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Form **990-EZ****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.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 9/1/2009 , and ending 8/31/2010	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LEVEL LODGE A.F. & 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 ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► **N/A****J** Tax-exempt status (check only one)— ☒ 501(c) (10) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

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.)

Revenue	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	
Expenses	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	
Net Assets	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.

Form **990-EZ** (2009)

(HTA)

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
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		
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
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?		X
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?		X
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 40a ; section 4912 40a ; section 4955 40a		
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		X
41 List the states with which a copy of this return is filed 41 MA		
42 a The organization's books are in care of 42a STEVEN GREENE Telephone no 42a 508-842-3318		
Located at 42a 25 WATERVILLE LANE City 42a SHREWSBURY ST 42a MA ZIP + 4 42a 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)? 42b		X
If "Yes," enter the name of the foreign country 42b		
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.? 42c		X
If "Yes," enter the name of the foreign country: 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
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		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.

- 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**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **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 <u>None</u> 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 <u>None</u> 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 ▶ _____

Sign Here	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.							
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> </div> <div style="width: 30%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">11/3/11</div> </div> </div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">Date</div>		<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">Date</div>				
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">STEVEN GREENE</div> </div> <div style="width: 30%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">TREASURER</div> </div> </div>							
Paid Preparer's Use Only	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">Preparer's signature</div> </div> <div style="width: 30%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">Date</div> </div> </div>		<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">Check if self-employed <input type="checkbox"/></div>		<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">Preparer's identifying number (See instructions)</div>			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">Firm's name (or yours if self-employed), address, and ZIP + 4</div> </div> <div style="width: 30%;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">EIN</div> </div> </div>		<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">Phone no</div>		<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">Phone no</div>			
	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">Firm's name (or yours if self-employed), address, and ZIP + 4</div>		<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">EIN</div>		<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right;">Phone no</div>			

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	
5	Total	5	2,078

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
13	MEMBER DINNERS	13	1,913
14	MEETINGS AND MEMBER SUPPLIES	14	730
15	INSURANCE	15	157
16	BANK FEES	16	46
17	DUES AND SUBSCRIPTIONS	17	20
18	MISCELLANEOUS	18	125
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	1,179
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	