,393,537,660	32	1,432,173,274
33 Total net assets or fund balances	1,393,537,660	33	1,432,173,274	
34 Total liabilities and net assets/fund balances	10,975,459,340	34	10,949,510,724	

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	1,049,679,093
2	Total expenses (must equal Part IX, column (A), line 25)	2	964,452,035
3	Revenue less expenses Subtract line 2 from line 1	3	85,227,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,393,537,660
5	Net unrealized gains (losses) on investments	5	-62,587,831
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	15,996,388
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,432,173,274

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

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

Additional Data

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

Form 990 (2018)

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 25,000 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 WOODMENLIFE OFFERS UP TO 12,000 ANNUALLY FOR THE CARE OF MEMBERS' CHILDREN IF THEY ARE ORPHANED -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 1,000 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 LIKE 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 -WOODMENLIFE FOCUS FORWARD SCHOLARSHIP WITH THE WOODMENLIFE FOCUS FORWARD SCHOLARSHIP, NEARLY 1 MILLION IN SCHOLARSHIPS IS AVAILABLE TO THOUSANDS OF HIGH SCHOOL GRADUATES ANNUALLY SCHOLARSHIPS MAY BE USED AT COLLEGES, UNIVERSITIES AND TRADE SCHOOLS, AND SCHOLARSHIP MONEY CAN BE USED FOR EDUCATION-RELATED EXPENSES, WHICH INCLUDE TUITION, FEES, BOOKS, SUPPLIES AND ROOM AND BOARD -FAMILY ACTIVITIES AND COMMUNITY EVENTS FAMILY IS IMPORTANT TO US, AND WE SPONSOR A VARIETY OF FUN, FAMILY-FRIENDLY ACTIVITIES THAT BRING YOUNG AND OLD TOGETHER TO FORM NEW FRIENDSHIPS AND CELEBRATE DIFFERENCES ALL WOODMENLIFE MEMBERS AND THEIR GUESTS ARE ENCOURAGED TO ATTEND -COMMUNITY IMPROVEMENT FUNDS WOODMENLIFE DONATES MONEY TO LOCAL CHAPTERS AND COMMUNITIES THAT SUPPORT OUR SHARED COMMITMENT TO FAMILY, COMMUNITY AND COUNTRY THESE FUNDS HELP MEMBERS PROVIDE FOR LOCAL NEEDS AND GIVE MEMBERS A VOICE IN DECIDING WHICH CAUSES MATTER MOST TO THEM

Form 990, Part III, Line 4b:

RED BASKET, INC REDBASKET ORG IS A NONPROFIT CROWD-FUNDING WEBSITE DEDICATED TO HELPING INDIVIDUALS RAISE MONEY FOR PERSONAL EMERGENCIES AND COMMUNITY IMPROVEMENT PROJECTS IN A FEE-FREE ENVIRONMENT REDBASKET ORG WAS CREATED IN 2012, AND IS AVAILABLE IN ALL 50 STATES IN 2018, REDBASKET ORG RAISED OVER 680,000 TO FUND A VARIETY OF PROJECTS 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 SERVICES WOODMENLIFE ALSO COVERS ALL PAYMENT PROCESSING FEES AND BANK SERVICE CHARGES BECAUSE RED BASKET IS A 501(C)(3), NON-PROFIT, ALL DONATIONS ARE TAX DEDUCTIBLE

Form 990, Part III, Line 4c:

PATRIOTIC PROGRAM WOODMENLIFE'S PATRIOTIC PROGRAM WAS LAUNCHED MORE THAN 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 NONPROFIT 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 THEY ALSO PLAN COMMUNITY SERVICE PROJECTS FOR VETERANS DAY, MEMORIAL DAY AND INDEPENDENCE DAY

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	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK L DEES PRESIDENT &	50 00 2 00	X		X				882,452	0	283,367
DENISE M MCCAULEY EXEC VP, CH	50 00 3 00	X		X				554,307	0	85,105
MATTHEW E ELLIS EXEC VP, SEC	50 00 4 00	X		X				525,337	0	55,824
ROBERT T MAHER EXEC VP, CHI	50 00 4 00	X		X				519,828	0	307,125
LARRY R KING FORMER CEO	.....	X		X				489,207	0	0
WESLEY A DODD JR BOARD OF DIR	5 00 1 00	X						89,507	0	11,186
DANIEL W RICE III BOARD OF DIR	5 00 1 00	X						88,929	0	33,844
JAMES W SHAVER BOARD OF DIR	5 00 1 00	X						88,536	0	16,649
MARK L SCHREIER DIR, FORMER	5 00	X						80,500	0	0
MICHAEL C SHEALY BOARD OF DIR	5 00 1 00	X						78,315	0	14,260

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			
JAMES W BOSLER III BOARD OF DIR	5 00 1 00	X						67,892	0	11,871
DANNY E CUMMINS DIR, FORMER	5 00	X						67,563	0	0
DARYL J DOISE BOARD OF DIR	5 00 2 00	X						66,850	0	0
RONALD H ALDRIDGE BOARD OF DIR	5 00	X						63,050	0	0
DWAYNE H TUCKER BOARD OF DIR	5 00 1 00	X						44,818	0	0
CYNTHIA S BENGTSON VP, INVESTME	50 00			X				362,858	0	131,941
RAYMOND G SMOLINSKI VP, BUSINESS	50 00			X				326,756	0	55,646
STEPHEN K MCMAHAN SR VP, SALES	50 00			X				309,054	0	85,304
LYNN ESPELAND VP, CHIEF CO	50 00			X				291,584	0	38,451
DONALD L MOLINEU JR VP, FRATERNA	50 00 1 00			X				279,864	0	106,978

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	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
KARLA J GOCHENOUR VP, HUMAN RE	50 00			X				267,537	0	128,305
LEE A JANECEK VP, CERTIFIC	50 00			X				260,262	0	198,928
CHARLES R DRIFFILL VP, SALES	50 00			X				246,270	0	52,273
ANNETTE M DEVINE VP, ACCOUNTI	50 00 4 00			X				243,502	0	122,397
RANDALL P ROTSCHAFER VP, CHIEF RI	50 00			X				242,308	0	235,580
JON AERNI VP, CHIEF AC	50 00			X				237,643	0	47,874
STEVEN T MCKERN VP, ADMIN SE	.....			X				207,514	0	87,119
LORI HOWARD VP, MARKETIN	50 00			X				176,025	0	38,452
PAULA S MAU VP, SECURITY	50 00			X				148,252	0	26,500
SPENCER T OWEN REGIONAL DIR	50 00					X		493,204	0	99,221

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			
PASQUALE FRAPPAMPINA REGIONAL DIR	50 00 1 00					X		352,238	0	97,375
GREGORY D ROBERTSON REGIONAL DIR	50 00					X		315,011	0	71,498
ANTHONY ANGERETT RECRUITING S	50 00					X		314,363	0	19,479
DESI DOISE REGIONAL DIR	50 00					X		284,862	0	133,559

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY	Employer identification number 47-0339250
---	--

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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ 9,000
- 3** Volunteer hours for political campaign activities (see instructions)

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

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a** Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☒ 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-
1				
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319170279

SCHEDULE D

(Form 990)

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number

47-0339250

Part I

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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		111,446,090	89,536,728	21,909,362
c Leasehold improvements				
d Equipment				
e Other	116,387,572		58,456,042	57,931,530
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				79,840,892

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	2,037,358,717	C
(B) CTF LOANS-LEGACY	140,515,635	C
(C) OTHER SCHEDULE BA-COST	9,306,636	C
(D) CTF LOANS-INGENIUM	7,455,934	C
(E) ACCELERATED BENEFIT LIENS	1,432,536	C
(F) CTF LOANS IN PROCESS	338,753	C
(G) MORTGAGE LOANS - DISCOUNT	-577	C
(H) OTHER SCHEDULE BA-MKT VAL ADJ	-506,073	F
(I) CTF LOANS-NONADMITTED	-1,377,541	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	2,194,524,020	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	9,475,108,939

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	1,042,215,684
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	14,401,726
e	Add lines 2a through 2d	2e	14,401,726
3	Subtract line 2e from line 1	3	1,027,813,958
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	21,865,135
c	Add lines 4a and 4b	4c	21,865,135
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,049,679,093

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	956,988,626
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	14,401,726
e	Add lines 2a through 2d	2e	14,401,726
3	Subtract line 2e from line 1	3	942,586,900
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	21,865,135
c	Add lines 4a and 4b	4c	21,865,135
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	964,452,035

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
(A) MORTGAGE LOANS - COST	2,037,358,717	C
(A) CTF LOANS-LEGACY	140,515,635	C
(B) OTHER SCHEDULE BA-COST	9,306,636	C
(C) CTF LOANS-INGENIUM	7,455,934	C
(D) ACCELERATED BENEFIT LIENS	1,432,536	C
(E) CTF LOANS IN PROCESS	338,753	C
(F) MORTGAGE LOANS - DISCOUNT	-577	C
(G) OTHER SCHEDULE BA-MKT VAL ADJ	-506,073	F
(H) CTF LOANS-NONADMITTED	-1,377,541	C

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

1	(a) Description of Liability	(b) Book Value
	LIFE RESERVES	4,506,471,379
	ANNUITY RESERVES	3,185,610,584
	UNIVERSAL LIFE LIAB-CASH VALUE	3,046,935,549
	ANNUITY LIABILITY	1,298,430,910
	VARIABLE ANNUITY RESERVES	400,621,358
	QUALIFIED RET PLAN	394,318,167
	VA TRANSFERS IN	286,451,455
	QUALIFIED RET PLAN - SEP ACCTS	227,277,736
	REFUNDS LEGACY	225,808,327
	NONLIFE SETTLEMENT OPTIONS	166,486,118

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

1	(a) Description of Liability	(b) Book Value
	ASSET VALUATION RESERVE	100,281,350
	DISABILITY-DISABLED LIVES RSRV	84,645,703
	A&H ACTIVE CONTRACT RESERVES	77,634,208
	PAYABLE FOR SECURITIES LENDING	77,161,493
	SCI RESERVES	66,710,981
	POST RET BENEFITS LIABILITY	48,963,709
	PROVISION FOR REFUNDS PAYABLE	38,295,000
	CLM LIAB-LIFE ICOS	24,533,540
	CLM SUSP-INGENIUM ICOS	11,214,771
	A&H CLAIM RESERVES	10,386,003

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

1	(a) Description of Liability	(b) Book Value
	INT MAINTENANCE RESERVE	10,309,876
	DISABILITY-ACTIVE LIVES RSRV	8,483,725
	UNFUNDED ABO LIABILITY	8,023,763
	DEFERRED COMP - EMPOWER	7,955,611
	LIABILITY-INGENIUM SET OPTS	6,648,195
	AIO RESERVE	6,583,485
	DISABILITY-DISABLED IBNR RSRV	6,300,000
	CLM LIAB-LIFE IBNR	6,152,000
	ACCIDENTAL DEATH RESERVE	5,835,392
	UNEARNED PREMIUM RESERVE	4,787,837

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

1	(a) Description of Liability	(b) Book Value
	SUPP RET PLAN	4,728,727
	DEFERRED COMP - LEGACY	3,206,561
	ADVANCE PAYMENTS INGENIUM	2,502,227
	ADVANCE PAYMENTS LEGACY	1,664,493
	CLM LIAB-LIFE D&U	1,259,513
	ADVANCE PREM - DIRECT -RENEWAL	1,138,473
	A&H ACTIVE UNEARNED PREM RSRV	690,556
	NQ PENSION - LIABILITY	676,891
	MORTGAGE LOANS - GUARANTEE DEP	675,000
	REFUNDS INGENIUM	514,793

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

1	(a) Description of Liability	(b) Book Value
	CLM LIAB-A&H IBNR	442,204
	SURRENDER VALUES PAYABLE	377,791
	CLM LIAB-A&H ICOS	314,885
	GUARANTEED ENDOWMENTS LEGACY	211,549
	CLM LIAB-LIFE RESISTED	140,123
	A&H ACTIVE ADDITIONAL RESERVE	126,750
	RE-GUARANTEE DEPOSITS	116,097
	RE-SEC DEP-BANK OF BLUE VALLEY	86,761
	ADVANCE PAYMENTS - ACCRUED INT	35,833
	RE-SEC DEP-IBERIABANK	16,993

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

1	(a) Description of Liability	(b) Book Value
	RE-SEC DEP-FIDELITY BANK	16,221
	ADVANCE PREM - DIRECT - 1ST YR	14,668
	STALE DATED CHECKS - LAWSON	13,413
	RE-SEC DEP-US BANK	8,234
	REFUNDS - ACCRUED INTEREST	7,394
	RE-SUSPENSE	5,833
	UNCASHED CHKS - WBA CLOSEOUT	43
	CLM LIAB-A&H REIN IBNR	-204
	ADVANCE PREM - REINS - RENEWAL	-3,825
	CLM LIAB-A&H REIN ICOS	-14,612

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

1	(a) Description of Liability	(b) Book Value
	CLM LIAB-LIFE REIN D&U	-89,764
	A&H UNEARNED CEDED RESERVE	-206,364
	CLM LIAB-LIFE REIN ICOS	-2,367,227
	A&H CLAIM REINSURANCE	-5,558,785
	VA RESERVE - SEP ACCOUNT	-9,893,802
	A&H ACTIVE LIFE REINSURANCE	-28,802,781
	REINSURANCE OFFSET	-35,448,524
	VA TRANSFERS OUT	-465,448,965
	NET ANNUITY LIABILITY	-1,298,430,910
	NET UNIVERSAL LIFE CASH VALUE	-3,046,935,549

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	EXPENSES RELATED TO RENTAL INCOME 14,401,726

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	EXPENSES RELATED TO INVESTMENT INCOME 21,865,135

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	EXPENSES RELATED TO RENTAL INCOME 14,401,726

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	EXPENSES RELATED TO INVESTMENT INCOME 21,865,135 BOOK / TAX DEPRECIATION DIFFERENCE 16,958,170

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE
SOCIETY

Statement of Activities Outside the United States

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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
See Add'l Data					
3a Sub-total					10,562,996
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					10,562,996

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)

- 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.

[illegible]

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 8,426,465 EUROPE 0 2,136,531

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		8,426,465
EUROPE			INVESTMENTS		2,136,531

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE
SOCIETY

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

OMB No 1545-0047

2018

Open to Public
Inspection

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 18

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIP	858	538,500			
(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	10,925				GENERAL SUPPORT
FOOD BANK FOR THE HEARTLAND 10525 J STREET OMAHA, NE 68127	47-0637701	501C3	59,888				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
GIRL SCOUTS OF THE UNITED STATES OF 420 FIFTH AVENUE NEW YORK, NY 10018	13-1624016	501C3	5,100				GENERAL SUPPORT
GREATER OMAHA CHAMBER OF COMMERCE 1301 HARNEY STREET OMAHA, NE 68102	47-0258610	501C6	25,125				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	10,785				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	6,258				GENERAL SUPPORT
OMAHA COMMUNITY PLAYHOUSE 6915 CASS STREET OMAHA, NE 68102	47-0399856	501C3	13,850				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 SYMPHONY ASSOCIATION 1905 HARNEY STREET SUITE 400 OMAHA, NE 68102	47-6039304	501C3	15,000				GENERAL SUPPORT
OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST OMAHA, NE 68110	47-0411375	501C3	6,075				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE MIDLANDS 1805 HARNEY STREET OMAHA, NE 68102	47-0376605	501C3	40,150				GENERAL SUPPORT
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL SUITE 300 LINCOLN, NE 68508	47-0379839	501C3	8,650				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	6,725				GENERAL SUPPORT
YMCA 430 S 20TH ST OMAHA, NE 68102	47-0376586	501C3	5,250				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
URBAN LEAGUE OF NEBRASKA 3040 LAKE ST OMAHA, NE 68111	47-0384575	501C3	6,000				GENERAL SUPPORT
SUSAN G KOMEN NEBRASKA 8707 W CENTER RD SUITE 101 OMAHA, NE 68124	26-0056671	501C3	6,050				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
MICAH HOUSE 1415 AVE J COUNCIL BLUFFS, IA 51501	42-1292393	501C3	5,225				GENERAL SUPPORT
LAURITZEN GARDENS 100 BANCROFT ST OMAHA, NE 68108	47-0659701	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
FILM STREAMS INC 1340 MIKE FAHEY ST OMAHA, NE 681024701	20-2549448	501C3	10,000				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF AMERICA 2610 HAMILTON ST OMAHA, NE 681311640	27-2250924	501C4	8,700				GENERAL SUPPORT

Schedule J (Form 990)	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. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.		OMB No 1545-0047
			2018
			Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY	Employer identification number 47-0339250	

Part I 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 style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </div> <div style="width: 48%;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) </div> </div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div style="width: 48%;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization <div style="margin-top: 10px;"> a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a Yes	4b Yes
	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of <div style="margin-top: 10px;"> a The organization? b Any related organization? </div> If "Yes," on line 5a or 5b, describe in Part III	5a	5b
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of <div style="margin-top: 10px;"> a The organization? b Any related organization? </div> If "Yes," on line 6a or 6b, describe in Part III	6a	6b
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

See Additional Data Table

Schedule J (Form 990) 2018

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.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	STEVEN T MCKERN 10,516 0 0

Return Reference	Explanation
SCHEDULE J, PART III	<p>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 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</p>



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				
PATRICK L DEES PRESIDENT & CEO	(i)	716,707	129,833	35,912	247,917	35,450	1,165,819	
	(ii)							
DENISE M MCCAULEY EXEC VP, CHIEF OPER	(i)	419,071	108,852	26,384	57,686	27,419	639,412	
	(ii)							
MATTHEW E ELLIS EXEC VP, SECRETARY	(i)	388,406	105,599	31,332	40,429	15,395	581,161	
	(ii)							
ROBERT T MAHER EXEC VP, CHIEF FINAN	(i)	374,844	106,065	38,919	272,757	34,368	826,953	
	(ii)							
LARRY R KING FORMER CEO	(i)		489,207				489,207	
	(ii)							
CYNTHIA S BENGTSO VP, INVESTMENT	(i)	270,197	100,616	-7,955	111,572	20,369	494,799	
	(ii)							
RAYMOND G SMOLINSKI VP, BUSINESS TECHNOL	(i)	249,762	67,700	9,294	32,006	23,640	382,402	
	(ii)							
STEPHEN K MCMAHAN SR VP, SALES & MARKE	(i)	240,387	51,723	16,944	57,402	27,902	394,358	
	(ii)							
LYNN ESPELAND VP, CHIEF COMPLIANCE	(i)	235,326	49,400	6,858	9,830	28,621	330,035	
	(ii)							
DONALD L MOLINEU JR VP, FRATERNAL	(i)	173,369	86,639	19,856	79,018	27,960	386,842	
	(ii)							
KARLA J GOCHENOUR VP, HUMAN RESOURCES	(i)	206,080	47,000	14,457	93,586	34,719	395,842	
	(ii)							
LEE A JANECEK VP, CERTIFICATE ADMI	(i)	203,786	53,000	3,476	163,787	35,141	459,190	
	(ii)							
CHARLES R DRIFFILL VP, SALES	(i)	191,575	51,336	3,359	23,163	29,110	298,543	
	(ii)							
ANNETTE M DEVINE VP, ACCOUNTING SERVI	(i)	191,653	44,000	7,849	86,239	36,158	365,899	
	(ii)							
RANDALL P ROTSCHAER VP, CHIEF RISK OFFIC	(i)	183,686	47,000	11,622	200,991	34,589	477,888	
	(ii)							
JON AERNI VP, CHIEF ACTUARY	(i)	198,884	38,219	540	15,002	32,872	285,517	
	(ii)							
STEVEN T MCKERN VP, ADMIN SERVICES	(i)	166,348	32,212	8,954	71,720	15,399	294,633	
	(ii)							
LORI HOWARD VP, MARKETING	(i)	132,088	30,500	13,437	11,120	27,332	214,477	
	(ii)							
PAULA S MAU VP, SECURITY OFFICIA	(i)	134,216		14,036	6,925	19,575	174,752	
	(ii)							
SPENCER T OWEN REGIONAL DIRECTOR	(i)	305,776	149,616	37,812	68,872	30,349	592,425	
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number

47-0339250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, ITEM C	WOODMENLIFE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>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 25,000 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</p> <p>-ORPHAN'S CARE BENEFIT WOODMENLIFE OFFERS UP TO 12,000 ANNUALLY FOR THE CARE OF MEMBERS' CHILDREN IF THEY ARE ORPHANED -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 1,000 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 LIKE CELL PHONES, RESTAURANTS AND WHOLESALE CLUB MEMBERSHIPS, AND ON MAJOR PURCHASES LIKE AUTOMOBILES, HOMES AND FURNITURE -PRESCRIPTION DRUG SAVINGS CARD</p> <p>THIS NO-COST PRESCRIPTION DRUG SAVINGS CARD OFFERS MEMBERS THE LOWEST PRICE AVAILABLE ON DRUGS PURCHASED THROUGH THE SCRIPTSAVE NETWORK OF PHARMACIES -WOODMENLIFE FOCUS FORWARD SCHOLARSHIP WITH THE WOODMENLIFE FOCUS FORWARD SCHOLARSHIP, NEARLY 1 MILLION IN SCHOLARSHIPS IS AVAILABLE TO THOUSANDS OF HIGH SCHOOL GRADUATES ANNUALLY SCHOLARSHIPS MAY BE USED AT COLLEGES, UNIVERSITIES AND TRADE SCHOOLS, AND SCHOLARSHIP MONEY CAN BE USED FOR EDUCATION-RELATED EXPENSES, WHICH INCLUDE TUITION, FEES, BOOKS, SUPPLIES AND ROOM AND BOARD -FAMILY ACTIVITIES AND COMMUNITY EVENTS FAMILY IS IMPORTANT TO US, AND WE SPONSOR A VARIETY OF FUN, FAMILY-FRIENDLY ACTIVITIES THAT BRING YOUNG AND OLD TOGETHER TO FORM NEW FRIENDSHIPS AND CELEBRATE DIFFERENCES ALL WOODMENLIFE MEMBERS AND THEIR GUESTS ARE ENCOURAGED TO ATTEND -COMMUNITY IMPROVEMENT FUNDS WOODMENLIFE DONATES MONEY TO LOCAL CHAPTERS AND COMMUNITIES THAT SUPPORT OUR SHARED COMMITMENT TO FAMILY, COMMUNITY AND COUNTRY THESE FUNDS HELP MEMBERS PROVIDE FOR LOCAL NEEDS AND GIVE MEMBERS 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	RED BASKET, INC REDBASKET ORG IS A NONPROFIT CROWD-FUNDING WEBSITE DEDICATED TO HELPING INDIVIDUALS RAISE MONEY FOR PERSONAL EMERGENCIES AND COMMUNITY IMPROVEMENT PROJECTS IN A FEE-FREE ENVIRONMENT REDBASKET ORG WAS CREATED IN 2012, AND IS AVAILABLE IN ALL 50 STATES IN 2018, REDBASKET ORG RAISED OVER 680,000 TO FUND A VARIETY OF PROJECTS 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 SERVICES WOODMENLIFE ALSO COVERS ALL PAYMENT PROCESSING FEES AND BANK SERVICE CHARGES BECAUSE RED BASKET IS A 501(C)(3), NON-PROFIT, ALL DONATIONS ARE TAX DEDUCTIBLE

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 52,655 24 COLUMN F 20,549 30 COM PENSATION FOR WOODMEN FOUNDATION, INC 'S PRESIDENT COLUMN D 95016 34 COLUMN F 8,722 11

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	MINIMUM PENSION OBLIGATIONS 16,039,487 CHANGE IN NON-ADMITTED ASSETS -24,845,187 CHANGE IN ASSET VALUATION RESERVE 24,802,088 TOTAL 15,996,388

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

OMB No 1545-0047

2018

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	CHARITABLE	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	-15,404	17,237,434		Yes	
(2) WOODMEN FINANCIAL SERVICES INC 1700 FARNAM STREET OMAHA, NE 68102 22-3828171	FINANCIAL	NE	WFS HOLDIN	C CORP		1,785,573		Yes	
(3) WOODMEN INSURANCE AGENCY INC 1700 FARNAM STREET OMAHA, NE 68102 01-0785572	INSURANCE	NE	WFS HOLDIN	C CORP	-97,342	201,737		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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)	Yes	
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WOODMEN FINANCIAL SERVICES INC	Q	806,419	CASH PAID
(2) WOODMEN INSURANCE AGENCY INC	Q	509,900	CASH PAID
(3) RED BASKET INC	L	254,374	FMV
(4) RED BASKET INC	H	500,000	FMV
(5) WOODMEN FINANCIAL SERVICES	J	54,120	CASH PAID

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