




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012


B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY		D Employer identification number 47-0339250
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1700 FARNAM ST No 2200	Room/suite	E Telephone number (402) 342-1890
	City or town, state or country, and ZIP + 4 OMAHA, NE 681022022		G Gross receipts \$ 1,307,615,077
	F Name and address of principal officer Jordan Mawson 1700 Farnam Street Omaha, NE 68102		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0510
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 1 Providing members with valued financial solutions,2 Engaging members in community service activities,3 Enriching the lives of members through social, educational and patriotic programs, and,4 Sharing common values and working to achieve these shared fraternal ideals of family,community and country		
	2 Check this box <input checked="" 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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2,887
	6 Total number of volunteers (estimate if necessary)	6	51,624
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,697,618
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	1,079,163,265	1,307,615,077
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	997,871	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,080,161,136	1,307,615,077

Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	343,000	345,819
	14	Benefits paid to or for members (Part IX, column (A), line 4)	977,209,124	1,029,796,470
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	81,918,881	93,139,815
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	115,683,427	126,611,194
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,175,154,432	1,249,893,298
	19	Revenue less expenses Subtract line 18 from line 12	-94,993,296	57,721,779

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,340,696,830	9,517,523,595
21	Total liabilities (Part X, line 26)	8,536,186,968	8,655,291,954
22	Net assets or fund balances Subtract line 21 from line 20	804,509,862	862,231,641

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			2013-11-15 Date	
	Jordan Mawson Director Tax Compliance & Payroll Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date
	Check <input type="checkbox"/> if self-employed			PTIN	
	Firm's name			Firm's EIN	
	Firm's address			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

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 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 701,400 members, who belong to 1,063 local adult and youth chapters across the nation Delegates are elected to represent their fellow chapter 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 provided 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 Woodmen adult and youth chapters sponsor activities for members of all ages including 1 Regular business meetings,2 Social events,3 Group outings,4 Cookouts,5 Holiday parties,6 Youth and Senior Camp programs, and,7 Other activities that strengthen the bonds of friendship and fraternity Woodmen's Youth and Senior Camp programs offer members the opportunity to enjoy a variety of activities and make new friends In 2012, 4,975 youth members ages 8 through 15 attended 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 leadership skills Woodmen senior camps 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 Many camps offer educational seminars with emphasis on the needs and interests of seniors In 2012 1,424 members attended Senior Camps or Senior Appreciation Day Woodmen provides a membership benefit of financial assistance for catastrophic illnesses of \$1,000 to eligible members who are diagnosed with tuberculosis, lung cancer, leukemia, malignant lymphoma, Hodgkin's disease, multiple myeloma or brain tumor In 2012, \$862,000 was paid for catastrophic illness benefits 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 2012, \$42,281 was provided in benefit payments to members 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 2012, the Orphan's Care Program paid out \$49,900 in benefits 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 2012, newborn benefits paid were \$10,000 The Woodmen Prescription Drug Card 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 \$11,432,071 This value-added fraternal benefit saved members over \$275,181 in 2012 First Responders This 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 2012, Woodmen members volunteered more than 335,961 hours in community service activities and 541,641 hours of service to the following fraternal projects and activities 1 Patriotic Program Woodmen's Patriotic Program was introduced 66 years ago in 1947 Through the program, local chapters 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 2012 lodges presented 138,221 U S flags, 53,123 American Patriot's Handbooks, and,3,258 American History Awards Since the program began Woodmen members have presented 2,361,165 flags, 1,897,950 American Patriot's Handbooks and 267,943 American History Awards Woodmen began a program with the American Red Cross in 1998 to further strengthen its fraternal commitment The Society created teams of Red Cross trained Woodmen volunteers to provide disaster relief to people and communities throughout the nation Teams provide volunteers along with vehicles, equipment and supplies to assist RedCross relief efforts Woodmen also makes chapter halls and camps available for use as Red Cross shelters or training centers In 2012 Woodmen members also participated in National Join Hands Day - 235 events In Honor and Remembrance in emmory of September 11, 2001 - 389 ceremonies Flag Day - 317 events Make a Difference Day - 139 events

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	Yes
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b	Yes
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		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)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	16	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
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?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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?	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 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 <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	WOODMEN OF THE WORLD co Jordan Mawson 1700 FARNAM ST STE 2200 OMAHA, NE (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 all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	11,271,657	0	5,533,106

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. 266

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LAMSON DUGAN & MURRAY LLP 10306 REGENCY PARKWAY DRIVE OMAHA NE 68114	LEGAL SERVICES	1,927,009
DELOITTE CONSULTING LLP PO BOX 7247-6447 PHILADELPHIA PA 19170	ACCOUNTING SERVICES	1,863,898
SIRIUS COMPUTER SOLUTIONS PO BOX 202289 DALLAS TX 75320	SOFTWARE MAINTENANCE	1,303,147
STONE RIVER INC 24971 NETWORK PLACE CHICAGO IL 60673	INSURANCE SOFTWARE MAINTENANCE	703,729
BAIRD HOLM LLP 1700 FARNAM ST STE 1500 OMAHA NE 68102	LEGAL SERVICES	411,036

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 ►33

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	2a	Premiums and Annuity C	Business Code				
			524113	1,263,711,538	1,263,711,538		
	b	Gross Investment Incom	523000	43,903,539	41,205,921	2,697,618	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,307,615,077			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(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							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		1,307,615,077	1,304,917,459	2,697,618	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).

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.	345,819			
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.	1,029,796,470			
5	Compensation of current officers, directors, trustees, and key employees.	10,496,902			
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.	39,366,530			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	17,752,138			
9	Other employee benefits.	18,815,670			
10	Payroll taxes.	6,708,575			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	3,510,742			
c	Accounting.	366,762			
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	2,981,293			
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.	4,466,618			
17	Travel.	600,238			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,219,760			
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	14,898,428			
23	Insurance.	705,859			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Commissions.	56,736,289			
b	Field Expenses.	15,948,871			
c	Inv. Real Estate Expens.	7,989,407			
d	Taxes, Licenses and Fee.	3,444,637			
e	All other expenses.	13,742,290			
25	Total functional expenses. Add lines 1 through 24e.	1,249,893,298			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		100,591,075	1	53,765,343
	2	Savings and temporary cash investments		88,582,443	2	123,794,706
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		133,027	4	136,658
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	196,563,654		
	b	Less accumulated depreciation	10b	109,399,950	90,553,113	10c87,163,704
	11	Investments—publicly traded securities		7,200,772,041	11	7,233,713,749
	12	Investments—other securities See Part IV, line 11		1,560,326,990	12	1,671,999,737
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		299,738,141	15	346,949,698
	16	Total assets. Add lines 1 through 15 (must equal line 34)		9,340,696,830	16	9,517,523,595
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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		8,536,186,968	25	8,655,291,954
	26	Total liabilities. Add lines 17 through 25		8,536,186,968	26	8,655,291,954
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		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		804,509,862	32	862,231,641
	33	Total net assets or fund balances		804,509,862	33	862,231,641
	34	Total liabilities and net assets/fund balances		9,340,696,830	34	9,517,523,595

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	1,307,615,077
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,249,893,298
3	Revenue less expenses Subtract line 2 from line 1	3	57,721,779
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	804,509,862
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	862,231,641

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

Additional Data

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CUMMINS DANNY E DIRECTOR, FORMER PRESIDENT & CEO	40 00	X		X				1,074,960	0	1,306,300
KING LARRY R PRESIDENT & CEO	40 00	X		X				701,355	0	436,122
SCHREIER MARK L EXEC VP, FINANCE & TREASURER	40 00	X		X				690,703	0	300,209
HERNANDEZ PAMELA A EXEC VP, OPERATIONS & SECRETARY	40 00	X		X				603,472	0	608,913
DODD WESLEY BOARD OF DIRECTOR	1 00	X						68,715	0	4,018
BOSLER JAMES W III BOARD OF DIRECTOR	1 00	X						88,518	0	9,856
DEES PATRICK EXEC VP, FRATERNAL	40 00	X		X				402,598	0	147,758
GALLION THOMAS T III CHAIRMAN OF THE BOARD	1 00	X						174,950	0	64,473
MOORE ROGER BOARD OF DIRECTOR	1 00	X						82,500	0	18,680
MELLOR STEPHEN W BOARD OF DIRECTOR	1 00	X						66,084	0	0
RICED DANIEL W BOARD OF DIRECTOR	1 00	X						91,549	0	19,656
SHAVER JAMES BOARD OF DIRECTOR	1 00	X						87,438	0	9,274
DOISE DARYL J BOARD OF DIRECTOR	1 00	X						54,743	0	0
TAYLOR-MCCOY LUCIA G BOARD OF DIRECTOR	1 00	X						89,274	0	26,741
BRIDGES JAMES W JR BOARD OF DIRECTOR	1 00	X						78,953	0	0
SHEALY MICHAEL BOARD OF DIRECTOR	1 00	X						68,132	0	5,726
DEVINE ANNETTE M VP, ACCOUNTING SERVICES	40 00			X				198,159	0	74,265
SMOLINSKI RAYMOND VP, BUSINESS TECHNOLOGY	40 00			X				157,171	0	28,970
GOCHENOUR KARLA VP, HUMAN RESOURCES	40 00			X				219,906	0	73,616
JONES STEVEN B VP, MARKETING & FRATERNAL	40 00			X				257,460	0	112,722
MAHER ROBERT T VP, INVESTMENT	40 00			X				297,189	0	113,621
MCKERN STEVEN VP, ADMINISTRATIVE SERVICES	40 00			X				153,439	0	46,478
ROTSCHAFER RANDALL P VP, ACTUARY	40 00			X				293,332	0	99,769
HORROCKS RANDALL VP, SALES	40 00			X				271,311	0	70,722
MCCAULEY DENISE SENIOR VP, OPERATIONS	40 00			X				348,850	0	31,192

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MACIEJEWSKICOLLEEN M VP, STRATEGIC PROJECTS	40 00			X				180,367	0	62,399
ANDERSONELVIS SENIOR VP, NATIONAL FIELD MGR	40 00			X				309,906	0	205,402
ELLISMATTHEW VP, GENERAL COUNSEL	40 00			X				293,080	0	23,313
BROWNCARLES FIELD REPRESENTATIVE	40 00					X		525,110	0	100,204
DOISEDESI STATE MANAGER	40 00					X		432,748	0	63,339
WALTERS JOSEPH W STATE MANAGER	40 00					X		706,984	0	223,212
YATESJACK AREA MANAGER	40 00					X		410,922	0	92,680
MCGUFFEEPENNY FIELD REPRESENTATIVE	40 00					X		429,299	0	33,132
THEISENMARK D FORMER EXEC VP	0 00						X	613,732	0	11,387
OWENWILLIAM C FORMER BOARD OF DIRECTOR	0 00						X	5,600	0	29,529
DAYJAMES R FORMER VP, CUSTOMER RELATIONS	0 00						X	226,993	0	271,898
HAACKSTEVEN O FORMER VP, MARKETING & PUBLIC RELATIONS	0 00						X	360,732	0	680,429
HROMADKAJOSEPH J JR FORMER VP, ADMINISTRATIVE SERVICES	0 00						X	155,423	0	127,101

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" 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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ▶_____

5

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

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

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

Part VI Land, Buildings, and Equipment. 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		196,563,654	109,399,950	87,163,704
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				87,163,704

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

1	Total revenue, gains, and other support per audited financial statements	1	1,307,615,077
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,307,615,077
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,307,615,077

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

1	Total expenses and losses per audited financial statements	1	1,249,893,298
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,249,893,298
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,249,893,298

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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) Book Value
	Aggregate reserves for Life certs & contracts	6,989,186,212
	Aggregate reserves for A&H contracts	32,504,984
	Liability for deposit-type contracts	721,212,230
	Life claims	37,603,927
	A&H claims	869,289
	Provision for refunds payable	76,945,000
	Advance premiums	1,613,192
	Asset valuation reserve (AVR)	152,862,945
	Interest maintenance reserve (IMR)	25,199,486
	Other liabilities	143,171,323
	Post-retirement benefit liability	40,610,572
	From separate account - Pension Plan	200,774,290
	From separate account - Variable Annuity	61,733,462
	Uncollected Premiums & agent's balances	76,650
	Payable for securities lending	170,928,392

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2012

Open to Public Inspection

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

► 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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1

For grantmakers. Does the organization maintain records to substantiate the amount of 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

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NONE	0	0			
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

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

3 Enter total number of other organizations or entities ►

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

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

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, 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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

2012

Open to Public Inspection

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number
47-0339250

Part I General Information on 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. Part II can be duplicated if additional space is needed.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	22
3	Enter total number of other organizations listed in the line 1 table	22

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.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
FORM 990, SCHEDULE I, Q 2	DONATIONS TO CHARITIES	Woodmen of the World appoints a Corporate Social Responsibility Committee annually This committee is responsible to coordinate efforts to receive, consider, approve, deny and disburse contributions requested

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 MIDLANDS1805 HARNEY STREET OMAHA,NE 68102	47-0376605	170	51,468				CONTRIBUTION TO PUBLIC CHARITY
OMAHA SYMPHONY ASSOCIATION1605 HOWARD STREET OMAHA,NE 68102	47-6039304	170	30,000				CONTRIBUTION TO PUBLIC CHARITY

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
FOOD BANK FOR THE HEARTLAND10525 J STREET OMAHA,NE 68127	47-0637701	170	20,925				CONTRIBUTION TO PUBLIC CHARITY
JOSLYN ART MUSEUM2200 DODGE STREET OMAHA,NE 68102	47-0384577	170	20,000				CONTRIBUTION TO PUBLIC CHARITY

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
GREATER OMAHA CHAMBER OF COMMERCE 1301 HARNEY ST OMAHA,NE 68102	47-0258610	170	16,250				CONTRIBUTION TO PUBLIC CHARITY
OPEN DOOR MISSION2828 NORTH 23RD ST EAST OMAHA,NE 68110	47-0411375	170	11,500				CONTRIBUTION TO PUBLIC CHARITY

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
BOYS AND GIRLS CLUB OF THE MIDLANDS2610 HAMILTON ST OMAHA,NE 68131	47-0467350	170	11,500				CONTRIBUTION TO PUBLIC CHARITY
MICAH HOUSE1415 AVENUE J COUNCIL BLUFFS,IA 51501	42-1292393	170	10,105				CONTRIBUTION TO PUBLIC CHARITY

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
LUTHERN FAMILY SERVICES120 SOUTH 24TH STREET 100 OMAHA,NE 68131	23-7267972	170	10,050				CONTRIBUTION TO PUBLIC CHARITY
GOODWILL INDUSTRIESINC4805 NORTH 72ND STREET OMAHA,NE 68134	47-0378996	170	10,000				CONTRIBUTION TO PUBLIC CHARITYCONTRIBUTION TO PUBLIC CHARITY

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
Urban League3040 Lake St Omaha,NE 68111	47-0384575	170	8,750				CONTRIBUTION TO PUBLIC CHARITY
Omaha Community Playhouse6915 cass Street OMAHA,NE 68102	47-0399856	170	8,309				CONTRIBUTION TO PUBLIC CHARITY

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
Goodfellows1314 Douglas St Suite 125 OMAHA,NE 68102	47-0469050	170	7,500				CONTRIBUTION TO PUBLIC CHARITY
Boy Scouts of America12401 W Maple St OMAHA,NE 68164	47-0376545	170	6,135				CONTRIBUTION TO PUBLIC CHARITY

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
Mohms Place1435 N 15TH St CoUNCIL BLUFFS,IA 51501	42-1407712	170	6,000				CONTRIBUTION TO PUBLIC CHARITY
Iowa Western2700 College Road coUNCIL BLUFFS,IA 51503	42-0925013	170	6,000				CONTRIBUTION TO PUBLIC CHARITY

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
Salvation Army3612 cuming st omAHA,NE 68131	36-2167910	170	5,850				CONTRIBUTION TO PUBLIC CHARITY
Greater Omaha Business Alliance2500 california street oMAHA,NE 68178	47-0376583	170	5,400				CONTRIBUTION TO PUBLIC CHARITY

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
SienaFrancis HousePO box 217 oMAHA, NE 68101	47-0601005	170	5,100				CONTRIBUTION TO PUBLIC CHARITY
American Heart Association10100 J ST STE a oMAHA, NE 68127	13-5613797	170	5,075				CONTRIBUTION TO PUBLIC CHARITY

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
Durham Museum801 s 10th st omAHA, NE 68108	47-0556061	170	5,000				CONTRIBUTION TO PUBLIC CHARITY
Girls Incorporated2811 N 45th St oMAHA, NE 68104	47-0562184	170	5,000				CONTRIBUTION TO PUBLIC CHARITY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number
47-0339250

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	Yes	
		4b	Yes	
		4c		No
	Only 501(c)(3) 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III	5a		
		5b		
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III	6a		
		6b		
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 Regulations 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		

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

For each individual whose compensation must be reported 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.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	Spouse travel that meets specific guidelines is reimbursed and included in taxable income. A limited gross up is provided for those payments. Discretionary spending accounts are extended to executive officers.
	Part I, Lines 4a-b	a) Severance Payments Mark Theisen \$471,657. b) The Woodmen of the World Non-Qualified Supplemental Plan ("Plan") was established on May 19, 1986 for the purpose of providing a nonqualified retirement benefit to eligible employees and field representatives. This plan complies with the requirements of section 409A of the Internal Revenue Code and Regulations promulgated thereunder. The referenced benefit under this plan is calculated based on the normal or early retirement benefit that would have been payable to an eligible employee or field representative on the day that employee or field representative completed a year of service as an active participant of Woodmen of the World's qualified plan and continued to be an active participant of the qualified plan until the eligible employee's or field representative's benefit payout under the plan per the plan requirements and conditions. In 2012, Woodmen made benefit payments to Joseph Walters in the amount of \$521,342, William Owen in the amount of \$607,441, Steven Haack in the amount of \$264,516, and Joseph Hromadka in the amount of \$104,446 per the plan requirements and conditions of the plan. These payments were not included in Part II Schedule J as the reporting requirements under this schedule were not in place for all prior years. Years that the eligible employee or field representative accrued deferred compensation under this plan. Since there were no such reporting requirements under the Form 990 for prior years, including such payment in Part II Schedule J would create a misleading report since it would not accurately disclose that most of the deferred compensation had actually accrued in prior years.

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) 690,464 (ii) 0	(i) 264,705 (ii) 0	(i) 119,791 (ii) 0	(i) 1,281,812 (ii) 0	(i) 24,488 (ii) 0	(i) 2,381,260 (ii) 0	(i) 0 (ii) 0
KING	LARRY R	(i) 501,602 (ii) 0	(i) 135,641 (ii) 0	(i) 64,112 (ii) 0	(i) 408,440 (ii) 0	(i) 27,682 (ii) 0	(i) 1,137,477 (ii) 0	(i) 0 (ii) 0
SCHREIER	MARK L	(i) 387,360 (ii) 0	(i) 130,724 (ii) 0	(i) 172,619 (ii) 0	(i) 271,771 (ii) 0	(i) 28,438 (ii) 0	(i) 990,912 (ii) 0	(i) 0 (ii) 0
HERNANDEZ	PAMELA A	(i) 413,229 (ii) 0	(i) 136,871 (ii) 0	(i) 53,372 (ii) 0	(i) 574,315 (ii) 0	(i) 34,598 (ii) 0	(i) 1,212,385 (ii) 0	(i) 0 (ii) 0
DODD	WESLEY	(i) 66,600 (ii) 0	(i) 0 (ii) 0	(i) 2,115 (ii) 0	(i) 4,018 (ii) 0	(i) 0 (ii) 0	(i) 72,733 (ii) 0	(i) 0 (ii) 0
BOSLER	JAMES W III	(i) 85,250 (ii) 0	(i) 0 (ii) 0	(i) 3,268 (ii) 0	(i) 9,856 (ii) 0	(i) 0 (ii) 0	(i) 98,374 (ii) 0	(i) 0 (ii) 0
DEES	PATRICK	(i) 313,618 (ii) 0	(i) 72,154 (ii) 0	(i) 16,826 (ii) 0	(i) 132,036 (ii) 0	(i) 15,722 (ii) 0	(i) 550,356 (ii) 0	(i) 0 (ii) 0
GALLION	THOMAS T III	(i) 170,000 (ii) 0	(i) 0 (ii) 0	(i) 4,950 (ii) 0	(i) 55,780 (ii) 0	(i) 8,693 (ii) 0	(i) 239,423 (ii) 0	(i) 0 (ii) 0
MOORE	ROGER	(i) 81,500 (ii) 0	(i) 0 (ii) 0	(i) 1,000 (ii) 0	(i) 18,680 (ii) 0	(i) 0 (ii) 0	(i) 101,180 (ii) 0	(i) 0 (ii) 0
MELLOR	STEPHEN W	(i) 64,750 (ii) 0	(i) 0 (ii) 0	(i) 1,334 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 66,084 (ii) 0	(i) 0 (ii) 0
RICED	DANIEL W	(i) 87,500 (ii) 0	(i) 0 (ii) 0	(i) 4,049 (ii) 0	(i) 19,485 (ii) 0	(i) 171 (ii) 0	(i) 111,205 (ii) 0	(i) 0 (ii) 0
SHAVER	JAMES	(i) 85,250 (ii) 0	(i) 0 (ii) 0	(i) 2,188 (ii) 0	(i) 9,274 (ii) 0	(i) 0 (ii) 0	(i) 96,712 (ii) 0	(i) 0 (ii) 0
DOISE	DARYL J	(i) 51,458 (ii) 0	(i) 0 (ii) 0	(i) 3,285 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 54,743 (ii) 0	(i) 0 (ii) 0
TAYLOR-MCCOY	LUCIA G	(i) 87,000 (ii) 0	(i) 0 (ii) 0	(i) 2,274 (ii) 0	(i) 26,741 (ii) 0	(i) 0 (ii) 0	(i) 116,015 (ii) 0	(i) 0 (ii) 0
BRIDGES	JAMES W JR	(i) 59,087 (ii) 0	(i) 0 (ii) 0	(i) 19,866 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 78,953 (ii) 0	(i) 0 (ii) 0
SHEALY	MICHAEL	(i) 64,517 (ii) 0	(i) 0 (ii) 0	(i) 3,615 (ii) 0	(i) 5,726 (ii) 0	(i) 0 (ii) 0	(i) 73,858 (ii) 0	(i) 0 (ii) 0
DEVINE	ANNETTE M	(i) 135,996 (ii) 0	(i) 39,078 (ii) 0	(i) 23,085 (ii) 0	(i) 45,875 (ii) 0	(i) 28,390 (ii) 0	(i) 272,424 (ii) 0	(i) 0 (ii) 0
SMOLINSKI	RAYMOND	(i) 139,602 (ii) 0	(i) 78 (ii) 0	(i) 17,491 (ii) 0	(i) 4,700 (ii) 0	(i) 24,270 (ii) 0	(i) 186,141 (ii) 0	(i) 0 (ii) 0
GOCHENOUR	KARLA	(i) 163,563 (ii) 0	(i) 43,078 (ii) 0	(i) 13,265 (ii) 0	(i) 47,062 (ii) 0	(i) 26,554 (ii) 0	(i) 293,522 (ii) 0	(i) 0 (ii) 0
JONES	STEVEN B	(i) 183,027 (ii) 0	(i) 46,143 (ii) 0	(i) 28,290 (ii) 0	(i) 83,029 (ii) 0	(i) 29,693 (ii) 0	(i) 370,182 (ii) 0	(i) 0 (ii) 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				
MAHERROBERT T	(i) (ii)	233,379 0	35,132 0	28,678 0	87,390 0	26,231 0	410,810 0	0 0
MCKERNSTEVEN	(i) (ii)	124,213 0	22,078 0	7,148 0	29,814 0	16,664 0	199,917 0	0 0
ROTSCHAFERRANDALL P	(i) (ii)	234,556 0	52,078 0	6,698 0	73,699 0	26,070 0	393,101 0	0 0
HORROCKSRANDALL	(i) (ii)	192,536 0	74,708 0	4,067 0	50,082 0	20,640 0	342,033 0	0 0
MCCAULEY DENISE	(i) (ii)	246,268 0	80,078 0	22,504 0	8,125 0	23,067 0	380,042 0	0 0
MACIEJEWSKICOLLEEN M	(i) (ii)	154,097 0	25,601 0	669 0	38,302 0	24,097 0	242,766 0	0 0
ANDERSONELVIS	(i) (ii)	213,651 0	66,432 0	29,823 0	177,209 0	28,193 0	515,308 0	0 0
ELLISMATTHEW	(i) (ii)	219,521 0	56,078 0	17,481 0	11,250 0	12,063 0	316,393 0	0 0
BROWNCCHARLES	(i) (ii)	267,082 0	257,266 0	762 0	82,044 0	18,160 0	625,314 0	0 0
DOISEDESI	(i) (ii)	290,903 0	113,694 0	28,151 0	40,033 0	23,306 0	496,087 0	0 0
WALTERS JOSEPH W	(i) (ii)	479,143 0	199,849 0	27,992 0	205,912 0	17,300 0	930,196 0	0 0
YATESJACK	(i) (ii)	271,758 0	136,159 0	3,005 0	78,450 0	14,230 0	503,602 0	0 0
MCGUFFEEPENNY	(i) (ii)	242,588 0	185,975 0	736 0	13,904 0	19,228 0	462,431 0	0 0
THEISENMARK D	(i) (ii)	0 0	142,075 0	471,657 0	0 0	11,387 0	625,119 0	0 0
OWENWILLIAM C	(i) (ii)	5,396 0	0 0	204 0	28,986 0	543 0	35,129 0	0 0
DAYJAMES R	(i) (ii)	100,690 0	20,000 0	106,303 0	260,166 0	11,732 0	498,891 0	0 0
HAACKSTEVEN O	(i) (ii)	281,763 0	50,831 0	28,138 0	658,259 0	22,170 0	1,041,161 0	0 0
HROMADKAJOSEPH J JR	(i) (ii)	107,672 0	39,000 0	8,751 0	109,094 0	18,007 0	282,524 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

2012

Open to Public Inspection

Name of the organization

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number

47-0339250

Identifier	Return Reference	Explanation
REPORTING FOREIGN INVESTMENTS	PART IV, LINE 14b, SCHEDULE F, PART IV, QUESTIONS 4 & 5	FORMS 8621 AND 8865 WILL BE FILED, IF APPLICABLE, WITH FORM 990-T TO REPORT THE FOREIGN INVESTMENTS
Explanation for Not Filing Form 990-T	Form 990, Part V, line 3b	990-T IS ON EXTENSION AND WILL BE FILED ON OR BEFORE THE NOVEMBER 15, 2013 DUE DATE
	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 commttee 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	The organization's constitution and bylaws are available at www.woodmen.org Financial statements and our conflict of interest policy are available upon request
Statutory method	Form 990, Part XII, Line 1	The statutory method of accounting used by insurance companies is the method used by Woodmen of the World
Audit Committee	Part XII, Line 2c	The Audit Committee of the Board of Directors is responsible for oversight of the audit and review of the audited financial statements
SUBSIDIARY LIQUIDATION	SCHEDULE R, PART IV, LINE (2)(5) COL (D)	DISTRIBUTION FROM LIQUIDATION OF OMAHA WOODMEN BLOCKER, INC INCLUDED A TAX DIVIDEND OF \$2,912,429

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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Woodmen Foundation 1700 Farnam St Omaha, NE 68102 20-4743934	Operate community centers, provide disaster relief	NE	501(c)(3)	Public Chanty	None		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) WFS Holdings Inc 1700 Farnam 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 %		No
(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 %		No

Part V

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

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

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

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

b Gift, grant, or capital contribution to related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2012

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]

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Part VII

Supplemental Information

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

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

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WFS Holdings Inc	B	520,000	Cash
Woodmen Foundation	D	7,855,015	Cash
Woodmen Financial Services Inc	B	500,000	Cash
Woodmen Insurance Agency Inc	J	28,250	Cash
O maha Woodmen Blocker Inc (SEE STMT 1)	A	14,354,633	Cash
Woodmen Financial Services Inc	J	57,459	Cash
Woodmen Financial Services Inc	O	864,256	Cash
Woodmen Insurance Agency Inc	O	551,260	cash