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## 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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public  
Inspection

## A For the 2009 calendar year, or tax year beginning

9/1/2009, and ending

8/31/2010

Check if applicable  
Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type.  
See Specific Instructions.

## C Name of organization

LEVEL LODGE A.F. &amp; A.M.

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

Room/suite

C/O STEVEN GREENE, 25 WATERVILLE LANE

City, town, or country

State

ZIP + 4

SHREWSBURY

MA

01545

## D Employer identification number

23-7170425

## E Telephone number

508-842-3318

## F Group Exemption

Number ► 0237

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method  
X Cash  Accrual  
Other (specify) ►

I Website: ► N/A

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) —  501(c) ( 10 ) ◀ (insert no)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 25,807

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	1,686
2	Program service revenue including government fees and contracts . . . . .	2	3,100
3	Membership dues and assessments . . . . .	3	18,943
4	Investment income . . . . .	4	2,078
5a	Gross amount from sale of assets other than inventory . . . . .	5a	0
b	Less: cost or other basis and sales expenses . . . . .	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
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 \$ 0 of contributions reported on line 1) . . . . .	6a	0
b	Less direct expenses other than fundraising expenses . . . . .	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	0
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
b	Less: cost of goods sold . . . . .	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
8	Other revenue (describe ► ) . . . . .	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► . . . . .	9	25,807
10	Grants and similar amounts paid (attach schedule) . . . . .	10	7,399
11	Benefits paid to or for members . . . . .	11	
12	Salaries, other compensation, and employee benefits . . . . .	12	500
13	Professional fees and other payments to independent contractors . . . . .	13	225
14	Occupancy, rent, utilities, and maintenance . . . . .	14	4,650
15	Printing, publications, postage, and shipping . . . . .	15	3,449
16	Other expenses (describe ► See Attached Statement) . . . . .	16	2,991
17	Total expenses. Add lines 10 through 16 ► . . . . .	17	19,214
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	6,593
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) . . . . .	19	129,560
20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	1,179
21	Net assets or fund balances at end of year Combine lines 18 through 20 ► . . . . .	21	137,332

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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 . . . . .	129,560 22 137,332
23	Land and buildings . . . . .	23
24	Other assets (describe ► ) . . . . .	0 24 0
25	Total assets . . . . .	129,560 25 137,332
26	Total liabilities (describe ► ) . . . . .	0 26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	129,560 27 137,332

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2009)

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

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, and other relevant information for each program title.

## Expense

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

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 . . . ►

29a

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30

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

30a 0

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

(Grants \$ 0 ) 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 V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 34

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 why the organization did not report the income on Form 990-T. 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on Form 990-T for this year? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37a

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

b Did the organization file Form 1120-POL for this year? 37b

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 outstanding at the end of the period covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b  0

39 Section 501(c)(7) organizations. Enter:  
 a Initiation fees and capital contributions included on line 9. 39a   
 b Gross receipts, included on line 9, for public use of club facilities. 39b

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 ► \_\_\_\_\_  
 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I. 40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d

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. 40e

41 List the states with which a copy of this return is filed ► MA

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

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.

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 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  N/A44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44 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
33	X	
34	X	
35a	X	
35b		
36	X	
37b	X	
38a	X	
38b		
39a		
39b		
40b		
40c		
40d		
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

Question	Yes	No
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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's 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."		

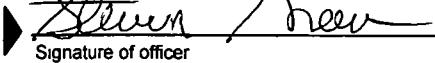
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name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

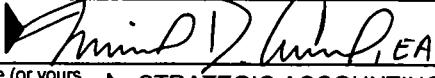
f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's 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		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000. ► \_\_\_\_\_

<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		
	►  1/13/11		
	Signature of officer Date		
► STEVEN GREENE TREASURER			
Type or print name and title			

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 12/31/2010	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 4 (990-EZ) - Investment Income**

1 Interest on savings and temporary cash investments	1	2,078
2 Dividends and interest from securities	2	
3 Gross rents	3	
4 Other investment income	4	
<b>5 Total</b>	<b>5</b>	<b>2,078</b>

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

1 Contributions	1	1,686
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	1,686

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

2,991

1 Travel	1
2 Meals and entertainment	2
3 Fundraising	3
4 Amortization	4 0
5 Conferences, conventions, and meetings	5
6 Depreciation	6 0
7 Depletion	7
8 Equipment rental and maintenance	8
9 Interest	9
10 Supplies	10
11 Telephone	11
12 Unrelated business income taxes	12 0
<b>13 MEMBER DINNERS</b>	<b>13 1,913</b>
<b>14 MEETINGS AND MEMBER SUPPLIES</b>	<b>14 730</b>
<b>15 INSURANCE</b>	<b>15 157</b>
<b>16 BANK FEES</b>	<b>16 46</b>
<b>17 DUES AND SUBSCRIPTIONS</b>	<b>17 20</b>
<b>18 MISCELLANEOUS</b>	<b>18 125</b>
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID (FORM 990-EZ (2009))**

**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 \$ 5,633

### Community service donations:

## Demolay Masonic Organization

88 Masonic Home Road, Charlton, MA 01507 60

## Grand Lodge of Massachusetts

186 Tremont St, Boston, MA 02111 397

## Grand Assembly of Massachusetts

88 Masonic Home Road, Charlton, MA 01507 60

## Masonic Angel Foundation

Box 1389, Orleans, MA 02653 1,249

#### Total Line 10 Grants and similar amounts paid

\$ 7,892

**Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances**

1,179

	Description	Amount
1	UNREALIZED INVESTMENT GAIN	1,179
2		
3		
4		
5		
6		
7		
8		
9		
10		