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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Doing Business As

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

1700 FARNAM ST No 2200

City or town, state or country, and ZIP + 4

OMAHA, NE 681022022

D Employer identification number

47-0339250

E Telephone number

(402) 342-1890

G Gross receipts \$ 1,274,437,078

F Name and address of principal officer

Jeff Kern  
1700 Farnam Street  
Omaha, NE 68102

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

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

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

H(c) Group exemption number 0510

I Tax-exempt status ☒ 501(c) ( 8 ) ☐ (Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: woodmen.org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other Fraternal Benefit Society

L Year of formation 1890

M State of legal domicile NE

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities Woodmen of the World is a fraternal benefit society dedicated to serving its members, their families and communities. Woodmen's mission is to benefit our members through every stage of life. We achieve this by providing members with valued financial solutions, engaging members in community service activities, and enriching the lives of members through social, educational and patriotic programs. Woodmen seeks as members individuals of exemplary habits and good moral character who desire to join together for mutual benefit and protection. Members share common values and work to achieve these shared fraternal ideals of family, community and country.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of employees (Part V, line 2a)	5	2,994
	6	Total number of volunteers (estimate if necessary)	6	23,600
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	618,887
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-300,000
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,054,234,462	1,272,850,469
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,223	1,586,609
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,054,242,685	1,274,437,078
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,030,960,971	1,008,573,994
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	77,195,447	92,954,107
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	106,206,128	106,215,144
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,214,362,546	1,207,743,245
	19	Revenue less expenses. Subtract line 18 from line 12	-160,119,861	66,693,833
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	7,582,356,814	8,074,593,384
	21	Total liabilities (Part X, line 26)	6,825,743,138	7,251,285,875
	22	Net assets or fund balances. Subtract line 21 from line 20	756,613,676	823,307,509

Part II Signature Block

Sign Here

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

Jordan Mawson Tax Compliance Supervisor

2010-08-16

Date

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

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

☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part IIISTatement of Program Service Accomplishments

1

Briefly describe the organization’s mission

Benefit our members through every stage of life, provide financial solutions, engage members in volunteer community service

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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ )

Exempt Purpose/Achievements Woodmen is owned and governed by its more than 745,476 members, who belong to 2,000 local adult and youth lodges across the nation Delegates are elected to represent their fellow lodge members at biannual jurisdictional (state) conventions and quadrennial National Conventions These national delegates elect members to the Board of Directors for four-year terms of office where they help to set policies and determine the direction of the Society

4b

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

Woodmen's commitment to its members is exemplified by a wide range of membership benefits, which are not part of the life insurance contract, but provided at no additional cost as part of the Society's fraternal program These benefits enable families to enjoy social and educational activities, youth and senior programs, patriotic presentations and community service opportunities They also provide aid and comfort to members in times of illness, misfortune or need Local Lodge Activities Local Woodmen adult and youth lodges sponsor activities for members of all ages These include regular business meetings, social events, group outings, cookouts, holiday parties and other activities that strengthen the bonds of friendship and fraternity Youth and Senior Programs Woodmen's Youth and Senior Camp programs offer members the opportunity to enjoy a variety of activities and make new friends Since its creation in 1947, the Youth Camping Program has steadily grown In 2009, 6,478 youth members ages 8 through 15 attended one of 40 youth camps across the nation at little or no cost The camps provide youth an opportunity to study nature, learn arts and crafts, and participate in citizenship activities, swimming, games, hiking, archery and many other outdoor activities Camp programs are designed to develop each camper's self-esteem, knowledge and skills, and help build today's youth into tomorrow's leaders Woodmen senior camps, which began in 1974, are designed for senior members who enjoy the fellowship of good friends and new acquaintances A wide variety of activities are offered at senior camps including arts and crafts, music, games, archery, fishing, swimming, storytelling and nature walks In addition, many of the camps offer educational seminars with emphasis on the needs and interests of seniors Financial Assistance for Catastrophic Illnesses Woodmen provides a \$1,000 benefit to eligible members diagnosed with tuberculosis, lung cancer, leukemia, malignant lymphoma, Hodgkin's disease, multiple myeloma or brain tumor In 2009, \$1,505,000 were paid for catastrophic illness benefits Disaster Relief Benefit The Disaster Relief Fraternal Benefit provides monetary relief for members who sustain significant damage to their homes as a result of a hurricane, tornado, fire or other natural disaster In 2009, \$34,500 was provided in benefit payments to members Assistance to Orphaned Children Woodmen provides from \$125 to \$200 a month in financial assistance to orphaned children through age 18 whose parents were both qualified Woodmen members Extra funds may also be available to help pay college, tutorial or vocational training In 2009, the Orphan's Care Program paid out \$52,214 in benefits Newborn Benefit Woodmen provides a \$5,000 fraternal benefit if an infant of a 100% Woodmen family dies between 48 hours and six month of birth, plus guarantees issuance of a \$5,000 life insurance certificate at standard rates during the first six months of life In 2009, newborn benefits paid were \$30,000 6 Newborn Guaranteed Issue applications were processed in 2009 Woodmen Prescription Drug Card This benefit was introduced in 2001 The care is free to all members and is another example of the value of Woodmen membership Since the inception of this program members have saved a total of \$10,427,082 This value-added fraternal benefit saved members over \$425,208 in 2009 The number of prescriptions and total savings was up in 2009 Homeland Heroes Social Community Membership A fraternal benefit package that is available to volunteer and full-time firefighters With payment of annual membership dues, Homeland Heroes are eligible for the regular fraternal benefits offered to all dues paying members, plus a \$5,000 benefit payable in the event of a death while performing their duties as a member of a fire department (subject to program qualifications)

4c

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

Volunteer Service In 2009, Woodmen members volunteered more than 40,319 hours in community service activities and 148,638 hours of service to the following fraternal projects and activities Patriotic Program Woodmen's Patriotic Program was introduced 61 years ago, in 1947, and is one of the Society's strongest fraternal activities Through the program, local lodges present U S flags to schools, community buildings, churches, parks, and other civic and nonprofit organizations, American Patriot's Handbooks to schools, libraries and newly-naturalized citizens, and American History Awards to junior and senior high school students for proficiency in American history In 2009, 75,539 U S flags, 196,774 American Patriot's Handbooks and 731 American History Awards were presented Since the program began, Woodmen members have presented 1,999,817 flags, 1,781,081 American Patriot's Handbooks and 258,397 American History Awards Woodmen/American Red Cross Partnership The disaster relief partnership between Woodmen and the American Red Cross began in September 1998 as a way for the Society to further its fraternal commitment The Society has created teams of Red Cross-trained Woodmen volunteers to provide disaster relief to people and communities throughout the nation In 2009, more than 1,200 members belonged to 121 Woodmen Disaster Action Teams These teams provide a caring force of disaster relief volunteers along with vehicles, equipment and supplies to assist Red Cross relief efforts In addition, Woodmen makes lodge halls and summer camps available for use as Red Cross shelters or training centers Woodmen lodges also provide monetary support to local Red Cross chapters to assist in disaster relief efforts Join Hands Day In May 2009, members from 455 Woodmen lodges took part in this national day of service Volunteers worked side-by-side to beautify city parks, stock food pantries, assist senior citizens and conduct other community service projects Join Hands Day, which is sponsored by America's fraternal benefit societies in partnership with The Points of Light Foundation is designed to create partnerships between young people and adults to plan and implement projects that benefit their communities Nationwide, thousands of adult and youth members joined with volunteers from other service organizations to plan and implement community-improvement projects In Honor and Remembrance The fraternal spirit of our members was never more evident than on September 11, 2007, the 5 year anniversary of 9/11, when Woodmen of the World organized a Tribute in Light display, whereby an illumination of lights representing the World Trade Center twin towers was shown beside two 50- by 100-foot flags hung from the Woodmen Tower In 2009, 471 lodges also participated in "In Honor and Remembrance" ceremonies across the nation These patriotic ceremonies were moving tributes to the victims and heroes of the 9/11 terrorist attacks and included the installation and dedication of flagpoles, U S flags and commemorative plaques Flags Across America Each year on Flag Day, June 14, Woodmen lodges hold flag-raising ceremonies in support of Flags Across America, a national program that celebrates patriotism as a unifying value Lodges take part in a synchronized raising of hundreds of U S flags in communities across the country Make a Difference Day In October of 2009 Woodmen members across the country participated in the 18th annual Make A Difference Day which was created in 1992 by USA WEEDEND magazine, in partnership with Points of Light Foundation as a day to help others Past activities included a wide range of service projects, such as cleaning neighborhoods, feeding the homeless, renovating homes and schools, and visiting the elderly Hundreds of people across America have benefited from Make A Difference Day projects that were conducted by Woodmen members

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

Substantial contributions were made to other charitable organizations United Way - \$83,190, Omaha Performing Arts - \$20,000, ICAN - \$516,537, Greater Omaha Economic Development Partnership - \$15,000, Omaha Symphony Assn - \$15,000, Food Bank - \$14,753, Methodist Hospital Foundation, Women's Hospital - \$12,500, Goodwill - \$12,100, American Heart Assn - \$10,415, and a total of \$144,049 to 96 other organizations

4d

Other program services (Describe in Schedule O )

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






4e

Total program service expenses➤\$

Form 990 (2009)

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)? <i>If "Yes," complete Schedule A</i> . . . . .	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	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? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	4	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .	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? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . .	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .	10	No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> . . . . . 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . .	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
14b	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i> . . . . .	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b–24d and complete Schedule K. If "No," go to line 25</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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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 of the organization (or a family member) was an officer, director, trustee, or 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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	250,027	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	2,994	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	No
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			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? . . . . .			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, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	15	
b	Enter the number of voting members that 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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
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	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does 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 a or b, 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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▶NE , CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ WOODMEN OF THE WORLD co Jeff Kern 1700 FARNAM ST STE 2200 OMAHA, NE 681022022 (402) 342-1890

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)



<b>1b Total</b>	10,709,835	0	345,401
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶223

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CROSS USA 13754 RONTIER CT STE 106 BURNSVILLE, MN 55337	IT CONSULTING	643,822
JAMES BATES POPE & SPIVEY LLC PO BOX 4283 MACON, GA 31208	LEGAL SERVICES	608,627
MCDONALD ADVERTISING & MARKETING 2909 COLE AVENUE DALLAS, TX 75204	ADVERTISING	417,859
ERNST & YOUNG C/O BANK OF AMERICA 96760 COLLECTI CHICAGO, IL 60693	ACCOUNTING/AUDITING	300,260
KUTAK ROCK LLP PO BOX 30057 OMAHA, NE 68103	LEGAL SERVICES	286,822

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶9

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 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	Premiums and Annuity C	524,113	1,249,070,022	1,248,451,135	618,887		
	b	Gross Investment Incom	531,390	23,780,447	23,780,447			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		1,272,850,469				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .						
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
	b	Less direct expenses . . . . .		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	Transfers to(from) Sep		524,113	1,580,563	1,580,563			
b	Change in Loading		524,113	6,046	6,046			
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			1,586,609				
12	Total revenue. See Instructions . . . . .			1,274,437,078	1,273,818,191	618,887	0	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,008,573,994			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	8,354,918			
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	44,354,657			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	27,408,750			
9	Other employee benefits . . . . .	6,636,783			
10	Payroll taxes . . . . .	6,198,999			
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	1,679,421			
c	Accounting . . . . .	349,288			
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .				
12	Advertising and promotion . . . . .	3,276,094			
13	Office expenses . . . . .				
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	4,560,247			
17	Travel . . . . .	697,320			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	918,039			
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	16,246,058			
23	Insurance . . . . .	765,694			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Commissions	41,605,662			
b	Field Expenses	13,765,574			
c	Inv Real Estate Expens	7,264,981			
d	Taxes, Licenses and Fee	4,261,800			
e	Postage & Telephone	2,622,227			
f	All other expenses	8,202,739			
25	Total functional expenses. Add lines 1 through 24f	1,207,743,245			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			63,816,409	1	95,686,868
	2	Savings and temporary cash investments . . . . .			89,073,323	2	148,491,987
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 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	186,723,550			
	b	Less accumulated depreciation . . . . .	10b	98,296,946	85,794,892	10c	88,426,604
	11	Investments—publicly traded securities . . . . .			5,579,767,673	11	5,988,591,179
	12	Investments—other securities See Part IV, line 11 . . . . .			1,533,678,967	12	1,481,199,380
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			230,225,550	15	272,197,366
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			7,582,356,814	16	8,074,593,384	
Liabilities	17	Accounts payable and accrued expenses . . . . .				17	
	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	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 Complete Part X of Schedule D . . . . .			6,825,743,138	25	7,251,285,875
	26	Total liabilities. Add lines 17 through 25 . . . . .			6,825,743,138	26	7,251,285,875
Net Assets or Fund Balances	Organizations that follow SFAS 117, 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, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			756,613,676	32	823,307,509
	33	Total net assets or fund balances . . . . .			756,613,676	33	823,307,509
	34	Total liabilities and net assets/fund balances . . . . .			7,582,356,814	34	8,074,593,384

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

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

**TY 2009 ShareholdersStockOwnershipStmt**

**Name:** WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

**EIN:** 47-0339250

Class of Stock Owned by the Shareholder at the Beginning of its Tax Year	Number of Shares Owned by the Shareholder at the Beginning of its Tax Year	Change to the Number of Shares Owned	Date of Changes	Number of Shares at End of Year
Common	7500000			7500000

Additional Data

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CUMMINS DANNY E CHAIRMAN, PRESIDENT & CE	40 00	X		X				861,884	0	17,264
KING LARRY R EXECUTIVE VICE PRESIDENT	40 00	X		X				528,099	0	17,477
SHREIER MARK L EXEC VP & TREASURER	40 00	X		X				511,220	0	16,826
THEISEN MARK D EXEC VICE PRESIDENT	40 00	X		X				583,752	0	13,140
HERNANDEZ PAMELA A EXEC VP & SECRETARY	40 00	X		X				540,478	0	18,789
BOSLER JAMES W III BOARD OF DIRECTORS	1 00	X						64,182	0	0
GALLION THOMAS T III BOARD OF DIRECTORS	1 00	X						84,094	0	152
MELLOR STEPHEN W BOARD OF DIRECTORS	1 00	X						667,506	0	0
OWEN WILLIAM C BOARD OF DIRECTORS	1 00	X						154,089	0	4,978
RICE DANIEL W BOARD OF DIRECTORS	1 00	X						82,799	0	152
SHAVER JAMES BOARD OF DIRECTORS	1 00	X						61,107	0	0
MOORE ROGER BOARD OF DIRECTORS	1 00	X						54,167	0	0
TAYLOR-MCCOY LUCIA G BOARD OF DIRECTORS	1 00	X						75,924	0	0
BRIDGES JAMES W JR BOARD OF DIRECTORS, FORM	1 00	X						42,396	0	0
SHEALY MICHAEL BOARD OF DIRECTORS	1 00	X						6,250	0	0
DEVINE ANNETTE M VICE PRESIDENT	40 00			X				159,588	0	13,980
DAY JAMES R VICE PRESIDENT	40 00			X				201,834	0	17,526
GLEASON JAMES M VICE PRESIDENT & GENERAL	40 00			X				360,915	0	21,488
GOCHENOUR KARLA VICE PRESIDENT	40 00			X				199,977	0	15,922
HAACK STEVEN O VICE PRESIDENT	40 00			X				249,866	0	15,378
HROMADKA JOSEPH J JR VICE PRESIDENT	40 00			X				243,832	0	13,771
JONES STEVEN B VICE PRESIDENT	40 00			X				216,461	0	13,371
MAHER ROBERT T VICE PRESIDENT	40 00			X				299,228	0	16,418
ROTSCHAFER RANDALL P VICE PRESIDENT	40 00			X				231,252	0	13,993
HORROCKS RANDALL VICE PRESIDENT	40 00			X				177,173	0	2,283

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DEESPATRICK SR VICE PRESIDENT	40 00			X				240,670	0	17,999
MCCAULEY DENISE VICE PRESIDENT	40 00			X				254,704	0	20,732
BEESON CURTIS VICE PRESIDENT	40 00			X				116,515	0	22,673
MACIEJEWSKICOLLEEN M VICE PRESIDENT	40 00			X				169,980	0	15,037
ANDERSONELVIS VICE PRESIDENT	40 00			X				258,941	0	11,188
MCGUFFEEPENNY FIELD REPRESENTATIVE	40 00					X		435,015	0	11,054
WATERSPHILLIP B FIELD REPRESENTATIVE	40 00					X		392,809	0	0
WALTERS JOSEPH W STATE MANAGER	40 00					X		601,523	0	0
ANDERSON ROGER D STATE MANAGER	40 00					X		379,093	0	0
ROBERTSON GREGORY D FIELD REPRESENTATIVE	40 00					X		369,199	0	0
MOUNCEJAMES FORMER PRESIDENT & CEO,D	40 00						X	206,713	0	6,852
HARVEYLANE FORMER MEMBER BD OF DIRE	1 00						X	70,468	0	0
TICHYCATHY R FORMER VICE PRESIDENT	40 00						X	199,919	0	3,221
DARLINGSCOTT FORMER VICE PRESIDENT	40 00						X	135,245	0	3,737
RUBIOROBERT FORMER VICE PRESIDENT	40 00						X	220,968	0	0



**Software ID:**

**Software Version:**

**EIN:** 47-0339250

**Name:** WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<b><i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i></b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
Commissions	41,605,662			
Field Expenses	13,765,574			
Inv Real Estate Expens	7,264,981			
Taxes, Licenses and Fee	4,261,800			
Postage & Telephone	2,622,227			

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY	Employer identification number 47-0339250
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div>Yes</div> <div>No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div>Yes</div> <div>No</div>	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply)											
	<div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of open space</div></div>	<div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Preservation of a certified historic structure</div></div>										
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?											
	<div>Yes</div> <div>No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?											
	<div>Yes</div> <div>No</div>											
9	In Part XIV, 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" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .		186,723,550	98,296,946	88,426,604
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				88,426,604



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,274,437,078
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,207,743,245
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	66,693,833
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	66,693,833

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,274,437,078
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	0
b	Donated services and use of facilities . . . . .	2b	0
c	Recoveries of prior year grants . . . . .	2c	0
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	1,274,437,078
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	0
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	1,274,437,078

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	1,207,743,245
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	0
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	1,207,743,245
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 XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	1,207,743,245

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

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

1	(a) Description of Liability	(b) Amount
	Aggregate reserves for Life certs & contracts	5,954,159,216
	Aggregate reserves for A&H contracts	26,378,219
	Liability for deposit-type contracts	668,143,417
	Life claims	26,058,868
	A&H claims	802,444
	Provision for refunds payable	107,870,000
	Advance premiums	1,812,046
	Asset valuation reserve (AVR)	98,159,516
	Interest maintenance reserve (IMR)	39,882,810
	Other liabilities	104,143,753
	Post-retirement benefit liability	38,507,900
	From separate account	185,367,686

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>		
	<div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div>		
	<div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div>		
	<div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	
b	Any related organization?	5b	
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	
b	Any related organization?	6b	
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" to 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 in 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.

[illegible]



Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Spouse travel is included in taxable income, payments for club dues/memberships are included in taxable income and will be discontinued for 2009 and subsequent years, a limited "gross up" is provided as a tax indemnity, discretionary spending accounts are extended to executive officers.
	Part I, Line 4a	Severance: Cathy Tichy \$199,919, Scott Darling \$140,057, Robert Rubio \$220,968 NQSR. Robert Rubio \$21,202.

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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CUMMINS DANNY E	(i) (ii)688,964	132,300	40,620		17,264	879,148	
KING LARRY R	(i) (ii)407,154	80,325	40,620		17,477	545,576	
SHREIER MARK L	(i) (ii)384,378	86,342	40,500		16,826	528,046	
THEISEN MARK D	(i) (ii)458,150	85,050	40,552		13,140	596,892	
HERNANDEZ PAMELA A	(i) (ii)416,698	83,160	40,620		18,789	559,267	
MELLOR STEPHEN W	(i) (ii)58,061		609,445			667,506	
OWEN WILLIAM C	(i) (ii)154,089				4,978	159,067	
DEVINE ANNETTE M	(i) (ii)115,606	27,263	16,719		13,980	173,568	
DAY JAMES R	(i) (ii)155,235	30,000	16,599		17,526	219,360	
GLEASON JAMES M	(i) (ii)286,340	57,995	16,580		21,488	382,403	
GOCHENOUR KARLA	(i) (ii)151,878	40,000	8,099		15,922	215,899	
HAACK STEVEN O	(i) (ii)193,410	39,857	16,599		15,378	265,244	
HROMADKA JOSEPH J JR	(i) (ii)188,994	38,239	16,599		13,771	257,603	
JONES STEVEN B	(i) (ii)167,983	31,879	16,599		13,371	229,832	
MAHER ROBERT T	(i) (ii)223,715	58,933	16,580		16,418	315,646	
ROTSCHAFER RANDALL P	(i) (ii)191,238	36,915	3,099		13,993	245,245	
HORROCKS RANDALL	(i) (ii)177,074		99		2,283	179,456	
DEES PATRICK	(i) (ii)230,590		10,080		17,999	258,669	
MCCAULEY DENISE	(i) (ii)209,624	28,500	16,580		20,732	275,436	
MACIEJEWSKI COLLEEN M	(i) (ii)146,761	23,000	219		15,037	185,017	
ANDERSON NELVIS	(i) (ii)258,476		465		11,188	270,129	
MCGUFFEE PENNY	(i) (ii)435,015				11,054	446,069	
WATERS PHILLIP B	(i) (ii)392,809					392,809	
WALTERS JOSEPH W	(i) (ii)601,523					601,523	
ANDERSON ROGER D	(i) (ii)379,093					379,093	
ROBERTSON GREGORY D	(i) (ii)369,199					369,199	
MOUNCE JAMES	(i) (ii)57,913	132,300	16,500		6,852	213,565	
HARVEY LANE	(i) (ii)70,468					70,468	
TICHY CATHY R	(i) (ii)199,919				3,221	203,140	
DARLING SCOTT	(i) (ii)135,245				3,737	138,982	
RUBIO ROBERT	(i) (ii)220,968					220,968	

SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number

47-0339250

Identifier	Return Reference	Explanation
Form 990, Part V, line 3b		FORM 990-T HAS BEEN EXTENDED SOME INFORMATION NECESSARY FOR FILING A COMPLETE AND ACCURATE RETURN WAS NOT AVAILABLE AT THE TIME OF FILING THE FORM 990
Form 990, Part VI, Section A, line 6		Woodmen of the World Life Insurance Society is comprised of its members
Form 990, Part VI, Section A, line 7a		The members elect the officers and directors every 4 years
Form 990, Part VI, Section B, line 11		The return is prepared and review ed by professional staff It is review ed in final form by a designated officer w ho then signs off on the return The return is filed electronically Prior to filing of the return, the Board of Directors has the opportunity to review the return on line through use of a secure web site
Form 990, Part VI, Section B, line 12c		A conflict-of-interest questionnaire is provided and collected annually by the Legal Dept Repsonses are maintained by the Legal Dept
Form 990, Part VI, Section B, line 15		Compensation is determined by a compensation committee using information from compensation surveys and studies, and independent compensation consultants The Compensation Committee of the Bd of Directors review s and approves the compensation schedules and individual compensation amounts
Form 990, Part VI, Section C, line 19		Conflict of interest policy and financial statements are available on request Governing documents are available on Woodmen of the World's web site
Form 990, Part XI, Line 1	Statutory method	The statutory method of accounting used by insurance companies is the method used by Woodmen of the World

Identifier	Return Reference	Explanation
Part XI, Line 2c	Audit Committee	The Audit Committee of the Board of Directors is responsible for oversight of the audit and review of the audited financial statements



<div>SCHEDULE R</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div>Related Organizations and Unrelated Partnerships</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

<div>Name of the organization</div> WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY	<div>Employer identification number</div> 47-0339250
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Part I

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

(a) Name, address, and EIN 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
Monroe County Properties LLC 110 Main Street Byron, GA 31008 20-8570994	Real Estate Investment	GA			Woodmen of the World Life Insurance Society

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
Woodmen Foundation  1700 Farnam St  Omaha, NE 68102 20-4743934	See attached statement	NE	501(c)(3)	Private Foundation	None

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) Disproprrtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							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
WFS Holdings Inc 1700 Farnam St Omaha, NE68102 22-3828160	Holding company for corporations involved in securities and in insurance	NE	Woodmen of the World Life Insurance Society	C			100 000 %
Omaha Woodmen Blocker Inc 1700 Farnam St omaha, NE68102 26-4609780	Holding company for investment in pass-through entities	NV		C			100 000 %

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	WFS Holdings Inc	B	230,848
(2)	Woodmen Foundation	D	30,000
(3)	Monroe County Properties LLC	R	160
(4)			
(5)			
(6)			

**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No