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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

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

F Name and address of principal officer

Jordan Mawson

1700 Farnam Street

Omaha, NE 68102

D Employer identification number

47-0339250

E Telephone number

(402) 342-1890

G Gross receipts \$ 1,080,161,136

I Tax-exempt status

☐ 501(c)(3)

☒ 501(c) (8)

(insert no)

☐ 4947(a)(1) or

☐ 527

J Website:

woodmen.org

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

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 (continued on Schedule O) 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)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	3,017
	6	Total number of volunteers (estimate if necessary)	57,742
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	635,020
	7b	Net unrelated business taxable income from Form 990-T, line 34	-378,000
	Revenue	Prior Year	Current Year
		0	0
		1,252,619,767	1,079,163,265
		0	0
		1,925,862	997,871
Expenses	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)	1,254,545,629
	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)	981,802,436
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	81,995,938
Net Assets or Fund Balances	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–24e)	114,551,605
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,178,349,979
	19	Revenue less expenses Subtract line 18 from line 12	76,195,650
	Beginning of Current Year	End of Year	
		8,570,567,800	9,340,696,830
		7,671,064,641	8,536,186,966
		899,503,159	804,509,864

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Jordan Mawson Director Tax Compliance

Type or print name and title

Date

2012-08-13

Paid Preparer's Use Only

Preparer's signature

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

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

EIN

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 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1

Briefly describe the organization's mission

Benefit our members through every stage of life

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 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 708,525 members, who belong to 1,144 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 2011, 5,027 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 2011, \$387,000 was 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 2011, \$117,026 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 2011, the Orphan's Care Program paid out \$32,375 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 months of birth, plus guarantees issuance of a \$5,000 life insurance certificate at standard rates during the first six months of life. In 2011, newborn benefits paid were \$10,000. 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 \$11,156,890. This value-added fraternal benefit saved members over \$330,375 in 2011. The number of prescriptions and total savings was down in 2011. Homeland Heroes Social Community Membership was changed to First Responders Fraternal Benefit. A fraternal benefit package that is available to all non-military first responders. With payment of annual membership dues, First Responders are eligible for the regular fraternal benefits offered to all dues paying members, plus a \$10,000 benefit payable in the event of a death while performing their duties as a member of a first responder.

4c

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

Volunteer Service In 2011, Woodmen members volunteered more than 629,266 hours in community service activities and 363,896 hours of service to the following fraternal projects and activities. Patriotic Program Woodmen's Patriotic Program was introduced 65 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 2011, 145,658 U S flags, 40,098 American Patriot's Handbooks and 3,385 American History Awards were presented. Since the program began, Woodmen members have presented 2,222,944 flags, 1,844,827 American Patriot's Handbooks and 264,685 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 2011, \$51,500 was provided to disaster relief organizations. Disaster relief 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 2011, members from 351 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 6 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 2011, 475 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 2011 Woodmen members across the country participated in the 20th annual Make A Difference Day which was created in 1992 by USA WEEKEND 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 - \$52,074, Food Bank for the Heartland - \$26,015, Greater Omaha Chamber of Commerce - \$19,110, Open Door Mission - \$17,175, Omaha Symphony Assn - \$15,000, Methodist Hospital Foundation, Women's Hospital - \$12,500, Luthern Family Services - \$10,000, Joslyn Art Museum - \$10,000, and a total of \$181,126 to 67 other organizations.

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	No
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, 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, XII, and XIII 	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, XII, and XIII 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, Part I 	14b	Yes
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 ? If "Yes," complete Schedule F, Part 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 assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part 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	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 hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

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	Yes	
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	Section 501(c)(3) and 501(c)(4) 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	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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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		No
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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a243,920
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c
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	2a3,017
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)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3bNo
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 or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country ▶ See instructions for 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? . . .	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
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?	6aNo
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?	7aNo
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?	7cNo
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?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7fNo
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 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
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b

Part VI

Governance, Management, and Disclosure

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

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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 made 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 made 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 Jordan Maw 1700 FARNAM ST STE 2200 OMAHA, NE 681022022 (402) 342-1890

Check if Schedule O contains a response to any question in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List 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 organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	13,431,903	0	339,498

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 280

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
DELOITTE CONSULTING PO BOX 7247-6447 PHILADELPHIA, PA 19170	CONSULTING	1,807,761
LAMSON DUGAN & MURRAY LLP 10306 REGENCY PARKWAY DRIVE OMAHA, NE 68114	LEGAL SERVICES	1,355,089
MSI SYSTEMS INTEGRATORS PO BOX 202289 DALLAS, TX 75320	IT CONSULTING	1,069,105
MONARCH LIFE INSURANCE 1 MONARCH PLACE SPRINGFIELD, MA 01144	3RD PARTY ADMINISTRATOR	1,000,000
BAIRD HOLM LLP 1500 WOODMEN TOWER OMAHA, NE 68102	LEGAL SERVICES	558,043

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 ▶30

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	524113	1,210,975,812	1,210,340,792	635,020		
	b	Gross Investment Incom	523000	-131,812,547	-131,812,547			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		1,079,163,265				
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				
		Gross rents						
		b Less rental expenses						
		c Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		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	524113	997,871	997,871				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		997,871					
12	Total revenue. See Instructions		1,080,161,136	1,079,526,116	635,020	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)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	343,000			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	977,209,124			
5	Compensation of current officers, directors, trustees, and key employees	11,554,397			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	38,326,987			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,852,704			
9	Other employee benefits	13,849,146			
10	Payroll taxes	6,335,647			
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,127,861			
c	Accounting	362,213			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,874,168			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	4,508,271			
17	Travel	606,569			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,263,983			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,599,086			
23	Insurance	961,286			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Commissions	49,518,433			
b	Field Expenses	14,047,628			
c	Inv Real Estate Expens	7,453,282			
d	Taxes, Licenses and Fee	4,207,873			
e					
f	All other expenses	12,152,774			
25	Total functional expenses. Add lines 1 through 24f	1,175,154,432			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			68,706,776	1	100,591,075
	2	Savings and temporary cash investments			90,492,448	2	88,582,443
	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	200,846,932			
	b	Less: accumulated depreciation	10b	110,293,819	88,932,609	10c	90,553,113
	11	Investments—publicly traded securities			6,503,178,867	11	7,200,772,041
	12	Investments—other securities. See Part IV, line 11			1,511,517,031	12	1,560,326,990
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			307,740,069	15	299,871,168
16	Total assets. Add lines 1 through 15 (must equal line 34)			8,570,567,800	16	9,340,696,830	
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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			7,671,064,641	25	8,536,186,966
	26	Total liabilities. Add lines 17 through 25			7,671,064,641	26	8,536,186,966
	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			899,503,159	32	804,509,864
33		Total net assets or fund balances			899,503,159	33	804,509,864
34	Total liabilities and net assets/fund balances			8,570,567,800	34	9,340,696,830	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,080,161,136
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,175,154,432
3	Revenue less expenses Subtract line 2 from line 1	3	-94,993,296
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	899,503,159
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	804,509,864

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

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	(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 PRESIDENT & CEO	40 00	X		X				1,151,902	0	15,183
KING LARRY R EXECUTIVE VICE PRESIDENT	40 00	X		X				674,189	0	17,798
SHREIER MARK L EXEC VP & TREASURER	40 00	X		X				641,522	0	17,011
HERNANDEZ PAMELA A EXEC VP & SECRETARY	40 00	X		X				669,761	0	17,654
DODD WESLEY BOARD OF DIRECTORS	1 00	X						58,292	0	0
BOSLER JAMES W III BOARD OF DIRECTORS	1 00	X						86,684	0	0
GALLION THOMAS T III CHAIRMAN OF THE BOARD	1 00	X						163,973	0	3,481
MELLOR STEPHEN W BOARD OF DIRECTORS	1 00	X						67,573	0	0
OWEN WILLIAM C BOARD OF DIRECTORS	1 00	X						92,965	0	3,738
RICEDANIEL W BOARD OF DIRECTORS	1 00	X						92,238	0	171
SHAVER JAMES BOARD OF DIRECTORS	1 00	X						85,927	0	0
MOORE ROGER BOARD OF DIRECTORS	1 00	X						69,175	0	0
TAYLOR-MCCOY LUCIA G BOARD OF DIRECTORS	1 00	X						91,447	0	0
BRIDGES JAMES W JR BOARD OF DIRECTORS	1 00	X						56,005	0	0
SHEALY MICHAEL BOARD OF DIRECTORS	1 00	X						63,914	0	0
DEVINE ANNETTE M VICE PRESIDENT	40 00			X				200,372	0	14,957
DAY JAMES R VICE PRESIDENT	40 00			X				199,965	0	16,116
GOCHENOUR KARLA VICE PRESIDENT	40 00			X				235,192	0	18,495
HAACK STEVEN O VICE PRESIDENT	40 00			X				289,446	0	17,097
HROMADKA JOSEPH J JR VICE PRESIDENT	40 00			X				265,068	0	15,488
JONES STEVEN B VICE PRESIDENT	40 00			X				242,264	0	17,666
MAHER ROBERT T VICE PRESIDENT	40 00			X				366,905	0	15,943
ROTSCHAFER RANDALL P VICE PRESIDENT	40 00			X				279,441	0	15,906
HORROCKS RANDALL VICE PRESIDENT	40 00			X				272,111	0	10,152
DEES PATRICK SR VICE PRESIDENT	40 00			X				356,540	0	15,097

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code) (Expenses \$ including grants of \$) (Revenue \$) Substantial contributions were made to other charitable organizations United Way - \$52,074, Food Bank for the Heartland - \$26,015, Greater Omaha Chamber of Commerce - \$19,110, Open Door Mission - \$17,175, Omaha Symphony Assn - \$15,000, Methodist Hospital Foundation, Women's Hospital - \$12,500, Luthern Family Services - \$10,000, Joslyn Art Museum - \$10,000, and a total of \$181,126 to 67 other organizations

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	(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			
MCCAULEY DENISE SR VICE PRESIDENT	40 00			X				332,843	0	20,233
BEESON CURTIS VICE PRESIDENT	40 00			X				245,107	0	23,147
MACIEJEWSKICOLLEEN M VICE PRESIDENT	40 00			X				179,665	0	17,161
ANDERSONELVIS VICE PRESIDENT	40 00			X				304,036	0	16,446
ELLISMATTHEW VP & GENERAL COUNSEL	40 00			X				237,759	0	15,938
BROWNCARLES FIELD REPRESENTATIVE	40 00					X		489,978	0	0
DOISEDESI FIELD REPRESENTATIVE	40 00					X		372,406	0	0
WALTERS JOSEPH W STATE MANAGER	40 00					X		583,450	0	0
BONDURANTFERRIS AREA MANAGER	40 00					X		362,311	0	0
YATESJACK AREA MANAGER	40 00					X		396,652	0	0
THEISENMARK D FORMER EXEC VICE PRESIDENT	40 00						X	2,581,908	0	11,504
HARVEYLANE FORMER MEMBER BD OF DIRECT	1 00						X	143,261	0	0
GLEASONJAMES M FORMER VP & GENERAL COUNSEL	40 00						X	267,365	0	3,116
RUBIOROBERT FORMER VICE PRESIDENT	40 00						X	162,291	0	0

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number
47-0339250

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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><input type="checkbox"/> Yes<input type="checkbox"/> 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)

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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?

☐ Yes☐ No

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)?

☐ Yes☐ No

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

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 Land, Buildings, and Equipment. 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				
c Leasehold improvements				
d Equipment				
e Other		200,846,932	110,293,819	90,553,113
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				90,553,113

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	1,080,161,136
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,175,154,432
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-94,993,296
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-94,993,296

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	1,080,161,135
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d 2e		0
3	Subtract line 2e from line 1 3		1,080,161,135
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 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		1,080,161,135

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,175,154,432
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 XIV) 2d		
e	Add lines 2a through 2d 2e		0
3	Subtract line 2e from line 1 3		1,175,154,432
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		1,175,154,432

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

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	6,616,723,379
	Aggregate reserves for A&H contracts	30,626,872
	Liability for deposit-type contracts	714,524,917
	Life claims	35,143,200
	A&H claims	876,702
	Provision for refunds payable	88,892,500
	Advance premiums	1,569,033
	Asset valuation reserve (AVR)	106,019,926
	Interest maintenance reserve (IMR)	33,157,009
	Other liabilities	159,343,351
	Post-retirement benefit liability	39,997,437
	From separate account - Pension Plan	161,504,236
	From separate account - Variable Annuity	53,463,540
	Uncollected Premiums & agent's balances	24,528
	Payable for securities lending	494,320,336

1

(i) Method of valuation (book, FMV, appraisal, other)

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. Use Part V 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 (see instructions for Form 926)*

☐ Yes ☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number
47-0339250

Part I General Information on Grants and Assistance

- 1

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

☐ Yes ☒ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) UNITED WAY OF THE MIDLANDS1805 HARNEY STREET OMAHA,NE 68102	47-0376605	170	52,074				CONTRIBUTION TO PUBLIC CHARITY
(2) FOOD BANK FOR THE HEARTLAND10525 J STREET OMAHA,NE 68127	47-0637701	170	26,015				CONTRIBUTION TO PUBLIC CHARITY
(3) GREATER OMAHA CHAMBER OF COMMERCE 1301 HARNEY STREET OMAHA,NE 68102	47-0258610	170	19,110				CONTRIBUTION TO PUBLIC CHARITY
(4) OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST OMAHA,NE 68110	47-0411375	170	17,175				CONTRIBUTION TO PUBLIC CHARITY
(5) OMAHA SYMPHONY ASSOCIATION1605 HOWARD STREET OMAHA,NE 68102	47-6039304	170	15,000				CONTRIBUTION TO PUBLIC CHARITY
(6) METHODIST HOSPITAL FOUNDATION8401 WEST DODGE ROAD 225 OMAHA,NE 68114	47-0595345	170	12,500				CONTRIBUTION TO PUBLIC CHARITY
(7) LUTHERN FAMILY SERVICES120 SOUTH 24TH STREET 100 OMAHA,NE 68131	23-7267972	170	10,000				CONTRIBUTION TO PUBLIC CHARITY
(8) JOSLYN ART MUSEUM 2200 DODGE STREET OMAHA,NE 68102	47-0384577	170	10,000				CONTRIBUTION TO PUBLIC CHARITY
(9) MICAH HOUSE1415 AVENUE J COUNCIL BLUFFS,IA 51501	42-1292393	170	9,000				CONTRIBUTION TO PUBLIC CHARITY
(10) SIENAFRANCIS HOUSE1702 NICHOLAS STREET OMAHA,NE 68102	47-0601005	170	7,575	0			CONTRIBUTION TO PUBLIC CHARITY

2

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

10

3

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

10

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	170	52,074				CONTRIBUTION TO PUBLIC CHARITY
FOOD BANK FOR THE HEARTLAND 10525 J STREET OMAHA,NE 68127	47-0637701	170	26,015				CONTRIBUTION TO PUBLIC CHARITY
GREATER OMAHA CHAMBER OF COMMERCE 1301 HARNEY STREET OMAHA,NE 68102	47-0258610	170	19,110				CONTRIBUTION TO PUBLIC CHARITY
OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST OMAHA,NE 68110	47-0411375	170	17,175				CONTRIBUTION TO PUBLIC CHARITY
OMAHA SYMPHONY ASSOCIATION 1605 HOWARD STREET OMAHA,NE 68102	47-6039304	170	15,000				CONTRIBUTION TO PUBLIC CHARITY
METHODIST HOSPITAL FOUNDATION 8401 WEST DODGE ROAD 225 OMAHA,NE 68114	47-0595345	170	12,500				CONTRIBUTION TO PUBLIC CHARITY
LUTHERN FAMILY SERVICES 120 SOUTH 24TH STREET 100 OMAHA,NE 68131	23-7267972	170	10,000				CONTRIBUTION TO PUBLIC CHARITY
JOSLYN ART MUSEUM 2200 DODGE STREET OMAHA,NE 68102	47-0384577	170	10,000				CONTRIBUTION TO PUBLIC CHARITY
MICAH HOUSE 1415 AVENUE J COUNCIL BLUFFS, IA 51501	42-1292393	170	9,000				CONTRIBUTION TO PUBLIC CHARITY
SIENA FRANCIS HOUSE 1702 NICHOLAS STREET OMAHA,NE 68102	47-0601005	170	7,575	0			CONTRIBUTION TO PUBLIC CHARITY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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		
	<input type="checkbox"/> First-class or charter travel		
	<input checked="" type="checkbox"/> Travel for companions		
	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments		
	<input checked="" type="checkbox"/> Discretionary spending account		
	<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)		
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		
	<input checked="" type="checkbox"/> Compensation committee		
	<input checked="" type="checkbox"/> Independent compensation consultant		
	<input type="checkbox"/> Form 990 of other organizations		
	<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		
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, a limited "gross up" is provided as a tax indemnity, discretionary spending accounts are extended to executive officers.
	Part I, Lines 4a-b	Severance: Robert Rubio \$162,293; NQSR: James Gleeson \$267,365.

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)	710,100 0	384,802 0	57,000 0	0 0	15,183 0	1,167,085 0	0 0
KING LARRY R	(i) (ii)	436,213 0	197,476 0	40,500 0	0 0	17,798 0	691,987 0	0 0
SHREIER MARK L	(i) (ii)	411,007 0	190,015 0	40,500 0	0 0	17,011 0	658,533 0	0 0
HERNANDEZ PAMELA A	(i) (ii)	429,920 0	199,341 0	40,500 0	0 0	17,654 0	687,415 0	0 0
GALLION THOMAS T III	(i) (ii)	163,973 0	0 0	0 0	0 0	3,481 0	167,454 0	0 0
DEVINE ANNETTE M	(i) (ii)	133,792 0	50,000 0	16,580 0	0 0	14,957 0	215,329 0	0 0
DAY JAMES R	(i) (ii)	156,385 0	27,000 0	16,580 0	0 0	16,116 0	216,081 0	0 0
GOCHENOUR KARLA	(i) (ii)	165,112 0	60,000 0	10,080 0	0 0	18,495 0	253,687 0	0 0
HAACK STEVEN O	(i) (ii)	208,865 0	64,001 0	16,580 0	0 0	17,097 0	306,543 0	0 0
HROMADKA JOSEPH J JR	(i) (ii)	175,492 0	56,496 0	33,080 0	0 0	15,488 0	280,556 0	0 0
JONES STEVEN B	(i) (ii)	171,684 0	54,000 0	16,580 0	0 0	17,666 0	259,930 0	0 0
MAHER ROBERT T	(i) (ii)	236,767 0	113,558 0	16,580 0	0 0	15,943 0	382,848 0	0 0
ROTSCHAFER RANDALL P	(i) (ii)	212,361 0	64,000 0	3,080 0	0 0	15,906 0	295,347 0	0 0
HORROCKS RANDALL	(i) (ii)	183,061 0	88,970 0	80 0	0 0	10,152 0	282,263 0	0 0
DEES PATRICK	(i) (ii)	262,286 0	91,174 0	3,080 0	0 0	15,097 0	371,637 0	0 0
MCCAULEY DENISE	(i) (ii)	230,763 0	85,500 0	16,580 0	0 0	20,233 0	353,076 0	0 0
BEESON CURTIS	(i) (ii)	185,027 0	60,000 0	80 0	0 0	23,147 0	268,254 0	0 0
MACIEJEWSKI COLLEEN M	(i) (ii)	155,585 0	24,000 0	80 0	0 0	17,161 0	196,826 0	0 0

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				
ANDERSONELVIS	(i) (ii)	212,211 0	75,245 0	16,580 0	0 0	16,446 0	320,482 0	0 0
ELLISMATTHEW	(i) (ii)	205,838 0	25,732 0	6,189 0	0 0	15,938 0	253,697 0	0 0
BROWNCHARLES	(i) (ii)	489,978 0	0 0	0 0	0 0	0 0	489,978 0	0 0
DOISEDESI	(i) (ii)	355,906 0	0 0	16,500 0	0 0	0 0	372,406 0	0 0
WALTERS JOSEPH W	(i) (ii)	566,950 0	0 0	16,500 0	0 0	0 0	583,450 0	0 0
BONDURANTFERRIS	(i) (ii)	362,311 0	0 0	0 0	0 0	0 0	362,311 0	0 0
YATESJACK	(i) (ii)	396,652 0	0 0	0 0	0 0	0 0	396,652 0	0 0
THEISENMARK D	(i) (ii)	431,810 0	207,237 0	1,942,861 0	0 0	11,504 0	2,593,412 0	0 0
HARVEYLANE	(i) (ii)	143,261 0	0 0	0 0	0 0	0 0	143,261 0	0 0
GLEASONJAMES M	(i) (ii)	127,853 0	106,432 0	33,080 0	0 0	3,116 0	270,481 0	0 0
RUBIOROBERT	(i) (ii)	0 0	0 0	162,291 0	0 0	0 0	162,291 0	0 0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number

47-0339250

Identifier	Return Reference	Explanation
Explanation for Not Filing Form 990-T	Form 990, Part V, line 3b	990-T IS ON EXTENSION AND WILL BE FILED BEFORE THE FILING DEADLINE
	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 reviewed by professional staff It is reviewed in final form by a designated officer who then signs off on the return The return is filed electronically Prior to filing of the return, the Board of Directors is provided the return for review 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 reviews 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
Statutory method	Form 990, Part XI, Line 1	The statutory method of accounting used by insurance companies is the method used by Woodmen of the World
Audit Committee	Part XI, Line 2c	The Audit Committee of the Board of Directors is responsible for oversight of the audit and review of the audited financial statements

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 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
(1) Monroe County Properties LLC 110 Main Street Byron, GA 31008 20-8570994	Real Estate Investment	GA	0	0	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Woodmen Foundation 1700 Farnam St Omaha, NE 68102 20-4743934	Operate community centers, provide disaster relief	NE	501(c)(3)	Public Charity	None		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
(1) WFS Holdings Inc 1700 Farnam St Omaha, NE 68102 22-3828160	Holding company for corporations involved in securities and in insurance	NE	Woodmen of the World Life Insurance Society	C			100.000 %
(2) Omaha Woodmen Blocker Inc 1700 Farnam St Omaha, NE 68102 26-4609780	Holding company for investment in pass-through entities	NV	Woodmen of the World Life Insurance Society	C			100.000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

No

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WFS Holdings Inc	B	1,010,000	Cash
(2) Woodmen Foundation	D	1,745,468	Cash
(3) Monroe County Properties LLC	R	85,614	Cash
(4) Woodmen Financial Services Inc	I	1,000,000	Cash
(5) Woodmen Insurance Agency Inc	I	0	Cash
(6) Omaha Woodmen Blocker Inc	O	0	Cash

Schedule R (Form 990) 2011

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

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) WFS Holdings Inc	B	1,010,000	Cash
(2) Woodmen Foundation	D	1,745,468	Cash
(3) Monroe County Properties LLC	R	85,614	Cash
(4) Woodmen Financial Services Inc	I	1,000,000	Cash
(5) Woodmen Insurance Agency Inc	I	0	Cash
(6) Omaha Woodmen Blocker Inc	O	0	Cash

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

TY 2011 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