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**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

Department of the Treasury  
Internal Revenue Service

2010

Open to Public  
Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$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

A For the 2010 calendar year, or tax year beginning

09-01, 2010, and ending

08-31, 2011

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

LEVEL LODGE AF &amp; AM

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

Room/suite

D Employer identification number

23-7170425

25 WATERVILLE LANE

City or town, state or country, and ZIP + 4

SHREWSBURY, MA 01545

E Telephone number

F Group Exemption

Number ► 0237

G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) -  501(c)(3)  501(c)(10) (insert no)  4947(a)(1) or  527H 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 \$50,000

Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 25,573

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

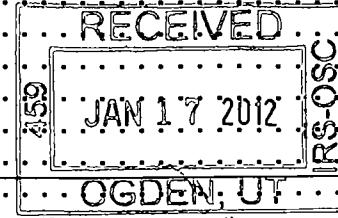
Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1	2,180
2	Program service revenue including government fees and contracts	2	2,927
3	Membership dues and assessments	3	18,053
4	Investment income	4	2,413
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
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	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	25,573
10	Grants and similar amounts paid (list in Schedule O)	10	8,290
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	4,800
15	Printing, publications, postage, and shipping	15	3,053
16	Other expenses (describe in Schedule O)	16	3,692
17	Total expenses. Add lines 10 through 16	17	20,560
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,013
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	137,332
20	Other changes in net assets or fund balances (explain in Schedule O)	20	(525)
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	141,820

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2010)



10P



**Other Information** (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this 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 in Schedule O 33  Yes  No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34  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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a  35b  X

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b  X

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 36  X

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

b Did the organization file Form 1120-POL for this year? 37b  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 tax year covered by this return? 38a  X

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

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 ► 40b

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

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 ► 40d

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

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

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

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. ► 42b  42c  X  
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 ► 42c  X

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

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b  44c  44d  Yes  No

c Did the organization receive any payments for indoor tanning services during the year? 44c  44d  Yes  No

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d  Yes  No

45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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 47-49b and 52, and complete the tables for lines 50 and 51.

**Check if the organization used Schedule O to respond to any question in this Part VI**

		Yes	No
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

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

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

**52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)**

nonexempt charitable trusts must attach a completed Schedule A ►  Yes  No

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

**STEVEN GREENE, TREASURER**

11072

Date

Type or print name and title					
<b>Paid</b> <b>Preparer</b> <b>Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	MICHAEL D CONRAD EA			01-09-2012	PTIN
	Firm's name	► STRATEGIC ACCOUNTING & TAX SERVICE			Firm's EIN ► 27-1619234
Firm's address	► 645 CHANDLER STREET			Phone no	508-754-2665
	WORCESTER MA 01602				

May the IRS discuss this return with the preparer shown above? See Instructions ►  Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**Department of the Treasury  
Internal Revenue ServiceComplete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**Open to Public  
Inspection**

► Attach to Form 990 or 990-EZ.

Name of the organization

**LEVEL LODGE AF & AM**

Employer identification number

23-7170425

**01. List of grants and similar amounts paid (Part I, line 10)****Activity** COMMUNITY SERVICE DONATION**Grantee** HOUR GLASS FOUNDATION**Address** 25 WATERVILLE LANE

SHREWSBURY MA 01545

**Relationship** CHARITY**Amount** 158**Activity** COMMUNITY SERVICE DONATION**Grantee** DEMOLAY MASONIC ORGANIZATION**Address** 88 MASONIC HOME ROAD

CHARLTON MA 01507

**Relationship** CHARITY**Amount** 90**Activity** COMMUNITY SERVICE DONATION**Grantee** GRAND ASSEMBLY OF MASSACHUSETTS**Address** 88 MASONIC HOME ROAD

CHARLTON MA 01507

**Relationship** CHARITY**Amount** 60**Activity** COMMUNITY SERVICE DONATION**Grantee** FRANKLIN LODGE**Address** 55 NORTH MAIN STREET

Name of the organization

LEVEL LODGE AF &amp; AM

Employer identification number

23-7170425

NORTH GRAFTON MA 01536

Relationship CHARITY

Amount 60

Activity COMMUNITY SERVICE DONATION

Grantee MASONIC ANGEL FOUNDATION

Address BOX 1389

ORLEANS MA 02653

Relationship CHARITY

Amount 1,199

Activity VARIOUS MISCELLANEOUS DONATIONS

Relationship CHARITY

Amount 475

Activity MEMBERSHIP FEES

Grantee MASTER, WARDENS &amp; MEMBERS OF THE GL

Address 186 TREMONT STREET

BOSTON MA 02111

Relationship AFFILIATE

Amount 6,115

Activity COMMUNITY SERVICE DONATION

Grantee MASONIC LEARNING CENTER

Address 1 IONIC AVE

WORCESTER MA 01608

Relationship CHARITY

Name of the organization

**LEVEL LODGE AF & AM**

Employer identification number

**23-7170425**Amount **133****02. Description of other expenses (Part I, line 16)**

Description	Amount
MEMBER DINNERS	1,621
MEETING AND MEMBER SUPPLIES	1,720
INSURANCE	157
BANK FEES	46
DUES AND SUBSCRIPTIONS	20
OFFICE EXPENSE	128

**03. Other changes in net assets or fund balances (Part I, line 20)**

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	(525)