

Return of Organization Exempt From Income Tax

2007

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 **and ending** JUN 30, 2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE 60 PLUS ASSOCIATION, INC.	D Employer identification number 54-1564919
	Please use IRS label or print or type See Specific Instructions Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1600 WILSON BLVD 960	E Telephone number 703-807-2070
	City or town, state or country, and ZIP + 4 ARLINGTON, VA 22209	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates N/A

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: N/A

J Organization type (check only one) 501(c) (4) (insert no) 4947(a)(1) or 527

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

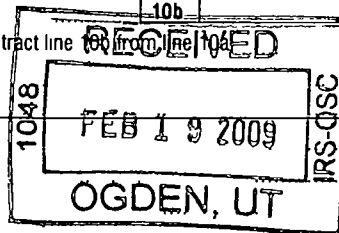
I Group Exemption Number N/A

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,919,575.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	1,886,825.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ <u>1,886,825.</u> noncash \$ _____)	1e	1,886,825.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			
Expenses	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss). Subtract line 6b from line 6a	6c			
	7 Other investment income (describe _____)	7			
	8 a Gross amount from sales of assets other than inventory	(A) Securities	8a		
		(B) Other	8b		
			8c		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
		b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c			
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11	32,750.			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,919,575.			
13 Program services (from line 44, column (B))	13	1,492,765.			
	14 Management and general (from line 44, column (C))	14	441,180.		
	15 Fundraising (from line 44, column (D))	15	690,487.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17	2,624,432.		
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	<704,857.>		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	116,815.		
	20 Other changes in net assets or fund balances (attach explanation)	20	0.		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	<588,042.>		



ENVELOPE POSTMARK DATE FEB 10 2009
 SCANNED MAR 11 2009

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	132,812.	39,844.	66,406.	26,562.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	119,600.	35,880.	59,800.	23,920.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	31,870.	9,561.	15,935.	6,374.
29 Payroll taxes	18,390.	5,517.	9,195.	3,678.
30 Professional fundraising fees				
31 Accounting fees	9,675.		9,675.	
32 Legal fees	22,289.		22,289.	
33 Supplies	126.		126.	
34 Telephone	16,240.	6,496.	6,496.	3,248.
35 Postage and shipping				
36 Occupancy	92,809.		92,809.	
37 Equipment rental and maintenance	2,969.		2,969.	
38 Printing and publications	1,863.	1,118.	186.	559.
39 Travel	3,635.	1,454.	1,454.	727.
40 Conferences, conventions, and meetings	13,001.	9,101.	1,300.	2,600.
41 Interest	14,327.		14,327.	
42 Depreciation, depletion, etc (attach schedule)	637.		637.	
43 Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <u>SEE STATEMENT 2</u>	2,144,189.	1,383,794.	137,576.	622,819.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,624,432.	1,492,765.	441,180.	690,487.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

TO PROTECT THE RIGHTS OF SENIOR CITIZENS

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE ATTACHED FOOTNOTE #1

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

1,492,765.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

1,492,765.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
Assets	45	Cash - non-interest-bearing	6,950.	45	21,638.	
	46	Savings and temporary cash investments		46		
	47 a	Accounts receivable	65,000.			
	b	Less: allowance for doubtful accounts		368,000.	47c	65,000.
	48 a	Pledges receivable				
	b	Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a	Other notes and loans receivable				
	b	Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	13,313.	53	1,000.	
	54 a	Investments - publicly-traded securities			54a	
	b	Investments - other securities			54b	
55 a	Investments - land, buildings, and equipment, basis	71,329.				
b	Less: accumulated depreciation	70,729.	1,475.	55c	600.	
56	Investments - other			56		
57 a	Land, buildings, and equipment, basis					
b	Less: accumulated depreciation			57c		
58	Other assets, including program-related investments (describe ▶ _____)			58		
59	Total assets (must equal line 74). Add lines 45 through 58	389,738.	59	88,238.		
Liabilities	60	Accounts payable and accrued expenses	169,384.	60	446,619.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
	b	Mortgages and other notes payable		64b		
	65	Other liabilities (describe ▶ SEE STATEMENT 3)	103,539.	65	229,661.	
66	Total liabilities. Add lines 60 through 65	272,923.	66	676,280.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	116,815.	67	<588,042.>	
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	116,815.	73	<588,042.>	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	389,738.	74	88,238.		

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	1,919,575.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	1,919,575.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12) Add lines c and d		e	1,919,575.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	2,624,432.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,624,432.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17) Add lines c and d		e	2,624,432.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES L. MARTIN 1600 N OAK STREET # 233 ARLINGTON, VA 22209	PRESIDENT 40.00	132,812.	0.	0.
L. PRATHER MCKINNON 1600 WILSON BLVD # 960 ARLINGTON, VA 22209	DIRECTOR 0.00	0.	0.	0.
ROBERT MARTIN 1600 WILSON BLVD # 960 ARLINGTON, VA 22209	DIRECTOR 0.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>3</u>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization " If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ <u>N/A</u>		
	and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a <u>0.</u>	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed		
	NONE		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	3
91 a	The books are in care of THE ASSOCIATION Telephone no. 703-807-2070 Located at 1600 WILSON BLVD, SUITE 960, ARLINGTON, VA ZIP + 4 22209		
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		
	N/A		
91b			X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ROYALTIES-LIST RENTAL			15	1,676.	
b SUBLEASE OF OFFICE SPACE			16	31,074.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		32,750.	0.
105 Total (add line 104, columns (B), (D), and (E))					32,750.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes	No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: *James L. Martin* Signature of officer | 11-17-08 Date
 Type or print name and title: **JAMES L. MARTIN**

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 11/14/08 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BADGER, SUMRALL & CO., PC**
302 MAPLE AVENUE WEST, STE 6
VIENNA, VIRGINIA 22180 EIN: Phone no. **703-938-7088**

PART III - STMT OF PROGRAM SERVICE ACCOMPLISHMENTS
THE ASSOCIATION PROTECTS THE RIGHTS OF SENIOR CITIZENS THROUGH EDUCATING AND INFORMING THEM ON CONSUMER AFFAIRS AND FINANCIAL WELFARE. THE ASSOCIATION MONITORS FEDERAL LAWS AFFECTING SENIOR CITIZENS AND MAKES THEIR VIEWS KNOWN TO DECISION MAKERS WITHIN THE FEDERAL GOVERNMENT. ALSO, THE ASSOCIATION, THROUGH SEMINARS, MEETINGS, NEWSLETTERS, MAILGRAMS, PETITIONS AND LETTERS TO ITS SUPPORTERS, ENCOURAGES SENIOR CITIZENS TO BECOME INVOLVED IN TAKING LEGISLATIVE ACTION BY EXPRESSING THEIR VIEWS ON VARIOUS ISSUES TO MEMBERS OF CONGRESS. 60/PLUS SUPPORTERS FURTHERMORE EXERCISE THEIR FIRST AMENDMENT RIGHTS IN VARIOUS MANNER BY PETITIONING THEIR GOVERNMENT ON ISSUES AFFECTING THEIR ECONOMIC AND SOCIAL WELL BEING. 60/PLUS SPONSORS SEMINARS, MEETINGS, AND PRESS CONFERENCES WITH RADIO, NEWSPAPER AND TELEVISION INTERVIEWERS BOTH IN WASHINGTON, DC AND OTHER LOCATIONS THROUGHOUT THE UNITED STATES TO PROMOTE ITS MESSAGE OF TAX FAIRNESS TO SENIORS.

FORM 990	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRIBUTIONS	1,491.	1,491.		
TRANSPORTATION	6,991.	1,398.	4,195.	1,398.
BANK SERVICE CHARGES	1,352.		1,352.	
PROGRAM EXPENSES	634,142.	634,142.		
PHOTO DELIVERY	2,668.	2,668.		
DUES/SUBSCRIPTIONS	1,705.		1,705.	
MEMBERSHIP DUES	19,623.	13,736.	1,962.	3,925.
REIMBURSABLE EXPENSES	3,773.	1,509.	1,509.	755.
CONSULTANTS	23,982.	7,195.	11,991.	4,796.
MISCELLANEOUS STATE REGISTRATIONS/TAXES	159,190.	111,433.	15,919.	31,838.
DIRECT MAIL PROGRAM EXPENSES - ESCROW	1,452.		1,452.	
PARKING	15,107.		15,107.	
BOARD OF DIRECTORS EXPENSES	1,156,510.	578,255.		578,255.
SENIOR VOICE MAGAZINE PUBLISHING	5,720.		5,720.	
MEALS & ENTERTAINMENT	2,500.		2,500.	
INDIRECT MAIL PROGRAM EXPENSES-ESCROW	29,189.	29,189.		
	9,261.	2,778.	4,631.	1,852.
TOTAL TO FM 990, LN 43	69,533.		69,533.	
	2,144,189.	1,383,794.	137,576.	622,819.

FORM 990	OTHER LIABILITIES		STATEMENT 3
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
ACCRUED VACATION	3,789.	4,951.	
NOTES PAYABLE	99,750.	199,349.	
PAYROLL LIABILITIES		10,361.	
LOAN FROM OFFICER		15,000.	
TOTAL TO FORM 990, PART IV, LINE 65	103,539.	229,661.	

SIXTY PLUS ASSOCIATION INC
SCHEDULE OF FIXED ASSETS
06/30/08

DATE	Description	Cost	Method	Life	Accum 6/30/2007	Current Year	Accum 6/30/2007
4/21/1995	Furniture	1,013	SL	7	1,013	-	1,013
4/22/1995	Furniture	310	SL	7	310	-	310
4/22/1995	Furniture	564	SL	7	564	-	564
4/24/1995	Furniture	314	SL	7	314	-	314
4/13/1995	Fax	522	SL	7	522	-	522
6/14/1995	Furniture	462	SL	7	462	-	462
6/26/1995	Furniture	367	SL	7	367	-	367
7/6/1995	Computer	9,969	SL	5	9,969	-	9,969
2/6/1996	Computer	1,669	SL	5	1,669	-	1,669
6/4/1997	On Line Database	10,269	SL	5	10,269	-	10,269
2/1/1999	Postage Machine	4,900	SL	5	4,900	-	4,900
6/30/1999	Dell Computer	2,359	SL	5	2,359	-	2,359
6/30/1999	Dell Computer	4,944	SL	5	4,944	-	4,944
6/30/1999	Printer	1,205	SL	5	1,205	-	1,205
6/30/2000	Dell Computer	3,503	SL	5	3,503	-	3,503
7/12/2000	Printer	411	SL	5	411	-	411
12/14/2000	Computer	2,599	SL	5	2,361	238	2,599
12/21/2000	Server	5,998	SL	5	5,998	-	5,998
10/1/2000	Furniture	1,206	SL	7	1,162	44	1,206
6/3/2002	Computer	3,300	SL	5	3,300	-	3,300
9/1/2002	Furniture	3,596	SL	7	2,484	514	2,998
7/1/2002	Copier	10,000	SL	4	10,000	-	10,000
9/10/2002	Office Equipment	1,147	SL	5	1,120	27	1,147
11/18/2002	Computer	700	SL	5	648	52	700
		71,327			69,854	875	70,729