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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Doing business as

WOODMENLIFE

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

1700 FARNAM STREET SUITE 2200

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

OMAHA, NE 681022025

F Name and address of principal officer

LARRY R KING

1700 FARNAM STREET SUITE 2200

OMAHA, NE 681022025

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

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

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

H(c) Group exemption number

I Tax-exempt status

☐ 501(c)(3)☒ 501(c) (8)

(insert no)

☐ 4947(a)(1) or☐ 527

J Website:

WOODMEN.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1890

M State of legal domicile

NE

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO BENEFIT OUR MEMBERS THROUGH EVERY STAGE OF LIFE	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	2,734
	6	Total number of volunteers (estimate if necessary)	182,114
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	459,227
	7b	Net unrelated business taxable income from Form 990-T, line 34	458,227
Revenue	8	Contributions and grants (Part VIII, line 1h)	
	9	Program service revenue (Part VIII, line 2g)	734,825,551
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	451,419,956
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,327,030
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,191,572,537
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	297,620
	14	Benefits paid to or for members (Part IX, column (A), line 4)	922,741,142
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	96,975,652
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	109,408,941
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,129,423,355
	19	Revenue less expenses Subtract line 18 from line 12	62,149,182
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	10,067,532,555
	21	Total liabilities (Part X, line 26)	9,005,494,848
	22	Net assets or fund balances Subtract line 21 from line 20	1,062,037,707

Part II Signature Block

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

Sign Here

Signature of officer

JORDAN MAWSON DIR, TAX COMPLIANCE & PAYROLL

Date

2015-09-28

Type or print name and title

Print/Type preparer's name

Firm's name

Firm's address

Preparer's signature

Date

Check ☐ if self-employed

Phone no

PTIN

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

☐ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

















Cat No 11282Y

Form 990 (2014)

<div>Part IIIStatement of Program Service Accomplishments</div> <div>Check if Schedule O contains a response or note to any line in this Part III</div>				<div><input type="checkbox"/></div> <div><input checked="" type="checkbox"/></div>
<div>1</div> <div>Briefly describe the organization's mission</div> <div>TO BENEFIT OUR MEMBERS THROUGH EVERY STAGE OF LIFE</div>				
<div>2</div> <div>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?</div> <div>If "Yes," describe these new services on Schedule O</div> <div><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div>				
<div>3</div> <div>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</div> <div>If "Yes," describe these changes on Schedule O</div> <div><div><input type="checkbox"/> Yes</div><div><input checked="" type="checkbox"/> No</div></div>				
<div>4</div> <div>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</div>				
4a	(Code)	(Expenses \$ including grants of \$)	(Revenue \$)	
WOODMENLIFE'S COMMITMENT TO ITS MEMBERS IS EXEMPLIFIED BY A WIDE RANGE OF MEMBERSHIP BENEFITS PROVIDED AS PART OF THE ORGANIZATION'S FRATERNAL PROGRAM WOODMENLIFE CARES FOR MEMBER CUSTOMERS LIKE FAMILY BESIDES MANY INTANGIBLE PERKS OF MEMBERSHIP, LIKE MAKING LIFELONG FRIENDS OR MEETING A NETWORK OF PEOPLE TO COUNT ON, WOODMENLIFE MEMBERS ENJOY MANY EXCLUSIVE BENEFITS AND DISCOUNTS THAT MAKE BELONGING THAT MUCH MORE VALUABLE BELOW ARE JUST SOME OF THE NON-CONTRACTUAL BENEFITS AVAILABLE TO ELIGIBLE WOODMENLIFE MEMBER CUSTOMERS - CATASTROPHIC ILLNESS BENEFIT AFTER ONE YEAR OF GOOD-STANDING MEMBERSHIP, WOODMENLIFE OFFERS A 1,000 BENEFIT SHOULD A MEMBER BE DIAGNOSED AS HAVING ONE OF THE FOLLOWING DISEASES LUNG CANCER, LEUKEMIA, BRAIN TUMOR, TUBERCULOSIS, MALIGNANT LYMPHOMA, MULTIPLE MYELOMA, OR HODGKIN'S DISEASE - ORPHAN'S CARE BENEFIT ORPHANED CHILDREN OF QUALIFIED MEMBERS CAN RECEIVE MONTHLY BENEFIT PAYMENTS PLUS, ADDITIONAL FUNDS ARE AVAILABLE TO ORPHANS ATTENDING COLLEGE OR VOCATIONAL TRAINING - NEWBORN BENEFIT QUALIFIED 100 PERCENT WOODMENLIFE FAMILIES CAN RECEIVE A 10,000 FRATERNAL BENEFIT IF THEIR NEWBORN INFANT DIES BETWEEN THE AGES OF 48 HOURS AND SIX MONTHS DURING THAT SAME PERIOD, A 10,000 GUARANTEED- ISSUE LIFE INSURANCE CERTIFICATE CAN BE PURCHASED AT STANDARD RATES, REGARDLESS OF THE BABY'S HEALTH - NATURAL DISASTER BENEFIT QUALIFIED MEMBERS WHOSE HOMES ARE DAMAGED OR DESTROYED BY NATURAL DISASTERS, SUCH AS HURRICANES, TORNADOES, WILD/FOREST FIRES, OR EARTHQUAKES, MAY BE ELIGIBLE FOR UP TO 500 TO HELP WITH HOME REPAIR COSTS -PRESCRIPTION DRUG SAVINGS CARD THE NO-COST PRESCRIPTION DRUG SAVINGS CARD OFFERS MEMBERS THE LOWEST PRICE AVAILABLE ON DRUGS PURCHASED THROUGH THE SCRIPTSAVE NETWORK OF PHARMACIES -YOUTH PROGRAM, INCLUDING SUMMER CAMP FOR MORE THAN A CENTURY, WOODMENLIFE HAS OFFERED EDUCATIONAL AND SOCIAL ACTIVITIES TO MEMBERS AGES 8-15 AND SINCE 1947, YOUTH MEMBERS HAVE ENJOYED OUR ANNUAL SUMMER CAMP EXPERIENCE FAMILY CHAPTERS ALSO HAVE SPECIAL ACTIVITIES FOR YOUTH MEMBERS, HELPING MOLD THEM INTO FUTURE LEADERS - SENIOR ACTIVITIES OFFERED IN MOST AREAS, SENIOR CAMP AND SPECIAL APPRECIATION ACTIVITIES FOR SENIOR MEMBERS OFFER OPPORTUNITIES FOR FELLOWSHIP, FUN AND RELAXATION - CUSTOMER DISCOUNT PROGRAM MEMBERS RECEIVE DISCOUNTS AND SPECIAL RATES FROM A VARIETY OF PROMINENT AND REPUTABLE PARTNERS, INCLUDING VARIOUS TRAVEL, ENTERTAINMENT, TECHNOLOGY, AND AUTO AND HOME INSURANCE COMPANIES - FIRST RESPONDERS BENEFIT WOODMENLIFE WILL PAY A 10,000 FRATERNAL DEATH BENEFIT IF A QUALIFIED MEMBER IS KILLED WHILE PERFORMING HIS OR HER DUTIES AS A NON-MILITARY FIRST RESPONDER TO BE ELIGIBLE FOR THIS BENEFIT, AN INDIVIDUAL MUST BE A GOOD STANDING BENEFIT MEMBER FIRST RESPONDERS INCLUDE FIREFIGHTERS, EMT/PARAMEDICS, POLICE OR A PERSON PERFORMING A SUPPORTING ROLE TO SUCH INDIVIDUALS				
4b	(Code)	(Expenses \$ including grants of \$)	(Revenue \$)	
RED BASKET WOODMENLIFE HAS POWERED RED BASKET SINCE ITS LAUNCH IN 2012 REDBASKET.ORG IS A FEE-FREE PUBLIC CROWDFUNDING SITE THAT HELPS ASKERS RAISE MONEY FOR PERSONAL EMERGENCIES AND COMMUNITY IMPROVEMENT PROJECTS INITIALLY LAUNCHED IN TWO TEST AREAS, THE PROGRAM EXPANDED TO ALL STATES BY MARCH 2014 ASKERS RECEIVE 100% OF FUNDS RAISED DUE TO WOODMENLIFE'S SUPPORT OF THE PROJECT WOODMENLIFE COVERS ADMINISTRATIVE FEES AND OPERATING EXPENSES, EMPLOYS A FULL STAFF, PROVIDES WEBSITE PROGRAMMING AND SUPPORT, MARKETING AND PUBLIC RELATIONS EFFORTS AND TRAINING, AND EMPLOYS RED BASKET COORDINATORS IN REGIONS ACROSS THE NATION				
4c	(Code)	(Expenses \$ including grants of \$)	(Revenue \$)	
PATRIOTIC PROGRAM WOODMENLIFE INTRODUCED ITS PATRIOTIC PROGRAM IN 1947 THE COMPREHENSIVE PROGRAM CELEBRATES AMERICAN PRIDE AND CIVIC RESPONSIBILITY THROUGH SERVICES FOR U.S. CITIZENS OF ALL AGES PROGRAM ACTIVITIES, CONDUCTED BY LOCAL CHAPTER MEMBERS AND WOODMENLIFE REPRESENTATIVES, INCLUDE - PRESENTING U.S. FLAGS AND FLAGPOLES TO SCHOOLS, COMMUNITY BUILDINGS, CHURCHES, PARKS, AND OTHER CIVIC AND NONPROFIT ORGANIZATIONS - DONATING MORE THAN 2.5 MILLION FLAGS SINCE THE PROGRAM BEGAN, WOODMENLIFE IS THE LARGEST PRIVATE DONATOR OF FLAGS IN THE U.S. - GIVING AMERICAN PATRIOT'S HANDBOOKS TO SCHOOLS, LIBRARIES AND NEWLY- NATURALIZED CITIZENS - PROVIDING AMERICAN HISTORY AWARDS TO JUNIOR AND SENIOR HIGH SCHOOL STUDENTS FOR PROFICIENCY IN AMERICAN HISTORY - HONORING FIRST RESPONDERS WITH FLAG AND EQUIPMENT DONATIONS, AND WITH IN HONOR AND REMEMBRANCE CEREMONIES ON SEPT. 11 EACH YEAR				
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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	231,694	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2,734	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	No
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	8	
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	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶JORDAN MAWSON 1700 FARNAM STREET OMAHA, NE 68102 (402) 342-1890

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

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

Form **990** (2014)

Part VII

(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			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	10,340,794		4,458,692

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶247

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIRIUS COMPUTER SOLUTIONS PO BOX 202289 DALLAS, TX 753202289	COMPUTER MAINTN	1,519,430
LAMSON DUGAN & MURRAY LLP 10306 REGENCY PARKWAY DRIVE OMAHA, NE 68114	LEGAL COUNSEL	1,379,518
AMERICAN EXPANDING HORIZONS 17581 IRVINE BLVD SUITE 212 TUSTIN, CA 92780	MEETING PLANNER	1,297,258
NEOPOST USA INC 25880 NETWORK PLACE CHICAGO, IL 606731258	POSTAGE	852,542
STONERIVER INC 4601 DTC BLVD STE 200 DENVER, CO 802372575	SOFTWARE CONSUL	679,642

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 ▶46

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f				
Program Service Revenue	2a	PREMIUM INCOME	Business Code 524113	767,491,749	767,491,749	
	b	SUPPLEMENTARY CONTRACTS	524113	5,811,004	5,811,004	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		773,302,753		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		417,201,611	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real 18,995,028	(ii) Personal		
b		Less rental expenses	14,199,926			
c		Rental income or (loss)	4,795,102			
d		Net rental income or (loss)		4,795,102		4,795,102
7a		Gross amount from sales of assets other than inventory	(i) Securities 907,751,685	(ii) Other 271,280,610		
b		Less cost or other basis and sales expenses	873,626,714	272,012,661		
c		Gain or (loss)	34,124,971	-732,051		
d		Net gain or (loss)		33,392,920	33,392,920	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
b		Less direct expenses	b			
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a			
b		Less cost of goods sold	b			
c		Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code				
11a	PARKING LOTS AND GARAGES	812930	492,673		492,673	
b	INCOME/(LOSS) FROM PSHIPS	900099	-33,446		-33,446	
c						
d	All other revenue					
e	Total. Add lines 11a-11d		459,227			
12	Total revenue. See Instructions		1,229,151,613	806,695,673	459,227	421,996,713

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	509,998	509,998		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	959,905,938	959,905,938		
5	Compensation of current officers, directors, trustees, and key employees	8,070,964		8,070,964	
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	39,783,271		39,783,271	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-1,467,568		-1,467,568	
9	Other employee benefits	13,423,227		13,423,227	
10	Payroll taxes	6,802,511		6,802,511	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,720,936		1,720,936	
c	Accounting	352,024		352,024	
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)	1,327,732		1,327,732	
12	Advertising and promotion	2,257,045		2,257,045	
13	Office expenses	2,163,299		2,163,299	
14	Information technology	5,098,902		5,098,902	
15	Royalties				
16	Occupancy	4,539,033		4,539,033	
17	Travel	536,859		536,859	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	916,506		916,506	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,092,920		5,092,920	
23	Insurance	958,141		958,141	
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	51,484,071		51,484,071	
b	TRANSFER TO SEPARATE ACCO	21,166,815		21,166,815	
c	FIELD EXPENSES	17,374,055		17,374,055	
d	TAXES, LICENSES & FEES	3,989,932		3,989,932	
e	All other expenses	8,541,872		8,541,872	
25	Total functional expenses. Add lines 1 through 24e	1,154,548,483	960,415,936	194,132,547	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			167,283,163	1	62,297,597
	2	Savings and temporary cash investments				2	103,694,620
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			378,188	4	55,176
	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	212,272,336			
	b	Less: accumulated depreciation	10b	128,038,308	86,219,757	10c	84,234,028
	11	Investments—publicly traded securities			7,546,783,808	11	7,793,391,058
	12	Investments—other securities. See Part IV, line 11			1,829,983,371	12	1,908,888,110
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			436,884,268	15	487,428,999
	16	Total assets. Add lines 1 through 15 (must equal line 34)			10,067,532,555	16	10,439,989,588
Liabilities	17	Accounts payable and accrued expenses			40,749,958	17	47,086,123
	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			8,964,744,890	25	9,295,998,994
	26	Total liabilities. Add lines 17 through 25			9,005,494,848	26	9,343,085,117
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds			1,062,037,707	32	1,096,904,471
	33	Total net assets or fund balances			1,062,037,707	33	1,096,904,471
	34	Total liabilities and net assets/fund balances			10,067,532,555	34	10,439,989,588

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,229,151,613
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,154,548,483
3	Revenue less expenses Subtract line 2 from line 1	3	74,603,130
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,062,037,707
5	Net unrealized gains (losses) on investments	5	14,156,006
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	-53,892,372
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,096,904,471

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other 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
3b	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		

(A)	(B)	(C)	(D)
Name and Title	Average	Position (do not check)	Reportable

(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			
(1) LARRY R KING PRESIDENT &	50 00 2 00	X		X				1,087,908	0	312,657
(1) PAMELA A HERNANDEZ EXEC VP, OPE	50 00	X		X				637,898	0	1,427,216
(2) PATRICK L DEES EXEC VP, FRA	50 00 2 00	X		X				604,909	0	191,025
(3) ROBERT T MAHER EXEC VP, FIN	50 00 2 00	X		X				534,647	0	215,222
(4) JAMES W BRIDGES JR DIR, FORMER	5 00	X						460,869	0	2,231
(5) MARK L SCHREIER DIR, FORMER	5 00	X						130,811	0	0
(6) DANNY E CUMMINS DIR, FORMER	5 00	X						102,130	0	0
(7) DANIEL W RICE BOARD OF DIR	5 00	X						89,566	0	25,104
(8) JAMES W BOSLER III BOARD OF DIR	5 00	X						88,886	0	12,983
(9) JAMES W SHAVER BOARD OF DIR	5 00	X						85,715	0	12,171
(10) WESLEY A DODD BOARD OF DIR	5 00 1 00	X						85,388	0	7,540
(11) MICHAEL C SHEALY BOARD OF DIR	5 00 1 00	X						83,005	0	9,650
(12) DARYL J DOISE BOARD OF DIR	5 00 1 00	X						63,717	0	0
(13) PATRICIA L METHENY BOARD OF DIR	5 00	X						61,765	0	0
(14) RONALD H ALDRIDGE BOARD OF DIR	5 00	X						57,750	0	0
(15) DENISE M MCCAULEY SENIOR VP, O	50 00 2 00			X				381,598	0	84,441
(16) ELVIS O ANDERSON SENIOR VP, N	50 00			X				362,279	0	572,677
(17) MATTHEW E ELLIS VP, GENERAL	50 00 2 00			X				312,418	0	48,613
(18) STEVEN B JONES VP, MARKETIN	50 00			X				296,915	0	395,270
(19) RANDALL P ROTSCHAFER VP, ACTUARY	50 00			X				291,021	0	139,830
(20) RAYMOND G SMOLINSKI VP, BUSINESS	50 00			X				277,325	0	45,650
(21) RANDALL D HORROCKS VP, SALES	50 00			X				273,710	0	88,045
(22) CYNTHIA S BENGTON VP, INVESTME	50 00			X				258,240	0	75,099
(23) KARLA J GOCHENOUR VP, HUMAN RE	50 00			X				249,757	0	89,729
(24) ANNETTE M DEVINE VP, ACCOUNTI	50 00 1 00			X				212,982	0	91,252

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			
(26) LEE A JANECEK VP, CERTIFIC	50 00			X				210,290	0	93,725
(1) STEVEN T MCKERN VP, ADMINIST	50 00			X				186,086	0	58,776
(2) COLLEEN M MACIEJEWSKI VP, STRATEGI	50 00			X				180,653	0	75,416
(3) TIMOTHY K BUDERUS DIRECTOR, OP	50 00			X				164,448	0	39,984
(4) WILLIAM J MANIFOLD DIRECTOR, AG	50 00			X				138,278	0	65,058
(5) JOSEPH W WALTERS REGIONAL DIR	50 00					X		561,413	0	24,863
(6) GREGORY D ROBERTSON REGIONAL DIR	50 00					X		469,763	0	41,987
(7) PASQUALE FRAPPAMPINA REGIONAL DIR	50 00					X		439,944	0	83,344
(8) CHARLES A BROWN REPRESENTATI	50 00					X		405,862	0	13,226
(9) ROGER D ANDERSON REGIONAL DIR	50 00					X		392,848	0	115,853
(10) THOMAS T GALLION III FORMER CHAIR	0 00						X	100,000	0	55

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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) Revenue 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

Revenue 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) 2014

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

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a | Land | | | |
| b | Buildings | | | |
| c | Leasehold improvements | | | |
| d | Equipment | | | |
| e | Other | 212,272,336 | 128,038,308 | 84,234,028 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 84,234,028 |
- Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,230,544,927
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	9,415,978
e	Add lines 2a through 2d	2e	9,415,978
3	Subtract line 2e from line 1	3	1,221,128,949
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	8,022,664
c	Add lines 4a and 4b	4c	8,022,664
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,229,151,613

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,155,941,797
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	9,415,978
e	Add lines 2a through 2d	2e	9,415,978
3	Subtract line 2e from line 1	3	1,146,525,819
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	8,022,664
c	Add lines 4a and 4b	4c	8,022,664
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,154,548,483

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FRATERNAL INCOME NETTED WITH EXPENSES 9,415,978
SCHEDULE D, PAGE 4, PART XI, LINE 4B	INVESTMENT EXPENSE RECLASSSED TO INCOME 8,022,664
SCHEDULE D, PAGE 4, PART XII, LINE 2D	FRATERNAL INCOME NETTED WITH EXPENSES 9,415,978
SCHEDULE D, PAGE 4, PART XII, LINE 4B	INVESTMENT EXPENSE RECLASSSED TO INCOME 8,022,664

[illegible]

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	7,653,051,734
	LIABILITY FOR DEPOSIT-TYPE CONTRACTS	995,980,020
	PAYABLE FOR SECURITIES LENDING	240,653,345
	ASSET VALUATION RESERVE	135,148,715
	UNFUNDED ACCUMULATED BENEFIT OBLIGAT	63,658,613
	PROVISION FOR REFUNDS PAYABLE	56,680,000
	POST-RETIREMENT BENEFIT LIABILITY	44,524,429
	AGGREGATE RESERVES FOR A&H CON	37,696,476
	LIFE CLAIMS	31,106,038
	INTEREST MAINTENANCE RESERVE	19,257,672
	DEFERRED COMPENSATION & PENSION LIAB	13,696,007
	DEPOSITS	1,714,609
	ADVANCE PREMIUMS	1,426,978
	A&H CLAIMS	978,476
	SURRENDERS PAYABLE	275,882
	COLLATERAL DEPOSIT FUND	150,000
	SEPARATE ACCOUNTS	

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE
SOCIETY

Employer identification number
47-0339250

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 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
(1) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		3,659,250
(2) EUROPE			INVESTMENTS		3,434,601
(3)					
(4)					
(5)					
3a Sub-total					7,093,851
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					7,093,851

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2

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

3

Enter total number of other organizations or entities ▶

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

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

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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; do not file with Form 990)*

☐ Yes ☒ No
- 3

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

☒ Yes ☐ No
- 4

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

☒ Yes ☐ No
- 5

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

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes ☒ No

Part V

Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 3,659,250 EUROPE 0 3,434,601

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments. 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

Part III

Grants and Other Assistance to Domestic Individuals. 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	WOODMENLIFE APPOINTS A CORPORATE SOCIAL RESPONSIBILITY COMMITTEE ANNUALLY THIS COMMITTEE IS RESPONSIBLE FOR COORDINATING EFFORTS TO RECEIVE, CONSIDER, APPROVE, DENY AND DISBURSE CONTRIBUTIONS REQUESTED

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVENUE DALLAS,TX 75231	13-5613797	501C3	10,275				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AT EASE USA6919 DODGE STREET OMAHA,NE 68132	46-1555291	501C3	5,350				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BOY SCOUTS OF AMERICA 12401 WEST MAPLE STREET OMAHA, NE 68164	47-0376545	501C3	15,100				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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	501C3	18,925				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GOODWILL INDUSTRIES INC4805 NORTH 72ND STREET OMAHA,NE 68134	47-0378996	501C3	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 STREET OMAHA, NE 68102	47-0258610	501C6	17,860				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HABITAT FOR HUMANITY 1701 NORTH 24TH STREET OMAHA, NE 68110	36-3283625	501C3	10,104				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
IOWA WESTERN2700 COLLEGE ROAD COUNCIL BLUFFS, IA 51503	42-1224333	501C3	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JOSLYN ART MUSEUM2200 DODGE STREET OMAHA,NE 68102	47-0384577	501C3	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JUNIOR ACHIEVEMENT 11248 DAVENPORT STREET SUITE 100 OMAHA,NE 68154	47-0468426	501C3	8,125				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OMAHA COMMUNITY PLAYHOUSE6915 CASS STREET OMAHA,NE 68102	47-0399856	501C3	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OMAHA HOME FOR BOYS 4343 NORTH 52ND STREET OMAHA, NE 68104	47-0376529	501C3	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OMAHA PERFORMING ARTS SOCIETY1200 DOUGLAS STREET OMAHA,NE 68102	47-0832480	501C3	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OMAHA SYMPHONY ASSOCIATION1905 HARNEY STREET SUITE 400 OMAHA,NE 68102	47-6039304	501C3	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST OMAHA, NE 68110	47-0411375	501C3	5,250				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 STREET OMAHA,NE 68131	47-0380698	501C3	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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	501C3	50,400				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><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 No	
		4b Yes	
		4c No	
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 in column(B) 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

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	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.
SCHEDULE J, PART III	THE WOODMENLIFE NONQUALIFIED SUPPLEMENTAL PLAN WAS ESTABLISHED ON MAY 19, 1986 FOR THE PURPOSE OF PROVIDING A NONQUALIFIED RETIREMENT BENEFIT TO ELIGIBLE EMPLOYEES AND WOODMENLIFE REPRESENTATIVES. THIS PLAN COMPLIES WITH THE REQUIREMENTS OF SECTION 409A OF THE INTERNAL REVENUE CODE AND REGULATIONS PROMULGATED THEREUNDER. THE REFERENCED BENEFIT UNDER THIS PLAN IS CALCULATED BASED ON THE NORMAL OR EARLY RETIREMENT BENEFIT THAT WOULD HAVE BEEN PAYABLE TO AN ELIGIBLE EMPLOYEE OR WOODMENLIFE REPRESENTATIVE ON THE DAY THAT INDIVIDUAL COMPLETED A YEAR OF SERVICES AS AN ACTIVE PARTICIPANT OF WOODMENLIFE'S QUALIFIED PLAN AND CONTINUED TO BE AN ACTIVE PARTICIPANT OF THE QUALIFIED PLAN UNTIL THE ELIGIBLE EMPLOYEE'S OR WOODMENLIFE REPRESENTATIVE'S BENEFIT PAYOUT UNDER THE PLAN PER THE PLAN REQUIREMENTS AND CONDITIONS. THE SUPPLEMENTAL PLAN WAS CLOSED TO NEW PARTICIPANTS ON DECEMBER 31, 2012. IN 2014, WOODMENLIFE MADE BENEFIT PAYMENTS TO PAMELA HERNANDEZ IN THE AMOUNT OF 3,718,246. PAYMENTS MADE UNDER THE SUPPLEMENTAL PLAN MAY NOT HAVE BEEN PREVIOUSLY INCLUDED IN PART II SCHEDULE J AS THE REPORTING REQUIREMENTS UNDER THIS SCHEDULE WERE NOT IN PLACE FOR ALL PRIOR YEARS THAT THE ELIGIBLE EMPLOYEE OR WOODMENLIFE REPRESENTATIVE ACCRUED DEFERRED COMPENSATION UNDER THE SUPPLEMENTAL PLAN. SINCE THERE WERE NO SUCH REPORTING REQUIREMENTS UNDER THE FORM 990 FOR PRIOR YEARS, INCLUDING SUCH PAYMENTS IN PART II SCHEDULE J WOULD CREATE A MISLEADING REPORT SINCE IT WOULD NOT ACCURATELY DISCLOSE THAT MOST OF THE DEFERRED COMPENSATION PAYMENT HAD ACTUALLY OCCURRED IN PRIOR YEARS. THE WOODMENLIFE NONQUALIFIED CONTRIBUTION BENEFIT PLAN ("CONTRIBUTION PLAN") WAS ESTABLISHED DECEMBER 31, 2012 TO PROVIDE A NONQUALIFIED DEFINED CONTRIBUTION BENEFIT PLAN TO ANY NEWLY ELIGIBLE EMPLOYEES AND WOODMENLIFE REPRESENTATIVES WHO HAD NOT PREVIOUSLY BEEN PROVIDED A BENEFIT UNDER THE SUPPLEMENTAL PLAN. THIS CONTRIBUTION PLAN COMPLIES WITH THE REQUIREMENTS OF SECTION 409A OF THE INTERNAL REVENUE CODE AND REGULATIONS PROMULGATED THEREUNDER.

Additional Data

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	LARRY R KING PRESIDENT & CEO	(i) (ii)695,217	327,821	64,870	287,842	24,815	1,400,565	
1	PAMELA A HERNANDEZ EXEC VP, OPERATIONS	(i) (ii)410,477	162,876	64,545	1,391,547	35,669	2,065,114	
2	PATRICK L DEES EXEC VP, FRATERNAL	(i) (ii)394,713	155,677	54,519	159,621	31,404	795,934	
3	ROBERT T MAHER EXEC VP, FINANCE & T	(i) (ii)360,891	117,400	56,356	184,609	30,613	749,869	
4	JAMES W BRIDGES JR DIR, FORMER EXEC VP	(i) (ii)21,583	91,671	347,615		2,231	463,100	
5	DENISE M MCCAULEY SENIOR VP, OPERATION	(i) (ii)274,222	85,080	22,296	59,414	25,027	466,039	
6	ELVIS O ANDERSON SENIOR VP, NATIONAL	(i) (ii)241,200	84,663	36,416	543,336	29,341	934,956	
7	MATTHEW E ELLIS VP, GENERAL COUNSEL	(i) (ii)230,338	62,791	19,289	33,796	14,817	361,031	
8	STEVEN B JONES VP, MARKETING & FRAT	(i) (ii)195,428	55,080	46,407	364,288	30,982	692,185	
9	RANDALL P ROTSCHAFER VP, ACTUARY	(i) (ii)231,362	53,836	5,823	109,966	29,864	430,851	
10	RAYMOND G SMOLINSKI VP, BUSINESS TECHNOL	(i) (ii)192,761	65,080	19,484	18,469	27,181	322,975	
11	RANDALL D HORROCKS VP, SALES	(i) (ii)210,612	59,525	3,573	78,180	9,865	361,755	
12	CYNTHIA S BENGTON VP, INVESTMENT	(i) (ii)195,606	50,474	12,160	60,479	14,620	333,339	
13	KARLA J GOCHENOUR VP, HUMAN RESOURCES	(i) (ii)183,074	50,080	16,603	58,271	31,458	339,486	
14	ANNETTE M DEVINE VP, ACCOUNTING SERVI	(i) (ii)145,818	42,080	25,084	57,578	33,674	304,234	
15	LEE A JANECEK VP, CERTIFICATE ADMI	(i) (ii)162,108	47,080	1,102	62,592	31,133	304,015	
16	STEVEN T MCKERN VP, ADMINISTRATIVE S	(i) (ii)141,352	33,741	10,993	45,163	13,613	244,862	
17	COLLEEN M MACIEJEWSKI VP, STRATEGIC PROJEC	(i) (ii)159,869	20,080	704	46,090	29,326	256,069	
18	TIMOTHY K BUDERUS DIRECTOR, OPERATIONS	(i) (ii)131,964	30,415	2,069	11,693	28,291	204,432	
19	WILLIAM J MANIFOLD DIRECTOR, AGENCY WIA	(i) (ii)114,112	21,413	2,753	36,762	28,296	203,336	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21	JOSEPH W WALTERS REGIONAL DIRECTOR	(i) (ii)376,956	154,781	29,676		24,863	586,276	
1	GREGORY D ROBERTSON REGIONAL DIRECTOR	(i) (ii)329,107	110,943	29,713	30,330	11,657	511,750	
2	PASQUALE FRAPPAMPINA REGIONAL DIRECTOR	(i) (ii)282,657	132,394	24,893	62,699	20,645	523,288	
3	CHARLES A BROWN REPRESENTATIVE	(i) (ii)235,708	169,392	762		13,226	419,088	
4	ROGER D ANDERSON REGIONAL DIRECTOR	(i) (ii)283,423	85,697	23,728	95,038	20,815	508,701	
5	THOMAS T GALLION III FORMER CHAIRMAN OF T	(i) (ii)100,000				55	100,055	

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY	Employer identification number 47-0339250
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	
FORM 990, PAGE 2, PART III, LINE 4C	- PROVIDING AMERICAN HISTORY AWARDS TO JUNIOR AND SENIOR HIGH SCHOOL STUDENTS FOR PROFICIE NCY IN AMERICAN HISTORY - HONORING FIRST RESPONDERS WITH FLAG AND EQUIPMENT DONATIONS, AN D WITH IN HONOR AND REMEMBRANCE CEREMONIES ON SEPT 11 EACH YEAR
FORM 990, PAGE 5, PART V, LINE 3B	ADDITIONAL TIME IS NEEDED TO FILE FORM 990-T IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN
FORM 990, PAGE 6, PART VI, LINE 6	WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY IS COMPRISED OF ITS MEMBERS
FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS ELECT THE OFFICERS AND DIRECTORS EVERY FOUR YEARS
FORM 990, PAGE 6, PART VI, LINE 7B	THE EXECUTIVE OFFICERS AND BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL OF THE MEMBERSHIP
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PREPARED AND REVIEWED BY PROFESSIONAL INTERNAL STAFF THE FORM 990 IS THEN FORWARDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FINAL SIGNATURE AND FILING OF THE RETURN
FORM 990, PAGE 6, PART VI, LINE 12C	AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE IS PROVIDED BY AND SUBSEQUENTLY RETAINED BY THE LEGAL DEPARTMENT
FORM 990, PAGE 6, PART VI, LINE 15A	PERIODICALLY EXTERNAL RESEARCH IS CONDUCTED TO ASSESS THE COMPETITIVENESS OF EXECUTIVE- LEV EL COMPENSATION IF EXTERNAL DATA SUPPORTS A CHANGE, A RECOMMENDATION IS MADE BY HR TO THE COMPENSATION COMMITTEE (SUBSET OF BOARD OF DIRECTORS) FOR APPROVAL
FORM 990, PAGE 6, PART VI, LINE 15B	PERIODICALLY EXTERNAL RESEARCH IS CONDUCTED TO ASSESS THE COMPETITIVENESS OF EXECUTIVE- LEV EL COMPENSATION IF EXTERNAL DATA SUPPORTS A CHANGE, A RECOMMENDATION IS MADE BY HR TO THE COMPENSATION COMMITTEE (SUBSET OF BOARD OF DIRECTORS) FOR APPROVAL
FORM 990, PAGE 6, PART VI, LINE 19	THE CONSTITUTION AND BYLAWS ARE AVAILABLE ON OUR WEBSITE, WOODMEN.ORG THE FINANCIAL STATE MENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	FRATERNAL INCOME NETTED WITH EXPENSES 9,415,978 INVESTMENT EXPENSE RECLASSSED TO INCOME -8, 022,664 FRATERNAL INCOME NETTED WITH EXPENSES -9,415,978 INVESTMENT EXPENSE RECLASSSED TO I NCOME 8,022,664
FORM 990, PART XI, LINE 9	CHANGE IN NON ADMITTED ASSETS 44,589,968 CHANGE IN ASSET VALUATION RESERVE 8,162,699 CHANGE IN PENSION LIABILITY 106,645,039
FORM 990, PAGE 12, PART XII, LINE 1	WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY USES THE STATUTORY METHOD OF ACCOUNTING UTILIZED BY INSURANCE COMPANIES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number
47-0339250

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WOODMEN FOUNDATION 1700 FARNAM STREET OMAHA, NE 68102 20-4743934	FOUNDATION	NE	501C3	7	WOODMEN OF		No
(2) RED BASKET INC 1700 FARNAM STREET OMAHA, NE 68102 45-4412276	CHARITABLE	NE	501C3	7	WOODMEN OF		No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) WFS HOLDINGS INC 1700 FARNAM STREET OMAHA, NE 68102 22-3828160	HOLDING CO	NE	WOODMEN OF	C CORP	-16,455	16,929,542	100 000 %	Yes	
(2) WOODMEN FINANCIAL SERVICES INC 1700 FARNAM STREET OMAHA, NE 68102 22-3828171	FINANCIAL	NE	N/A					Yes	
(3) WOODMEN INSURANCE AGENCY INC 1700 FARNAM STREET OMAHA, NE 68102 01-0785572	INSURANCE	NE	N/A					Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

Yes

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WOODMEN FOUNDATION	S	50,964	CASH PAID
WOODMEN FOUNDATION	O	50,400	CASH PAID
WOODMEN FOUNDATION	D	9,381,939	AMOUNT OF NOTE
WOODMEN FOUNDATION	R	167,226	CASH PAID
WOODMEN FINANCIAL SERVICES INC	J	47,640	CASH PAID
WOODMEN FINANCIAL SERVICES INC	O	871,232	CASH PAID
WOODMEN INSURANCE AGENCY INC	J	26,760	CASH PAID
WOODMEN INSURANCE AGENCY INC	O	597,900	CASH PAID
WFS HOLDINGS INC	J	180	CASH PAID
WFS HOLDINGS INC	O	1,200	CASH PAID
WFS HOLDINGS INC	B	415,000	CASH PAID
RED BASKET INC	O	481,894	CASH PAID
RED BASKET INC	N	37,500	MARKET RATES
RED BASKET INC	P	141,770	CASH PAID
RED BASKET INC	B	19,396	CASH PAID
RED BASKET INC	R	7,900	CASH PAID