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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **09-01-2015**, and ending **08-31-2016**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 LANEB

City or town, state or province, country, and ZIP or foreign postal code
SHREWSBURY, MA 01545

D Employer identification number
23-7170425
ETelephone number
FGroup Exemption Number ▶ 0237

G Accounting Method ☒Cash ☐Accrual Other (specify) ▶
I Website: ▶WWW.LEVELLODGE.ORG
J Tax-exempt status(check only one) - ☐ 501(c)(3) ☒ 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 Form of organization ☐Corporation ☐Trust ☒Association ☐Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 31,646

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 ☒		
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 1,867
	2 Program service revenue including government fees and contracts	2 4,577
	3 Membership dues and assessments	3 23,379
	4 Investment income	4 1,823
	5a Gross amount from sale of assets other than inventory 5a	5c
	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)	
	6 Gaming and fundraising events	6d
	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	
Expenses	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7c
	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)	8
	8 Other revenue (describe in Schedule O)	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	
	10 Grants and similar amounts paid (list in Schedule O)	
Net Assets	11 Benefits paid to or for members	11 11,716
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 250
	14 Occupancy, rent, utilities, and maintenance	14 4,800
	15 Printing, publications, postage, and shipping	15 2,464
	16 Other expenses (describe in Schedule O)	16 9,726
	17 Total expenses. Add lines 10 through 16 ▶	17 28,956
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,690
	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)	19 162,317
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 1,369
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21 166,376

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ**(2015)

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

Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)	
Check if the organization used Schedule O to respond to any question in this Part III ☐			
What is the organization's primary exempt purpose? CHARITABLE EDUCATIONAL AND FRATERNAL			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28 <u>See Additional Data Table</u>			
(Grants \$)	If this amount includes foreign grants, check here ☐	28a	
29 (Grants \$)			
	If this amount includes foreign grants, check here ☐	29a	
30 (Grants \$)			
	If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

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

[illegible]

Part VOther Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	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	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
37a	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	No
38a	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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter . 39a		
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	
40a	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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	No
41	List the states with which a copy of this return is filed ▶		
42a	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)?	42b	No
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
	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		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	No

		Yes	No
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		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(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 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		2016-11-11 Date				
	STEVEN GREENE TREASURER Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name MICHAEL D CONRAD EA		Preparer's signature		Date 2016-11-11	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							

Additional Data

Software ID:
Software Version:
EIN: 23-7170425
Name: LEVEL LODGE AF & AM

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
DONATIONS TO MASONIC ANGEL FOUNDATION FOR FINANCIAL AID FOR STUDENT SUPPLIES 28 AND CLOTHING (Grants \$) If this amount includes foreign grants, check here . . . ► ☐		28a

Form 990EZ, Part III - Statement of Program Service Accomplishments

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29 HOLD PUBLIC MEETINGS TO DISCUSS CHARITABLE EVENTS WHILE EDUCATING MEMBERS WITH RITUAL STYLE FRATERNAL CEREMONIES OF COMMUNITY SUPPORT (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
LEVEL LODGE AF & AM**Employer identification number**

23-7170425

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	Activity COMMUNITY SERVICE DONATION Grantee WORCESTER JEWISH COMMUNITY CENTER Street 633 SALISBURY STREET City, State, Zip WORCESTER, MA 01609Relationship CHARITY Amount 175Activity COMMUNITY SERVICE DONATION Grantee DEMOLAY MASONIC ORGANIZATION Street 88 MASONIC HOME ROAD City, State, Zip CHARLTON, MA 01507Relationship CHARITY Amount 200Activity COMMUNITY SERVICE DONATION Grantee GRAND ASSEMBLY OF MASSACHUSETTS Street 88 MASONIC HOME ROAD City, State, Zip CHARLTON, MA 01507Relationship CHARITY Amount 228Activity COMUNITY SERVICE DONATION Grantee MASONIC ANGEL FOUNDATION Street BOX 1389 City, State, Zip ORLEANS, MA 02653Relationship CHARITY Amount 228Activity VARIOUS MISCELLANEOUS DONATIONS Relationship CHARITY Amount 360Activity MEMBERSHIP FEES Grantee MASTER, WARDENS & MEMBERS OF THE GLStreet 186 TREMONT STREET City, State, Zip BOSTON, MA 02111Relationship AFFILIATE Amount 10,525
Description of other expenses Part I line 16	Description AmountMEMBER DINNERS 3,832MEETING AND MEMBER SUPPLIES 1,191INSURANCE 334OFFICE EXPENSE 1,558PAST MASTER APRON AND JEWEL 2,811

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other changes in net assets or fund balances Part I line 20	Description AmountUNREALIZED GAIN ON INVESTMENTS 1,369