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# Short Form

## Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public  
Inspection

<b>A</b> For the 2008 calendar year, or tax year beginning <b>9/1/2008</b> , and ending <b>8/31/2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LEVEL LODGE A F &amp; A.M</b> <small>Number and street (or P O box, if mail is not delivered to street address)</small> <b>C/O STEVEN GREENE, 25 WATERVILLE LANE</b>		<b>D</b> Employer identification number <b>23-7170425</b>	
	<small>City, town, or country</small> <b>SHREWSBURY</b>		<small>State</small> <b>MA</b>	<small>ZIP + 4</small> <b>01545</b>
				<b>E</b> Telephone number <b>508-842-3318</b>
				<b>F</b> Group Exemption Number ► <b>0237</b>
			<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
				<b>H</b> Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>I</b> Website: ► <b>N/A</b>				
<b>J</b> Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) ( 10 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K</b> Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return				
<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>25,107</b>				

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)		
<b>Revenue</b> 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ <b>0</b> of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► ) <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► <b>25,107</b>	<b>1</b> <b>2,395</b> <b>2</b> <b>2,672</b> <b>3</b> <b>18,411</b> <b>4</b> <b>1,629</b> <b>5a</b> <b>0</b> <b>5b</b> <b>0</b> <b>5c</b> <b>0</b> <b>6a</b> <b>0</b> <b>6b</b> <b>0</b> <b>6c</b> <b>0</b> <b>7a</b> <b>0</b> <b>7b</b> <b>0</b> <b>7c</b> <b>0</b> <b>8</b> <b>0</b> <b>9</b> <b>25,107</b>	<b>10</b> <b>7,892</b> <b>11</b> <b>12</b> <b>1,000</b> <b>13</b> <b>200</b> <b>14</b> <b>4,200</b> <b>15</b> <b>3,225</b> <b>16</b> <b>4,517</b> <b>17</b> <b>21,034</b> <b>18</b> <b>4,073</b> <b>19</b> <b>125,487</b> <b>20</b> <b>0</b> <b>21</b> <b>129,560</b>
<b>Expenses</b> 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See attached statement) <b>17 Total expenses.</b> Add lines 10 through 16 ► <b>21,034</b>		
<b>Net Assets</b> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) <b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ► <b>129,560</b>		

<b>Part II Balance Sheets</b> (If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.)		
(See the instructions for Part II)		
(A) Beginning of year (B) End of year		
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► ) <b>25 Total assets</b>	<b>125,487</b>	<b>22</b> <b>23</b> <b>0</b> <b>25</b>
26 Total liabilities (describe ► ) <b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>0</b> <b>26</b> <b>125,487</b>	<b>0</b> <b>0</b> <b>27</b>
	<b>129,560</b>	<b>129,560</b>

**Part III Statement of Program Service Accomplishments (See the instructions for Part III )**

**Expenses**  
Required for 501(c)(3)  
organizations  
947(a)(1) trusts,  
or for others )

What is the organization's primary exempt purpose? Charitable, educational, and fraternal community services  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 Donations to "Masonic Angel Foundation" for financial aid for student supplies and clothing

(Grants \$ 0 ) If this amount includes foreign grants, check here .

28a 0

29 Hold public meetings to discuss charitable events, educate members with ritual style fraternal ceremonies of community support

(Grants \$ 0 ) If this amount includes foreign grants, check here .

30 \_\_\_\_\_

(Grants \$  ) If this amount includes foreign grants, check here

30a 0

**31 Other program services (attach schedule)**

If this amount includes foreign grants, check here.

31a | 0

**32 Total program service expenses. (add lines 28a through 31a)**

32 0

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (See the instructions for Part IV )

## Part V Other Information (Note the statement requirements in the instructions for Part VI )

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33  Yes  No

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34  Yes  No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T 35a  Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35b  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36  Yes  No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 37a  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  Yes  No

b Did the organization file Form 1120-POL for this year? 37b  Yes  No

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a  Yes  No

39 Section 501(c)(7) organizations Enter 39b  Yes  No

a Initiation fees and capital contributions included on line 9 \*  Yes  No

b Gross receipts, included on line 9, for public use of club facilities \*  Yes  No

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ , section 4955 ► \_\_\_\_\_ 40b  Yes  No

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I \*  Yes  No

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \*  Yes  No

d Enter amount of tax on line 40c reimbursed by the organization \*  Yes  No

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T \*  Yes  No

41 List the states with which a copy of this return is filed ► MA 40e  Yes  No

42 a The books are in care of ► Name STEVEN GREENE Telephone no. ► 508-842-3318  
Located at ► 25 WATERVILLE LANE City SHREWSBURY ST MA ZIP + 4 ► 01545 42b  Yes  No

b 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)? If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c  Yes  No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► 43  Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43  Yes  No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44  Yes  No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45  Yes  No

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

46 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. Yes  No   
**46**

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. Yes  No   
**47**

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes  No   
**48**

49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes  No   
**49a**

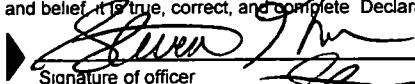
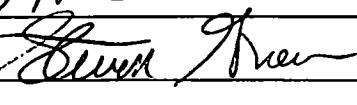
b If "Yes," was the related organization(s) a section 527 organization? Yes  No   
**49b**

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
<b>Total number of other employees paid over \$100,000 ►</b>		<b>0</b>	<b>0</b>	<b>0</b>

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
<b>Total number of other independent contractors each receiving over \$100,000 . . . ►</b>		<b>0</b>

<b>Sign Here</b>	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			
		<b>1/15/10</b>	Date	
Signature of officer	STEVEN GREENE 			
Type or print name and title	TREASURER			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 1/13/2010	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00390476
	Firm's name (or yours if self-employed), address, and ZIP +4 ► STRATEGIC ACCOUNTING AND TAX SERVICE, LLC 645 CHANDLER STREET, WORCESTER, MA 01602	EIN ► 27-1619234	Phone no ► 508-754-2665	

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1 Contribution	1	2,395
2 NonCash contributions	2	
3 Membership dues and assessments (contributions from the public)	3	
4 Government contributions (grants)	4	
5 Commercial co-venture	5	
6 Special events contributions (Line 6 - Special Events)	6	0
7 Associated organization contributions	7	
8	8	
9	9	
10	10	
11 Total	11	2,395

**Part I, Line 4 (990-EZ) - Investment Income**

1 Interest on savings and temporary cash investments	1	1,629
2 Dividends and interest from securities	2	
3 Gross rents	3	
4 Other investment income	4	
5 Total	5	1,629

**Part I, Line 16 (990-EZ) - Other Expenses**

4,517

1	Travel, Meals and Entertainment	
	a Travel	1a
	b Total meals and entertainment	1b
2	Fundraising	2
3	From Form 4562 - Amortization	3
4	Conferences, conventions, and meetings	4
5	Depreciation, depletion, etc	5
6	Equipment rental and maintenance	6
7	Interest	7
8	Supplies	8
9	Telephone	9
10	Unrelated business income taxes	10 0
11	MEMBER DINNERS	11 3,104
12	MEETINGS AND MEMBER SUPPLIES	12 686
13	INSURANCE	13 384
14	BANK FEES	14 123
15	DUES AND SUBSCRIPTIONS	15 20
16	MISCELLANEOUS	16 200
17		17
18		18
19		19
20		20
21		21
22		22
23		23
24		24
25		25
26		26

## SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID (FORM 990-EZ (2008))

**Part I – Line 10 Grants and similar amounts paid**

## Payments to affiliates, membership fees

Master, Wardens & Members of the Grand  
Lodge of Masons in Mass.

186 Tremont St, Boston, MA 02111      \$      5,186

## Community service donations:

Herbert Putnam Masonic  
PO Box 152, Shrewsbury, MA 01545      500

Hourglass Foundation  
25 Waterville Lane, Shrewsbury, MA 01545      350

Rainbow Masonic Organization  
PO Box 48, Wenham, MA 01984      60

Demolay Masonic Organization  
186 Tremont Street, Boston, MA 02111      60

Scottish Rite 32nd Degree  
1 Ionic Ave, Worcester, MA 01608      200

Rachels Table  
40 Dick Drive, Worcester, MA 01609      200

Salvation Army  
25 Shawmut Road, Canton, MA 02021      100

Masonic Angel Foundation  
Box 1389, Orleans, MA 02653      1,236

Total Line 10 Grants and similar amounts paid      \$      7,892