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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

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

**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

**D** Employer identification number

47-0339250

E Telephone number

(402) 342-1890

**G** Gross receipts \$ 2,457,383,092

**F** Name and address of principal officer

LARRY R KING  
1700 FARNAM STREET  
OMAHA, NE 68102

**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     | <b>1</b> Briefly describe the organization's mission or most significant activities   | WOODMENLIFE PROVIDES MEMBERS WITH FINANCIAL SECURITY WHILE MAKING A DIFFERENCE IN YOUR COMMUNITY |                |
|                             |   |  |                |
|                             |   |  |                |
|                             |   |  |                |
|                             | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |  |                |
|                             | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | 13             |
|                             | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | 7              |
|                             | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)   | <b>5</b>   | 2,737          |
|                             | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>   | 74,673         |
|                             | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | 460,134        |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>  | -299,147       |
| Revenue                     | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year   | Current Year   |
|                             | <b>9</b> Program service revenue (Part VIII, line 2g)   |  | 0              |
|                             | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )  | 773,302,753  | 810,032,746    |
|                             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 450,594,531  | 469,974,604    |
|                             | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 5,254,329  | 5,731,696      |
| Expenses                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 )   | 1,229,151,613  | 1,285,739,046  |
|                             | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |  |                |
|                             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | 509,998  | 447,658        |
|                             | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 959,905,938  | 966,805,197    |
|                             | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>   | 66,612,405   | 80,487,611     |
| Net Assets or Fund Balances | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  |  | 0              |
|                             | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  | 127,520,142  | 141,278,207    |
|                             | <b>19</b> Revenue less expenses Subtract line 18 from line 12   | 1,154,548,483  | 1,189,018,673  |
|                             |   | 74,603,130   | 96,720,373     |
|                             |   | Beginning of Current Year  | End of Year    |
|                             | <b>20</b> Total assets (Part X, line 16)  | 10,439,989,588   | 10,676,069,157 |
|                             | <b>21</b> Total liabilities (Part X, line 26)   | 9,343,085,117  | 9,502,779,201  |
|                             | <b>22</b> Net assets or fund balances Subtract line 21 from line 20   | 1,096,904,471  | 1,173,289,956  |

**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

2016-09-28

Date

JORDAN S MAWSON DIR TAX & ACCOUNTING

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

WOODMENLIFE PROVIDES MEMBERS WITH FINANCIAL SECURITY WHILE MAKING A DIFFERENCE IN YOUR COMMUNITY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

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

MEMBER BENEFITS WOODMENLIFE OFFERS A VARIETY OF EXCLUSIVE MEMBER BENEFITS AND DISCOUNTS THAT HELP FAMILIES WHEN THEY NEED IT MOST BELOW ARE JUST SOME OF THE NON-CONTRACTUAL BENEFITS AVAILABLE TO ELIGIBLE WOODMENLIFE MEMBER CUSTOMERS -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 -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/FORREST 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 -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 -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

4b

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

RED BASKET, INC RED BASKET IS A NONPROFIT CROWDFUNDING WEB SITE DEDICATED TO HELPING INDIVIDUALS RAISE MONEY FOR PERSONAL EMERGENCIES AND COMMUNITY IMPROVEMENT PROJECTS RED BASKET WAS INCORPORATED IN 2012 AND IS AVAILABLE IN ALL 50 STATES WOODMENLIFE COVERS ALL ADMINISTRATIVE AND OPERATING EXPENSES FOR RED BASKET, INCLUDING A FULL IN-HOUSE STAFF, RED BASKET COORDINATORS NATIONWIDE, AND MARKETING, COMMUNICATIONS, WEB SERVICES AND ACCOUNTING SUPPORT WOODMENLIFE ALSO COVERS ALL PAYMENT PROCESSING FEES AND BANK SERVICE CHARGES TO DATE, THE PROGRAM HAS RAISED AND CONTRIBUTED MORE THAN 1 MILLION IN DONATIONS

4c

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

PATRIOTIC PROGRAM WOODMENLIFE LAUNCHED THEIR PATRIOTIC PROGRAM 70 YEARS AGO IN AN EFFORT TO CELEBRATE 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 UNITED STATES FLAGS WOODMENLIFE IS ONE OF THE LARGEST DISTRIBUTORS OF U S FLAGS, HAVING DONATED MORE THAN 2 5 MILLION AMERICAN FLAGS TO WORTHY NON-PROFIT AND COMMUNITY ORGANIZATIONS -PRESENTING 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 EVERY SEPT 11 FOR THE LAST 14 YEARS, WITH FLAG AND EQUIPMENT DONATIONS, AND WITH IN HONOR AND REMEMBRANCE CEREMONIES TO COMMEMORATE THE HEROES AND VICTIMS OF THAT DAY, AS WELL AS AMERICA'S BRAVE FIRST RESPONDERS 422 OF THESE CEREMONIES WERE HELD ACROSS THE COUNTRY IN 2015 -PLANNING FLAGS ACROSS AMERICA PROJECTS AND OBSERVANCES ANNUALLY ON JUNE 14

4d

Other program services (Describe in Schedule O )

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

4e

Total program service expenses ▶

Part IV Checklist of Required Schedules

|   | Yes | No  |
|---|-----|-----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .   | 1   | No  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . .   | 2   | No  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   | Yes |
| 4 Section 501(c)(3) organizations.<br>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 | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>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  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 36  |     |    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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.  | 232,230 |     |
| 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. | 2,737   |     |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).         |  | 2b      | Yes |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  |  | 3a      | Yes |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  |  | 3b      | 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: _____<br>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.<br>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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |  | 13a     |     |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  |  | 13b     |     |
| c Enter the amount of reserves on hand.   |  | 13c     |     |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  |  | 14a     | No  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  |  | 14b     |     |

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

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

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

Section C. Disclosure

|    |  |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed   |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 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.<br><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<br>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 ☒

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]



## Part VII

[illegible]

|           |  |            |  |           |
|-----------|--|------------|--|-----------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>   |            |  |           |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> |            |  |           |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | 10,069,603 |  | 4,036,079 |

**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 ► 232

|          |   | Yes | No |
|----------|---|-----|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  |     |    |
|          | <b>3</b>  |     | No |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . |     |    |
|          | <b>4</b>  | Yes |    |
| <b>5</b> | 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> . . . . .                       |     |    |
|          | <b>5</b>  |     | 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)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| SIRIUS COMPUTER SOLUTIONS<br><br>PO BOX 202289<br>DALLAS, TX 753202289        | COMPUTER MAINTE                | 1,158,754           |
| IBM<br><br>PO BOX 676673<br>DALLAS, TX 752676673                              | COMPUTER MAINTE                | 657,696             |
| PITNEY BOWES PRESORT SRV INC<br><br>PO BOX 371896<br>PITTSBURGH, PA 152507896 | MAIL SORTING                   | 625,986             |
| COSENTRYNET LLC<br><br>PO BOX 390383<br>OMAHA, NE 681390383                   | DISASTER RECOVER               | 610,338             |
| STONERIVER INC<br><br>75 REMITTANCE DR STE 6934<br>CHICAGO, IL 606756934      | SOFTWARE CONSUL                | 528,963             |

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 ► 43

Part VIII

Statement of Revenue

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

|   |                       |   | (A)            | (B)   | (C)                              | (D)  |             |
|---|-----------------------|---|----------------|---|----------------------------------|--|-------------|
|   |                       |   | Total revenue  | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |             |
| Contributions, Gifts, Grants<br>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<br>similar amounts not included above   | 1f             |   |                                  |  |             |
|   | g                     | Noncash contributions included in lines<br>1a-1f \$   |                |   |                                  |  |             |
|   | h                     | Total. Add lines 1a-1f . . . . .  |                |   |                                  |  |             |
| Program Service Revenue                                   |                       |   | Business Code  |   |                                  |  |             |
|   | 2a                    | PREMIUM INCOME  | 524113         | 793,144,714                                 | 793,144,714                      |  |             |
|   | b                     | FRATERNAL INCOME  | 524113         | 11,674,197                                  | 11,674,197                       |  |             |
|   | c                     | SUPPLEMENTARY CONTRACTS   | 524113         | 5,213,835                                   | 5,213,835                        |  |             |
|   | d                     |   |                |   |                                  |  |             |
|   | e                     |   |                |   |                                  |  |             |
|   | f                     | All other program service revenue   |                |   |                                  |  |             |
|   | g                     | Total. Add lines 2a-2f . . . . .  |                | 810,032,746                                 |                                  |  |             |
| Other Revenue   | 3                     | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .   |                | 415,459,113                                 |                                  |  | 415,459,113 |
|   | 4                     | Income from investment of tax-exempt bond proceeds . . . . .  |                |   |                                  |  |             |
|   | 5                     | Royalties . . . . .   |                |   |                                  |  |             |
|   | 6a                    | Gross rents   | (i) Real       | (ii) Personal                               |                                  |  |             |
|   |                       |   | 19,728,478     |   |                                  |  |             |
|   |                       |   | 14,456,916     |   |                                  |  |             |
|   |                       |   | 5,271,562      |   |                                  |  |             |
|   | d                     | Net rental income or (loss) . . . . .   |                | 5,271,562                                   |                                  |  | 5,271,562   |
|   | 7a                    | Gross amount<br>from sales of<br>assets other<br>than inventory   | (i) Securities | (ii) Other                                  |                                  |  |             |
|   |                       |   | 990,235,520    | 221,467,101                                 |                                  |  |             |
|   |                       |   | 936,840,705    | 220,346,425                                 |                                  |  |             |
|   |                       |   | 53,394,815     | 1,120,676                                   |                                  |  |             |
|   | d                     | Net gain or (loss) . . . . .  |                | 54,515,491                                  | 54,515,491                       |  |             |
|   | 8a                    | Gross income from fundraising<br>events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>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<br>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<br>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         | 471,445                                     |                                  | 471,445  |             |
|   | b                     | INCOME/(LOSS) FROM PSHIPS   | 900099         | -11,311                                     |                                  | -11,311  |             |
|   | c                     |   |                |   |                                  |  |             |
|   | d                     | All other revenue . . . . .   |                |   |                                  |  |             |
|   | e                     | Total. Add lines 11a-11d . . . . .  |                | 460,134                                     |                                  |  |             |
|   | 12                    | Total revenue. See Instructions . . . . .   |                | 1,285,739,046                               | 864,548,237                      | 460,134  | 420,730,675 |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   | 447,658               | 447,658                         |  |                             |
| 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   | 966,805,197           | 966,805,197                     |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 11,597,445            |                                 | 11,597,445                             |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 38,111,485            |                                 | 38,111,485                             |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 10,469,708            |                                 | 10,469,708                             |                             |
| 9 Other employee benefits   | 13,641,058            |                                 | 13,641,058                             |                             |
| 10 Payroll taxes  | 6,667,915             |                                 | 6,667,915                              |                             |
| 11 Fees for services (non-employees)  |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 837,351               |                                 | 837,351                                |                             |
| c Accounting  | 352,880               |                                 | 352,880                                |                             |
| 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)  | 63,699                |                                 | 63,699                                 |                             |
| 12 Advertising and promotion  | 2,455,924             |                                 | 2,455,924                              |                             |
| 13 Office expenses  | 4,638,086             |                                 | 4,638,086                              |                             |
| 14 Information technology   | 6,701,749             |                                 | 6,701,749                              |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 3,901,134             |                                 | 3,901,134                              |                             |
| 17 Travel   | 481,312               |                                 | 481,312                                |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 900,870               |                                 | 900,870                                |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 4,949,434             |                                 | 4,949,434                              |                             |
| 23 Insurance  | 728,570               |                                 | 728,570                                |                             |
| 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   | 48,144,451            |                                 | 48,144,451                             |                             |
| b SALES EXPENSES  | 27,521,369            |                                 | 27,521,369                             |                             |
| c TRANSFER TO SEPARATE ACCO   | 17,085,630            |                                 | 17,085,630                             |                             |
| d MEMBER DUES EXPENSE   | 8,967,038             |                                 | 8,967,038                              |                             |
| e All other expenses  | 13,548,710            |                                 | 13,548,710                             |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 1,189,018,673         | 967,252,855                     | 221,765,818                            | 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)               |     | (B)            |
|-----------------------------|-----|--|-----|-------------|-------------------|-----|----------------|
|                             |     |  |     |             | Beginning of year |     | End of year    |
| Assets                      | 1   | Cash—non-interest-bearing  |     |             | 62,297,597        | 1   | 60,135,655     |
|                             | 2   | Savings and temporary cash investments   |     |             | 103,694,620       | 2   | 90,389,177     |
|                             | 3   | Pledges and grants receivable, net   |     |             |                   | 3   |                |
|                             | 4   | Accounts receivable, net   |     |             | 55,176            | 4   | 80,908         |
|                             | 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 | 217,051,825 |                   |     |                |
|                             | b   | Less: accumulated depreciation   | 10b | 133,474,311 | 84,234,028        | 10c | 83,577,514     |
|                             | 11  | Investments—publicly traded securities   |     |             | 7,793,391,058     | 11  | 7,972,405,712  |
|                             | 12  | Investments—other securities. See Part IV, line 11.  |     |             | 1,908,888,110     | 12  | 2,020,292,865  |
|                             | 13  | Investments—program-related. See Part IV, line 11.   |     |             |                   | 13  |                |
| Liabilities                 | 14  | Intangible assets  |     |             |                   | 14  |                |
|                             | 15  | Other assets. See Part IV, line 11.  |     |             | 487,428,999       | 15  | 449,187,326    |
|                             | 16  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).  |     |             | 10,439,989,588    | 16  | 10,676,069,157 |
|                             | 17  | Accounts payable and accrued expenses  |     |             | 47,086,123        | 17  | 46,821,584     |
|                             | 18  | Grants payable   |     |             |                   | 18  |                |
|                             | 19  | Deferred revenue   |     |             |                   | 19  |                |
|                             | 20  | Tax-exempt bond liabilities  |     |             |                   | 20  |                |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D.   |     |             |                   | 21  |                |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  |     |             |                   | 22  |                |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties   |     |             |                   | 23  |                |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties   |     |             |                   | 24  |                |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.   |     |             | 9,295,998,994     | 25  | 9,455,957,617  |
| Net Assets or Fund Balances | 26  | <b>Total liabilities.</b> Add lines 17 through 25.   |     |             | 9,343,085,117     | 26  | 9,502,779,201  |
|                             |     | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>   |     |             |                   |     |                |
|                             | 27  | Unrestricted net assets  |     |             |                   | 27  |                |
|                             | 28  | Temporarily restricted net assets  |     |             |                   | 28  |                |
|                             | 29  | Permanently restricted net assets  |     |             |                   | 29  |                |
|                             |     | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>  |     |             |                   |     |                |
|                             | 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   |     |             | 1,096,904,471     | 32  | 1,173,289,956  |
|                             | 33  | <b>Total net assets or fund balances</b>   |     |             | 1,096,904,471     | 33  | 1,173,289,956  |
|                             | 34  | <b>Total liabilities and net assets/fund balances</b>  |     |             | 10,439,989,588    | 34  | 10,676,069,157 |

Part XIReconciliation 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  | 1,285,739,046 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 1,189,018,673 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | 96,720,373    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 1,096,904,471 |
| 5  | Net unrealized gains (losses) on investments  | 5  | -63,163,966   |
| 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  | 42,829,078    |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,173,289,956 |

Part XIIFinancial 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 <u>STATUTORY</u><br>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?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| 2b Were the organization's financial statements audited by an independent accountant?<br>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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | 2c  | 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?   | 3a  | 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   | 3b  |     |

Additional Data

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

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

| (A)<br>Name and Title               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                     |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| LARRY R KING<br>PRESIDENT &         | 50 00<br>.....<br>2 00   | X   |                       | X       |              |                              |        | 1,075,934  | 0   | 439,704   |
| PATRICK L DEES<br>EXEC VP, FRA      | 50 00<br>.....<br>3 00   | X   |                       | X       |              |                              |        | 614,088  | 0   | 214,860   |
| ROBERT T MAHER<br>EXEC VP, FIN      | 50 00<br>.....<br>4 00   | X   |                       | X       |              |                              |        | 581,039  | 0   | 233,353   |
| DENISE M MCCAULEY<br>EXEC VP, OPE   | 50 00<br>.....<br>3 00   | X   |                       | X       |              |                              |        | 504,086  | 0   | 91,137  |
| PAMELA A HERNANDEZ<br>EXEC VP, OPE  | 50 00<br>.....   | X   |                       | X       |              |                              |        | 413,162  | 0   | 251,081   |
| DANNY E CUMMINS<br>DIR, FORMER      | 5 00<br>.....  | X   |                       |         |              |                              |        | 112,241  | 0   | 0   |
| DANIEL W RICE<br>BOARD OF DIR       | 5 00<br>.....<br>1 00  | X   |                       |         |              |                              |        | 94,847   | 0   | 27,668  |
| WESLEY A DODD<br>BOARD OF DIR       | 5 00<br>.....<br>1 00  | X   |                       |         |              |                              |        | 92,581   | 0   | 8,878   |
| MICHAEL C SHEALY<br>BOARD OF DIR    | 5 00<br>.....<br>1 00  | X   |                       |         |              |                              |        | 91,264   | 0   | 11,349  |
| JAMES W BOSLER III<br>BOARD OF DIR  | 5 00<br>.....<br>1 00  | X   |                       |         |              |                              |        | 90,661   | 0   | 14,343  |
| JAMES W SHAVER<br>BOARD OF DIR      | 5 00<br>.....<br>1 00  | X   |                       |         |              |                              |        | 89,672   | 0   | 13,456  |
| DARYL J DOISE<br>BOARD OF DIR       | 5 00<br>.....<br>1 00  | X   |                       |         |              |                              |        | 71,125   | 0   | 0   |
| RONALD H ALDRIDGE<br>BOARD OF DIR   | 5 00<br>.....  | X   |                       |         |              |                              |        | 70,261   | 0   | 0   |
| PATRICIA L METHENY<br>BOARD OF DIR  | 5 00<br>.....  | X   |                       |         |              |                              |        | 52,611   | 0   | 0   |
| MARK L SCHREIER<br>DIR, FORMER      | 5 00<br>.....  | X   |                       |         |              |                              |        | 50,341   | 0   | 0   |
| ELVIS O ANDERSON<br>SENIOR VP, N    | 50 00<br>.....   |   |                       | X       |              |                              |        | 394,207  | 0   | 758,109   |
| MATTHEW E ELLIS<br>VP, GENERAL      | 50 00<br>.....<br>1 00   |   |                       | X       |              |                              |        | 358,620  | 0   | 44,515  |
| RANDALL P ROTSCHAFER<br>VP, ACTUARY | 50 00<br>.....   |   |                       | X       |              |                              |        | 301,140  | 0   | 178,282   |
| RAYMOND G SMOLINSKI<br>VP, BUSINESS | 50 00<br>.....   |   |                       | X       |              |                              |        | 286,963  | 0   | 51,169  |
| RANDALL D HORROCKS<br>VP, SALES     | 50 00<br>.....   |   |                       | X       |              |                              |        | 276,157  | 0   | 93,853  |
| CYNTHIA S BENGTSO<br>VP, INVESTME   | 50 00<br>.....   |   |                       | X       |              |                              |        | 275,599  | 0   | 90,757  |
| KARLA J GOCHENOUR<br>VP, HUMAN RE   | 50 00<br>.....   |   |                       | X       |              |                              |        | 250,576  | 0   | 95,154  |
| STEVEN B JONES<br>VP, MARKETIN      | 50 00<br>.....   |   |                       | X       |              |                              |        | 242,704  | 0   | 424,102   |
| SPENCER T OWEN<br>VP, SALES         | 50 00<br>.....   |   |                       | X       |              |                              |        | 230,623  | 0   | 65,954  |
| LEE A JANECEK<br>VP, CERTIFIC       | 50 00<br>.....   |   |                       | X       |              |                              |        | 229,619  | 0   | 151,358   |

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

| (A)<br>Name and Title                 | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-<br>2/1099-MISC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|---------------------------------------|---|--|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
|                                       |   | Individual trustee<br>or director  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |   |  |   |
| ANNETTE M DEVINE<br>VP, ACCOUNTI      | 50 00<br>.....<br>3 00  |  |                       | X       |              |                                 |        | 222,323   | 0  | 99,147  |
| COLLEEN M MACIEJEWSKI<br>VP, STRATEGI | 50 00<br>.....  |  |                       | X       |              |                                 |        | 203,542   | 0  | 65,624  |
| STEVEN T MCKERN<br>VP, ADMINIST       | 50 00<br>.....  |  |                       | X       |              |                                 |        | 187,861   | 0  | 67,588  |
| TIMOTHY K BUDERUS<br>DIRECTOR, OP     | 10 00<br>.....<br>41 00   |  |                       | X       |              |                                 |        | 168,718   | 0  | 41,479  |
| WILLIAM J MANIFOLD<br>DIRECTOR, AG    | 10 00<br>.....<br>41 00   |  |                       | X       |              |                                 |        | 148,189   | 0  | 65,604  |
| JOSEPH W WALTERS<br>REGIONAL DIR      | 50 00<br>.....  |  |                       |         |              | X                               |        | 660,518   | 0  | 26,071  |
| GREGORY D ROBERTSON<br>REGIONAL DIR   | 50 00<br>.....  |  |                       |         |              | X                               |        | 469,813   | 0  | 50,879  |
| JACK M YATES<br>REGIONAL DIR          | 50 00<br>.....  |  |                       |         |              | X                               |        | 405,617   | 0  | 205,979   |
| ROGER D ANDERSON<br>REGIONAL DIR      | 50 00<br>.....  |  |                       |         |              | X                               |        | 377,045   | 0  | 140,372   |
| CHARLES A BROWN<br>REPRESENTATI       | 50 00<br>.....  |  |                       |         |              | X                               |        | 375,856   | 0  | 14,254  |

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

|   |  |             |
|---|--|-------------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV |             |
| 2 | Political expenditures   | ▶ \$ 14,500 |
| 3 | Volunteer hours  |             |

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

|    |   |  |
|----|---|--|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$   |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$   |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV   |  |

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

|   |   |   |
|---|---|---|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities  | ▶ \$  |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   | ▶ \$  |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  | ▶ \$  |
| 4 | Did the filing organization file Form 1120-POL for this year?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV |   |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |



Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

4-Year Averaging Period Under section 501(h)

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

| Lobbying Expenditures During 4-Year Averaging Period      |         |         |         |         |           |
|---|---------|---------|---------|---------|-----------|
| Calendar year (or fiscal year beginning in)               | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e) Total |
| 2a Lobbying nontaxable amount                             |         |         |         |         |           |
| b Lobbying ceiling amount (150% of line 2a, column(e))    |         |         |         |         |           |
| c Total lobbying expenditures                             |         |         |         |         |           |
| d Grassroots nontaxable amount                            |         |         |         |         |           |
| e Grassroots ceiling amount (150% of line 2d, column (e)) |         |         |         |         |           |
| f Grassroots lobbying expenditures                        |         |         |         |         |           |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. |  | (a) |    | (b)    |
|---|--|-----|----|--------|
|   |  | Yes | No | Amount |
| 1   | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a   | Volunteers?  |     |    |        |
| b   | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |
| c   | Media advertisements?  |     |    |        |
| d   | Mailings to members, legislators, or the public?   |     |    |        |
| e   | Publications, or published or broadcast statements?  |     |    |        |
| f   | Grants to other organizations for lobbying purposes?   |     |    |        |
| g   | Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |
| h   | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |        |
| i   | Other activities?  |     |    |        |
| j   | Total. Add lines 1c through 1i.  |     |    |        |
| 2a  | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     |    |        |
| b   | If "Yes," enter the amount of any tax incurred under section 4912.   |     |    |        |
| c   | If "Yes," enter the amount of any tax incurred by organization managers under section 4912.  |     |    |        |
| d   | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |
| 3 |     |    |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

|   |  |    |  |
|---|--|----|--|
| 1 | Dues, assessments and similar amounts from members   | 1  |  |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |  |
| a | Current year   | 2a |  |
| b | Carryover from last year   | 2b |  |
| c | Total  | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)   | 5  |  |

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference    | Explanation                                    |
|---------------------|--|
| SCHEDULE C, PART IV | WOODMENLIFE MADE STATE AND LOCAL CONTRIBUTIONS |

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization  
WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Employer identification number  
47-0339250

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds   | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 | Total number at end of year   |                              |
| 2 | Aggregate value of contributions to (during year)   |                              |
| 3 | Aggregate value of grants from (during year)  |                              |
| 4 | Aggregate value at end of year  |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

|   | Held at the End of the Year  |
|---|--|
| a | Total number of conservation easements   |
| b | Total acreage restricted by conservation easements   |
| c | Number of conservation easements on a certified historic structure included in (a)   |
| d | Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7

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

8

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

☐ Yes ☐ No

9

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

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" 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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

b

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

☐

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) | Accumulated (c)depreciation | (d)Book value |
|--|-------------------------------------|--------------------------------|-----------------------------|---------------|
| 1a Land . . . . .  |                                     |                                |                             |               |
| b Buildings . . . . .  |                                     | 106,779,529                    | 81,580,574                  | 25,198,955    |
| c Leasehold improvements . . . . .   |                                     |                                |                             |               |
| d Equipment . . . . .  |                                     |                                |                             |               |
| e Other . . . . .  | 110,272,296                         |                                | 51,893,737                  | 58,378,559    |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                     |                                |                             | 83,577,514    |



|   |   |    |               |  |
|---|---|----|---------------|--|
| <b>Part XI</b> <b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b><br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.     |   |    |               |  |
| 1   | Total revenue, gains, and other support per audited financial statements . . . . .        | 1  | 1,278,203,707 |  |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12                        |    |               |  |
| a   | Net unrealized gains (losses) on investments . . . . .                                    | 2a |               |  |
| b   | Donated services and use of facilities . . . . .  | 2b |               |  |
| c   | Recoveries of prior year grants . . . . .   | 2c |               |  |
| d   | Other (Describe in Part XIII ) . . . . .  | 2d | 14,456,916    |  |
| e   | Add lines 2a through 2d . . . . .   | 2e | 14,456,916    |  |
| 3   | Subtract line 2e from line 1 . . . . .  | 3  | 1,263,746,791 |  |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1                       |    |               |  |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a |               |  |
| b   | Other (Describe in Part XIII ) . . . . .  | 4b | 21,992,255    |  |
| c   | Add lines 4a and 4b . . . . .   | 4c | 21,992,255    |  |
| 5   | Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .   | 5  | 1,285,739,046 |  |
| <b>Part XII</b> <b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b><br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. |   |    |               |  |
| 1   | Total expenses and losses per audited financial statements . . . . .                      | 1  | 1,181,483,334 |  |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25                          |    |               |  |
| a   | Donated services and use of facilities . . . . .  | 2a |               |  |
| b   | Prior year adjustments . . . . .  | 2b |               |  |
| c   | Other losses . . . . .  | 2c |               |  |
| d   | Other (Describe in Part XIII ) . . . . .  | 2d | 14,456,916    |  |
| e   | Add lines 2a through 2d . . . . .   | 2e | 14,456,916    |  |
| 3   | Subtract line 2e from line 1 . . . . .  | 3  | 1,167,026,418 |  |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        |    |               |  |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a |               |  |
| b   | Other (Describe in Part XIII ) . . . . .  | 4b | 21,992,255    |  |
| c   | Add lines 4a and 4b . . . . .   | 4c | 21,992,255    |  |
| 5   | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 1,189,018,673 |  |

|   |  |
|---|--|
| <b>Part XIII</b> <b>Supplemental Information</b>  |  |
| 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  | EXPENSES RELATED TO RENTAL INCOME 14,456,916     |
| SCHEDULE D, PAGE 4, PART XI, LINE 4B  | EXPENSES RELATED TO INVESTMENT INCOME 21,992,255 |
| SCHEDULE D, PAGE 4, PART XII, LINE 2D   | EXPENSES RELATED TO RENTAL INCOME 14,456,916     |
| SCHEDULE D, PAGE 4, PART XII, LINE 4B   | EXPENSES RELATED TO INVESTMENT INCOME 21,992,255 |
|   |  |
|   |  |

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

Form 990, Schedule D, Part VII - Investments Other Securities

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---|----------------|---|
| (3) Other   |                |   |
| (A) MORTGAGE LOANS - COST   | 1,849,040,831  | C   |
| (B) CTF LOANS-LEGACY  | 155,697,817    | C   |
| (C) OTHER SCHEDULE BA-COST  | 10,606,310     | C   |
| (D) CTF LOANS-INGENIUM  | 4,523,957      | C   |
| (E) ACCELERATED BENEFIT LIENS   | 1,316,286      | C   |
| (F) CTF LOANS IN PROCESS  | 363,897        | C   |
| (G) MORTGAGE LOANS - DISCOUNT   | -8,636         | C   |
| (H) CTF LOANS-NONADMITTED   | -1,247,597     | C   |

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

| 1 (a) Description of Liability       | (b) Book Value |
|--------------------------------------|----------------|
| LIFE RESERVES                        | 4,547,465,610  |
| UNIVERSAL LIFE LIAB-CASH VALUE       | 3,327,315,351  |
| ANNUITY RESERVES                     | 3,132,809,043  |
| ANNUITY LIABILITY                    | 1,408,707,153  |
| QUALIFIED RET PLAN                   | 333,895,688    |
| VARIABLE ANNUITY RESERVES            | 295,953,877    |
| REFUNDS LEGACY                       | 238,578,499    |
| QUALIFIED RET PLAN - SEP ACCTS       | 231,904,485    |
| VA TRANSFERS IN                      | 192,559,578    |
| PAYABLE FOR SECURITIES LENDING       | 178,461,807    |
| NONLIFE SETTLEMENT OPTIONS           | 133,817,840    |
| ASSET VALUATION RESERVE              | 127,080,036    |
| DISABILITY-DISABLED LIVES RSRV       | 81,694,360     |
| SCI RESERVES                         | 68,734,836     |
| A&H ACTIVE CONTRACT RESERVES         | 56,815,381     |
| PROVISION FOR REFUNDS PAYABLE        | 50,110,000     |
| POST RET BENEFITS LIABILITY          | 46,381,956     |
| UNFUNDED ABO LIABILITY               | 25,352,351     |
| CLM LIAB-LIFE ICOS                   | 19,130,327     |
| INT MAINTENANCE RESERVE              | 16,924,296     |
| DEFERRED COMP                        | 13,434,750     |
| A&H CLAIM RESERVES                   | 8,742,284      |
| DISABILITY-DISABLED IBNR RSRV        | 7,800,000      |
| SUPP RET PLAN                        | 6,930,106      |
| CLM LIAB-LIFE IBNR                   | 6,812,000      |
| AIO RESERVE                          | 6,800,467      |
| DISABILITY-ACTIVE LIVES RSRV         | 6,108,474      |
| ACCIDENTAL DEATH RESERVE             | 5,860,759      |
| LIABILITY-INGENIUM SET OPTS          | 5,843,096      |
| CLM SUSP-INGENIUM ICOS               | 5,482,144      |
| UNEARNED PREMIUM RESERVE             | 4,811,013      |
| ADVANCE PAYMENTS LEGACY              | 4,044,936      |
| ADVANCE PAYMENTS INGENIUM            | 2,493,149      |
| ADVANCE PREM - DIRECT -RENEWAL       | 1,367,971      |
| CLM LIAB-LIFE D&U                    | 1,081,477      |
| MORTGAGE LOANS - GUARANTEE DEP       | 1,024,000      |
| A&H ACTIVE UNEARNED PREM RSRV        | 759,632        |
| CLM LIAB-A&H ICOS                    | 739,866        |
| CLM LIAB-LIFE RESISTED               | 540,000        |
| CLM LIAB-A&H IBNR                    | 528,276        |
| NQ PENSION - LIABILITY               | 397,769        |
| SURRENDER VALUES PAYABLE             | 327,223        |
| REFUNDS INGENIUM                     | 238,413        |
| UNCASHED CHKS - WBA CLOSEOUT         | 238,285        |
| GUARANTEED ENDOWMENTS LEGACY         | 230,949        |
| DESOP - LIABILITY                    | 214,000        |
| A&H ACTIVE ADDITIONAL RESERVE        | 183,250        |
| RE-SEC DEP-BANK OF BLUE VALLEY       | 86,744         |
| RE-SEC DEP-IBERIABANK                | 77,095         |
| ADVANCE PAYMENTS - ACCRUED INT       | 38,422         |
| STALE DATED CHECKS - LAWSON          | 35,332         |
| DESOP - ESCROW                       | 17,185         |
| RE-SEC DEP-US BANK                   | 16,608         |
| RE-GUARANTEE DEPOSITS                | 11,823         |
| ADVANCE PREM - DIRECT - 1ST YR       | 9,309          |
| RE-SEC DEP-FIDELITY BANK             | 4,689          |
| REFUNDS - ACCRUED INTEREST           | 3,821          |
| SEPARATE ACCOUNTS                    |                |
| UNFUNDED ACCUMULATED BENEFIT OBLIGAT |                |
| SURRENDERS PAYABLE                   |                |
| DEPOSITS                             |                |
| DEFERRED COMPENSATION & PENSION LIAB |                |
| COLLATERAL DEPOSIT FUND              |                |
| ADVANCE PREMIUMS                     |                |
| PROVISION FOR REFUNDS PAYABLE        |                |
| A&H CLAIMS                           |                |
| LIFE CLAIMS                          |                |
| ASSET VALUATION RESERVE              |                |
| LIABILITY FOR DEPOSIT-TYPE CONTRACTS |                |
| AGGREGATE RESERVES FOR LIFE CERTS    |                |
| INTEREST MAINTENANCE RESERVE         |                |
| AGGREGATE RESERVES FOR A&H CON       |                |
| POST-RETIREMENT BENEFIT LIABILITY    |                |
| PAYABLE FOR SECURITIES LENDING       |                |
| CLM LIAB-A&H REIN IBNR               | -276           |
| ADVANCE PREM - REINS - RENEWAL       | -2,652         |
| DESOP - LIABILITY MKT VAL ADJ        | -25,423        |
| CLM LIAB-A&H REIN ICOS               | -115,518       |
| A&H UNEARNED CEDED RESERVE           | -207,547       |
| CLM LIAB-LIFE REIN D&U               | -300,000       |
| CLM LIAB-LIFE REIN ICOS              | -1,147,421     |
| VA RESERVE - SEP ACCOUNT             | -2,049,500     |
| A&H CLAIM REINSURANCE                | -4,803,224     |
| A&H ACTIVE LIFE REINSURANCE          | -20,557,676    |
| REINSURANCE OFFSET                   | -34,043,320    |
| VA TRANSFERS OUT                     | -351,795,113   |
| NET ANNUITY LIABILITY                | -1,408,707,153 |
| NET UNIVERSAL LIFE CASH VALUE        | -3,327,315,351 |



SCHEDULE F  
(Form 990)

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WOODMEN OF THE WORLD LIFE INSURANCE  
SOCIETY

Employer identification number  
47-0339250

Part I 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   |  | 20,692,600   |
| ( 2 ) EUROPE                               |                                     |  | INVESTMENTS   |  | 2,773,742  |
| ( 3 )                                      |                                     |  |   |  |  |
| ( 4 )                                      |                                     |  |   |  |  |
| ( 5 )                                      |                                     |  |   |  |  |
| 3a Sub-total                               |                                     |  |   |  | 23,466,342   |
| b Total from continuation sheets to Part I |                                     |  |   |  |  |
| c Totals (add lines 3a and 3b)             |                                     |  |   |  | 23,466,342   |

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 20,692,600 EUROPE 0 2,773,742 |

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," on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

17

3

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

1

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of 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 section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| AMERICAN HEART ASSOCIATION<br>7272 GREENVILLE AVENUE<br>DALLAS,TX 75231  | 13-5613797 | 501C3                         | 12,880                   |                                   |  |  | GENERAL SUPPORT                    |
| AMERICAN LUNG ASSOCIATION<br>8990 WEST DODGE SUITE 226<br>OMAHA,NE 68114 | 13-1632524 | 501C3                         | 5,025                    |                                   |  |  | GENERAL SUPPORT                    |
| BOY SCOUTS OF AMERICA<br>12401 WEST MAPLE STREET<br>OMAHA,NE 68164       | 47-0376545 | 501C3                         | 5,346                    |                                   |  |  | GENERAL SUPPORT                    |



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

| (a) Name and address of organization or government                         | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| EASTERN NEBRASKA OFFICE ON AGING<br>4223 CENTER STREET<br>OMAHA,NE 68105   | 47-0531340 | 501C3                         | 5,250                    |                                   |  |  | GENERAL SUPPORT                    |
| FOOD BANK FOR THE HEARTLAND<br>10525 J STREET<br>OMAHA,NE 68127            | 47-0637701 | 501C3                         | 28,050                   |                                   |  |  | GENERAL SUPPORT                    |
| FOOD BANK OF NORTH ALABAMA INC<br>2000-B VERNON AVE<br>HUNTSVILLE,AL 35805 | 63-0884372 | 501C3                         | 28,000                   |                                   |  |  | GENERAL SUPPORT                    |

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

| (a) Name and address of organization or government                        | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| GOODWILL INDUSTRIES INC<br>4805 NORTH 72ND STREET<br>OMAHA,NE 68134       | 47-0378996 | 501C3                         | 10,200                   |                                   |  |  | GENERAL SUPPORT                    |
| GREATER OMAHA CHAMBER OF COMMERCE<br>1301 HARNEY STREET<br>OMAHA,NE 68102 | 47-0258610 | 501C6                         | 16,280                   |                                   |  |  | GENERAL SUPPORT                    |
| HABITAT FOR HUMANITY<br>1701 NORTH 24TH STREET<br>OMAHA,NE 68110          | 36-3283625 | 501C3                         | 10,000                   |                                   |  |  | GENERAL SUPPORT                    |

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| IOWA WESTERN<br>2700 COLLEGE ROAD<br>COUNCIL BLUFFS, IA<br>51503              | 42-1224333 | 501C3                         | 6,000                    |                                   |   |  | GENERAL SUPPORT                    |
| JUNIOR ACHIEVEMENT<br>11248 DAVENPORT STREET<br>SUITE 100<br>OMAHA, NE 68154  | 47-0468426 | 501C3                         | 5,240                    |                                   |   |  | GENERAL SUPPORT                    |
| KNIGHTS OF AKSARBEN<br>FOUNDATION<br>8707 WEST CENTER ROAD<br>OMAHA, NE 68124 | 47-0447496 | 501C3                         | 20,000                   |                                   |   |  | GENERAL SUPPORT                    |

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

| (a) Name and address of organization or government                               | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OMAHA COMMUNITY PLAYHOUSE<br>6915 CASS STREET<br>OMAHA, NE 68102                 | 47-0399856 | 501C3                         | 10,000                   |                                   |   |  | GENERAL SUPPORT                    |
| OMAHA SYMPHONY ASSOCIATION<br>1905 HARNEY STREET<br>SUITE 400<br>OMAHA, NE 68102 | 47-6039304 | 501C3                         | 15,000                   |                                   |   |  | GENERAL SUPPORT                    |
| OPEN DOOR MISSION<br>2828 NORTH 23RD STREET<br>EAST<br>OMAHA, NE 68110           | 47-0411375 | 501C3                         | 7,145                    |                                   |   |  | GENERAL SUPPORT                    |

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

| (a) Name and address of organization or government                        | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| UNITED WAY OF THE MIDLANDS<br>1805 HARNEY STREET<br>OMAHA,NE 68102        | 47-0376605 | 501C3                         | 70,300                   |                                   |  |  | GENERAL SUPPORT                    |
| URBAN LEAGUE OF NEBRASKA INC<br>3040 LAKE STREET<br>OMAHA,NE 68111        | 47-0384575 | 501C3                         | 6,000                    |                                   |  |  | GENERAL SUPPORT                    |
| WOMEN'S CENTER FOR ADVANCEMENT<br>222 SOUTH 29TH STREET<br>OMAHA,NE 68131 | 27-3205476 | 501C3                         | 7,050                    |                                   |  |  | 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" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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 on 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization   |     |     |
| a  | Receive a severance payment or change-of-control payment?  | 4a  | Yes |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | 4b  | Yes |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?   | 4c  | No  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III   |     |     |
|    | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |     |     |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  |     |     |
| a  | The organization?  | 5a  |     |
| b  | Any related organization?  | 5b  |     |
|    | If "Yes," on line 5a or 5b, describe in Part III   |     |     |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  |     |     |
| a  | The organization?  | 6a  |     |
| b  | Any related organization?  | 6b  |     |
|    | If "Yes," on line 6a or 6b, describe in Part III   |     |     |
| 7  | For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  | 8   |     |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   | 9   |     |

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

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

| (A) Name and Title        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                           | Base (i) 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 2015, WOODMENLIFE MADE BENEFIT PAYMENTS TO JACK YATES IN THE AMOUNT OF 309,175 AND STEVE JONES IN THE AMOUNT OF 350,405. 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. SEVERENCE PAYMENTS - COLLEEN MACIEJEWSKI 135,488. |



Additional Data

Software ID:

Software Version:

EIN: 47-0339250

Name: WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

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

| (A) Name and Title                              |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1LARRY R KING<br>PRESIDENT & CEO                | (i)  | 674,238  | 317,257                             | 84,439                              | 414,512  | 25,192                  | 1,515,638                       |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 1PATRICK L DEES<br>EXEC VP, FRATERNAL           | (i)  | 392,736  | 154,161                             | 67,191                              | 181,740  | 33,120                  | 828,948                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 2ROBERT T MAHER<br>EXEC VP, FINANCE & T         | (i)  | 359,502  | 147,239                             | 74,298                              | 200,951  | 32,402                  | 814,392                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 3DENISE M MCCAULEY<br>EXEC VP, OPERATIONS       | (i)  | 368,850  | 81,315                              | 53,921                              | 65,002   | 26,135                  | 595,223                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 4PAMELA A HERNANDEZ<br>EXEC VP, OPERATIONS      | (i)  | 217,544  | 161,970                             | 33,648                              | 231,539  | 19,542                  | 664,243                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 5ELVIS O ANDERSON<br>SENIOR VP, NATIONAL        | (i)  | 272,893  | 81,634                              | 39,680                              | 727,586  | 30,523                  | 1,152,316                       |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 6MATTHEW E ELLIS<br>VP, GENERAL COUNSEL         | (i)  | 246,455  | 91,396                              | 20,769                              | 30,715   | 13,800                  | 403,135                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 7RANDALL P ROTSCHAFER<br>VP, ACTUARY            | (i)  | 231,981  | 58,080                              | 11,079                              | 146,733  | 31,549                  | 479,422                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 8RAYMOND G SMOLINSKI<br>VP, BUSINESS TECHNOL    | (i)  | 200,310  | 66,080                              | 20,573                              | 23,008   | 28,161                  | 338,132                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 9RANDALL D HORROCKS<br>VP, SALES                | (i)  | 214,328  | 55,690                              | 6,139                               | 83,961   | 9,892                   | 370,010                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 10CYNTHIA S BENGTON<br>VP, INVESTMENT           | (i)  | 199,922  | 62,358                              | 13,319                              | 74,480   | 16,277                  | 366,356                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 11KARLA J GOCHENOUR<br>VP, HUMAN RESOURCES      | (i)  | 190,807  | 49,039                              | 10,730                              | 62,412   | 32,742                  | 345,730                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 12STEVEN B JONES<br>VP, MARKETING & FRAT        | (i)  | 135,676  | 58,522                              | 48,506                              | 407,960  | 16,142                  | 666,806                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 13SPENCER T OWEN<br>VP, SALES                   | (i)  | 183,293  | 42,188                              | 5,142                               | 34,802   | 31,152                  | 296,577                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 14LEE A JANECEK<br>VP, CERTIFICATE ADMI         | (i)  | 179,289  | 48,080                              | 2,250                               | 116,662  | 34,696                  | 380,977                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 15ANNETTE M DEVINE<br>VP, ACCOUNTING SERVI      | (i)  | 150,174  | 46,080                              | 26,069                              | 63,396   | 35,751                  | 321,470                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 16COLLEEN M MACIEJEWSKI<br>VP, STRATEGIC PROJEC | (i)  | 47,061   | 20,000                              | 136,481                             | 53,763   | 11,861                  | 269,166                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 17STEVEN T MCKERN<br>VP, ADMINISTRATIVE S       | (i)  | 144,652  | 31,260                              | 11,949                              | 52,401   | 15,187                  | 255,449                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 18TIMOTHY K BUDERUS<br>DIRECTOR, OPERATIONS     | (i)  | 135,722  | 29,465                              | 3,531                               | 11,841   | 29,638                  | 210,197                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 19WILLIAM J MANIFOLD<br>DIRECTOR, AGENCY WIA    | (i)  | 116,757  | 26,465                              | 4,967                               | 35,176   | 30,428                  | 213,793                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |

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

| (A) Name and Title                        |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1JOSEPH W WALTERS<br>REGIONAL DIRECTOR    | (i)  | 476,142  | 153,698                             | 30,678                              |  | 26,071                  | 686,589                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 1GREGORY D ROBERTSON<br>REGIONAL DIRECTOR | (i)  | 328,457  | 110,802                             | 30,554                              | 38,338   | 12,541                  | 520,692                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 2JACK M YATES<br>REGIONAL DIRECTOR        | (i)  | 271,796  | 130,661                             | 3,160                               | 193,599  | 12,380                  | 611,596                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 3ROGER D ANDERSON<br>REGIONAL DIRECTOR    | (i)  | 277,728  | 74,564                              | 24,753                              | 118,449  | 21,923                  | 517,417                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |
| 4CHARLES A BROWN<br>REPRESENTATIVE        | (i)  | 216,312  | 158,328                             | 1,216                               |  | 14,254                  | 390,110                         |   |
|   | (ii) | -  | -                                   | -                                   | -  | -                       | -                               | -   |

|  |   |  |                     |
|--|---|--|---------------------|
| efile GRAPHIC print - DO NOT PROCESS   |   | As Filed Data -                              | DLN: 93493273006456 |
| SCHEDULE O<br>(Form 990 or 990-EZ)<br><br>Department of the Treasury<br>Internal Revenue Service | Supplemental Information to Form 990 or 990-EZ<br><br>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.<br>▶ Attach to Form 990 or 990-EZ.<br>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . | OMB No 1545-0047                             |                     |
|  |   | 2015<br>Open to Public Inspection            |                     |
| Name of the organization<br>WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY                          |   | Employer identification number<br>47-0339250 |                     |

990 Schedule O, Supplemental Information

| Return Reference                    | Explanation   |
|-------------------------------------|---|
| FORM 990, PAGE 2, PART III, LINE 4A | 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 -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 -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 |
| FORM 990, PAGE 2, PART III, LINE 4C | STUDENTS FOR PROFICIENCY IN AMERICAN HISTORY -HONORING FIRST RESPONDERS EVERY SEPT 11 FOR THE LAST 14 YEARS, WITH FLAG AND EQUIPMENT DONATIONS, AND WITH IN HONOR AND REMEMBRANCE CEREMONIES TO COMMEMORATE THE HEROES AND VICTIMS OF THAT DAY, AS WELL AS AMERICA'S BRAVE FIRST RESPONDERS 422 OF THESE CEREMONIES WERE HELD ACROSS THE COUNTRY IN 2015 -PLANNING FLAGLACROSS AMERICA PROJECTS AND OBSERVANCES ANNUALLY ON JUNE 14   |
| 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-LEVEL COMPENSATION IF EXTERNAL DATA SUPPORTS A CHANGE, A RECOMMENDATION IS MADE BY HR TO THE COMPENSATION COMMITTEE (SUBSET OF BOARD OF DIRECTORS) FOR APPROVAL  |
| FORM 990, PAGE 6, PART VI, LINE 15B | PERIODICALLY EXTERNAL RESEARCH IS CONDUCTED TO ASSESS THE COMPETITIVENESS OF EXECUTIVE-LEVEL COMPENSATION IF EXTERNAL DATA SUPPORTS A CHANGE, A RECOMMENDATION IS MADE BY HR TO THE COMPENSATION COMMITTEE (SUBSET OF BOARD OF DIRECTORS) FOR APPROVAL  |
| FORM 990, PAGE 6, PART VI, LINE 19  | THE CONSTITUTION AND BYLAWS ARE AVAILABLE ON OUR WEBSITE, WOODMEN.ORG THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST   |
| FORM 990, PART VII                  | COMPENSATION FOR RED BASKET, INC 'S PRESIDENT COLUMN D 66,132 COLUMN F 16,548   |
| FORM 990, PART XI, LINE 9           | CHANGE IN ASSET VALUATION RESERVE 8,068,679 MINIMUM PENSION OBLIGATIONS 38,306,261 CHANGE IN NON-ADMITTED ASSETS -3,545,862 TOTAL 42,829,078  |
| FORM 990, PAGE 12, PART XII, LINE 1 | WOODMENLIFE 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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)<br>Name, address, and EIN (if applicable) of disregarded entity  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|   |                         |  |                            |   |                                  | Yes  | No |
| (1)WOODMEN FOUNDATION<br>1700 FARNAM STREET<br><br>OMAHA, NE 68102<br>20-4743934  | FOUNDATION              | NE   | 501C3                      | 7   | WOODMEN OF                       |  | No |
| (2)RED BASKET INC<br>1700 FARNAM STREET<br><br>OMAHA, NE 68102<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of<br>related organization                                    | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| (1)WFS HOLDINGS INC<br>1700 FARNAM STREET<br>OMAHA, NE 68102<br>22-3828160                  | HOLDING CO              | NE  | WOODMEN OF                          | C CORP   | -16,395                         | 17,227,427                                | 100 000 %                      | Yes  |    |
| WOODMEN FINANCIAL<br>(2)SERVICES INC<br>1700 FARNAM STREET<br>OMAHA, NE 68102<br>22-3828171 | FINANCIAL               | NE  | N/A                                 |  |                                 |   |                                | Yes  |    |
| WOODMEN INSURANCE<br>(3)AGENCY INC<br>1700 FARNAM STREET<br>OMAHA, NE 68102<br>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

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

No

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|



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)<br>Name of related organization |                                | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount<br>involved |
|-------------------------------------|--------------------------------|---------------------------------|------------------------|---|
| (1)                                 | WOODMEN FOUNDATION             | P                               | 49,858                 | CASH PAID                                       |
| (1)                                 | WOODMEN FOUNDATION             | P                               | 42,600                 | CASH PAID                                       |
| (2)                                 | WOODMEN FOUNDATION             | D                               | 9,351,939              | AMOUNT OF NOTE                                  |
| (3)                                 | WOODMEN FOUNDATION             | K                               | 31,524                 | CASH PAID                                       |
| (4)                                 | WOODMEN FINANCIAL SERVICES INC | J                               | 47,520                 | CASH PAID                                       |
| (5)                                 | WOODMEN FINANCIAL SERVICES INC | P                               | 840,951                | CASH PAID                                       |
| (6)                                 | WOODMEN INSURANCE AGENCY INC   | J                               | 27,480                 | CASH PAID                                       |
| (7)                                 | WOODMEN INSURANCE AGENCY INC   | P                               | 564,320                | CASH PAID                                       |
| (8)                                 | WFS HOLDINGS INC               | J                               | 180                    | CASH PAID                                       |
| (9)                                 | WFS HOLDINGS INC               | P                               | 1,200                  | CASH PAID                                       |
| (10)                                | WFS HOLDINGS INC               | B                               | 320,000                | CASH PAID                                       |
| (11)                                | RED BASKET INC                 | O                               | 340,591                | CASH PAID                                       |
| (12)                                | RED BASKET INC                 | N                               | 37,680                 | MARKET RATES                                    |
| (13)                                | RED BASKET INC                 | P                               | 184,823                | CASH PAID                                       |
| (14)                                | RED BASKET INC                 | P                               | 14,099                 | CASH PAID                                       |
| (15)                                | RED BASKET INC                 | B                               | 17,200                 | CASH PAID                                       |