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Form 990-EZ

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, 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.

OMB No 1545-1150

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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 & AM

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

Room/suite

25 WATERVILLE LANE

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

SHREWSBURY, MA 01545

D Employer identification number
23-7170425

E Telephone number

F Group Exemption
Number ► 0237G Accounting Method ☒ 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)(3) ☒ 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 \$50,000. A 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 ☒

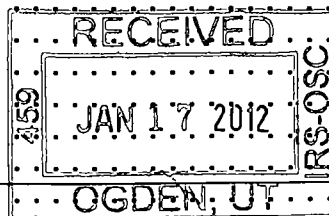
1	Contributions, gifts, grants, and similar amounts received	1	2,180
2	Program service revenue including government fees and contracts	2	2,927
3	Membership dues and assessments	3	18,053
4	Investment income	4	2,413
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis 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 \$ of contributions 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)

SCANNED JAN 26 2011



10P

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

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

[illegible]

**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 ☐

	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 in Schedule O		X
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)		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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?	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		
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	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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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		
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		
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.	42b	X
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
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
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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
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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 ☐

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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

Type or print name and title

Date

1/12/12

Paid Preparer Use Only

Print/Type preparer's name

MICHAEL D CONRAD EA

Preparer's signature

Date

01-09-2012

Check ☐ if self-employed

PTIN

P00390476

Firm's name STRATEGIC ACCOUNTING & TAX SERVICE

Firm's EIN 27-1619234

Firm's address 645 CHANDLER STREET

WORCESTER MA 01602

Phone no 508-754-2665

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

LEVEL LODGE AF & AM

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

Employer identification number

LEVEL LODGE AF & AM

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 & 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

Employer identification number

LEVEL LODGE AF & AM

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)