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Internal Revenue Service

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)

Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection and ending For the 2009 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number use IRS X Address label or SELF STORAGE ASSOCATION FOUNDATION print or Name change type 03-0594425 Doing Business As lnitlal return Room/suite See Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Specific Termin-1901 NORTH BEAUREGARD STREET 450 703-575-8000 Instruc-Amende return City or town, state or country, and ZIP + 4 1,029,782. G Gross receipts \$ Applica-ALEXANDRIA, VA 22311 H(a) Is this a group return pending F Name and address of principal officer: MICHAEL T. SCANLON Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes I Tax-exempt status X 501(c) (3 4947(a)(1) or) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.SELFSTORAGE.ORG H(c) Group exemption number ▶ Corporation Trust X Association Other > L Year of formation: 1975 M State of legal domicile: VA K Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE CORPORATION Activities & Governance IS TO OPERATE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, LITERARY, OR Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets, Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 11 0 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7a Total gross unrelated business revenue from Part-VIII, column (C), line 12 Net unrelated business taxable income from Form 990 Qine 34 ED 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) ÖSS 70,374 MAY 2.4.2010 Program service revenue (Part VIII, line 2g) 1,029,782. 9 ,111,756. က် Investment income (Part VIII, column (A), lines 3, 4, and 7d)-Other revenue (Part VIII, column (A), lines 5, 6d, 80, 9c, 10c, and 11e) 11 1,182,130 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,029,782. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,232,913. 845,246. 1,232,913. 845,246. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <50,783. 184,536. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances Beginning of Current Year End of Year 249,864. 346,075. 20 Total assets (Part X, line 16) 379,899 99,152. 21 Total liabilities (Part X, line 26) <33,824.⊳ Net assets or fund balances. Subtract line 21 from line 20 150,712. Part II Signature Block 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 Signature of officer Here SCANLON, PRESIDENT MICHAEL T. Type or print name and title Preparer's identifying number (see instructions) Preparer's Paid signature employed > Preparer's Firm's name (or HALEY & ASSOCIATES, LLC EIN ▶ yours if self-employed), Use Only 5000 SUNNYSIDE AVENUE #304

Form **990** (2009)

X Yes No

Phone no. $\triangleright 301-595-5600$

BELTSVILLE, MD 20705

May the IRS discuss this return with the preparer shown above? (see instructions)

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	-	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		:	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		x
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20	Did the eigenheusen operate one of more hospitals) in 1997 temperature to the eigenheusen operate one of more hospitals).		990 (

Form 990 (2009) SELF STORAGE ASSOCATION FOUNDATION

Part IV Checklist of Required Schedules (continued)

-			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization 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	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		!	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30_		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
-	Note. All Form 990 filers are required to complete Schedule O.	38	X	
			gan /	2000)

Form 990 (2009) SELF STORAGE ASSOCATION FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b		
4a	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)?	<u>4a</u>		<u> </u>
þ	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.	_		7,
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	- -		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u>5c</u>		
Va	any contributions that were not tax deductible?	6a	l	X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
•	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990 (2009)

Form 990 (2009) SELF STORAGE ASSOCATION FOUNDATION 03-0594425 Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	_		
b	Enter the number of voting members that are independent	틱		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ŀ		
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ĺ	İ	İ
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a		1_		
	governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	_	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following:	0-	v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			v
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		<u> </u>
360	COLD B. POLICIES (1711s Section & requests information about policies not required by the internal revenue code.)		Vaa	Na
10-	Does the argenization have lead chapters, branches, or offiliates?	10a	Yes	No X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A		''		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120	**	
	to conflicts?	12b		x
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a	L	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	ə for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who person of the person who person of the pe	ation. 🕨	-	
	SELF STORAGE ASSOCATION - (703)575-8000			
	1900 NORTH BEAUREGARD STREET, SUITE 110, ALEXANDRIA, VA 22311			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check this box if the organization did not compensate any current officer, director, or trustee.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)			(D)	(E)	(F)			
Name and Title	Average		Position		Reportable	Reportable	Estimated			
	hours	⊢∸	neck	all t	hat	app	ly)	compensation	compensation from related	amount of other
	per week	ndividual trustee or director						from the	organizations	compensation
		e or di	tee	•		Highest compensated employee		organization	(W-2/1099-MISC)	from the
		truste	al trus		yee	m me		(W-2/1099-MISC)		organization
		vidual	nstitutional trustee	ję.	Key employee	nest co	uer			and related organizations
		ınd	랿	Officer	Key	皇皇	Former			Organization 10
MICHAEL T. SCANLON, JR.									_	
PRESIDENT AND CEO	5.00	X		X		L		0.	0.	0.
ROBERT FRANCIS										
NATIONAL DIRECTOR	2.00	X	_					0.	0.	0.
ROBERT SCHOFF										
NATIONAL DIRECTOR	2.00	X						0.	0.	0.
TRACY TAYLOR									•	
NATIONAL DIRECTOR	2.00	X			_			0.	0.	0.
LISA CHIAPETTA						ŀ			_	_
NATIONAL DIRECTOR	2.00	X				<u> </u>		0.	0.	0.
KELLY GALLACHER	İ								_	
NATIONAL DIRECTOR	2.00	X	<u> </u>			ļ		0.	0.	0.
MITCHELL DANZIS										
NATIONAL DIRECTOR	2.00	X				_		0.	0.	0.
MICHAEL RIVA					ļ	1	ŀ			
NATIONAL DIRECTOR	2.00	X.				<u> </u>		0.	0.	0.
JIM DINARDO		l								
NATIONAL DIRECTOR	2.00	X			-	-		0.	0.	0.
SHELLY GEILER	0 00									_
NATIONAL DIRECTOR	2.00	X			<u> </u>	┢	<u> </u>	0.	0.	0.
LOUIS GILMORE	2 00	,,								_
NATIONAL DIRECTOR	2.00	X	-			╁	-	0.	0.	0.
PATRICK REILLY	2.00							0.	0.	0.
NATIONAL DIRECTOR BRENDA SCARBOROUGH	2.00		-		_	\vdash		<u> </u>		·
NATIONAL DIRECTOR	2.00							0.	0.	0.
NATIONAL DIRECTOR	2.00	\vdash	-	-	-	\vdash	-	· · · · · · · · · · · · · · · · · · ·	0.	
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	Section A. Officers, Directors, Irt		iibic	yee	_		าเมูก	es(<u> </u>	/F1	
	(A)	(B)		(C) Position		(D) Reportable	(E) Reportable		(F)	٠.			
	Name and title	Average hours	l (ci				app	lv)	compensation	compensation		timate nount (-
		per					<u> </u>	-37	from	from related		other	
		week	direct				2		the	organizations		pensa	
			tee or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	om the anızatı	
		:	naj tan	onal tr		ployee	d 93		(17 27 1000 111100)			d relate	
		ļ	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	ormer			orga	anızatı	ons
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		<u> </u>											
	Total .	<u></u>					<u> </u>		0.	0	•		0
2	Total number of individuals (including but r	ot limited to th	ose	liste	d al	bove	e) wł	no re	eceived more than \$100	0,000 in reportable			,
	compensation from the organization					_						Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	v em	olar	yee.	or h	nighest compensated er	nployee on			
-	line 1a? If "Yes," complete Schedule J for s				,		,			. ,	3		X
4	For any individual listed on line 1a, is the si									the organization			
	and related organizations greater than \$15										4		<u>X</u>
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete School				rom	any	/ unr	elat	ed organization for serv	ices rendered to	_		v
Sec	the organization? II res, complete scried tion B. Independent Contractors	ule J for Sucri	pers	OH						- 	5		<u> </u>
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of compe	nsation t	from	
	the organization. NONE	<u> </u>											
	(A)								(B))	_
	Name and business	address						\dashv	Description of s	services	Compe	nsatio	n
									••				
								_					
		· · · · · ·						\dashv	· · · · · · · · · · · · · · · · · · ·	-	-		
										_			
2	Total number of independent contractors (including but r	ot li	mıte	d to	tho	se li	stec	d above) who received n	nore than	_		
	\$100,000 in compensation from the organi	zation 🕨					0						

	1 990 (ASSOCATION NO.	ON FOUNDAT	ION	03-0594	425 Page 9
Pa	rt VII	I Statement of Rever	nue				_	
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at st	1 a	Federated campaigns	. 1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues .	1b					
a, c	С	Fundraising events	1c					
g'a		Related organizations	. 1d					
ns,		Government grants (contribut						
e ti	f	All other contributions, gifts, gran	1 1					
음됨		similar amounts not included abo						
SE SE	-	Noncash contributions included in lines	3 1a-1f \$					
3	h	Total, Add lines 1a-1f		Business Code				
as l	0.0	PUBLICATIONS		Dusiness Code	583,980.	583,980.		
Š	2a b	======================================			445,802.			
\$ ≥	C			-	445,002.	443,002.		
E S	d							
Program Service Revenue	e		·— —					
P.	f	" -	enue					
		Total. Add lines 2a-2f		•	1029782.			
	3	Investment income (including	dıvidends, ınter	est, and				
		other similar amounts)		▶				
	4	Income from investment of ta	x-exempt bond	proceeds 🕨				
- 1	5	Royalties .		<u> </u>				<u></u>
			(i) Real	(ii) Personal				
	6 a	•		-		i .		
	b	·						
	C	· · · · · · · · · · · · · · · · · · ·	L					
		Net rental income or (loss)		(2 Oth - 1				-
	7 a	Gross amount from sales of	(i) Securities	(ıí) Other				
		assets other than inventory Less: cost or other basis						
	D	and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraisin	ng events (not		-			
Ž		including \$	-			l		İ
eve		contributions reported on line	1c). See					
E.		Part IV, line 18	a					
Other Revenue	b	Less: direct expenses .	. b	·				
_		Net income or (loss) from fund		>				
	9 a	Gross income from gaming a						
		Part IV, line 19						
		Less: direct expenses	b	·				
		Net income or (loss) from gan					-	
	10 a	Gross sales of inventory, less and allowances	_					
		Less. cost of goods sold	a			1		1
		Net income or (loss) from sale		, r				
•	<u>c</u>	Miscellaneous Revenu		Business Code				
	11 a			2231000 0000				
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		•	_			
	12	Total revenue. See instructions.			1029782.	1029782.	0.	0.

Form **990** (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		-		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16		l		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits [
10	Payroll taxes				
11	Fees for services (non-employees):		•		
а	Management				
b	Legal				
С	Accounting .				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties .			112 12 1	
16	Occupancy				
17	Travel	-			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	_			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			_	
23	Insurance .				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below.) PUBLICATIONS	548,206.	548,206.		
a b	EDITO'S BEONE	297,040.			-
	THERE COMPANY DYDENICEC	<u> </u>			
ر د	ARTITUM	0.			
d	OTHER PROGRAM ACTIVITI				
e	All other expenses	 			
f oe	All other expenses	845,246.	845,246.	0.	0.
<u>25</u>	Joint costs. Check here If following	043,440.	043,440.		
26	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	outoational campaign and tributaising solicitation		i		·

Par	t X	Balance Sheet			
•	·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,514.	1	92,135.
	2	Savings and temporary cash investments		2	. .
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	120,576.	4	91,241.
	5	Receivables from current and former officers, directors, trustees, key			
İ		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L .		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	3,071.	8	3,071.
Ä	9	Prepaid expenses and deferred charges	18,505.	9	22,898.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
ļ	b	Less: accumulated depreciation 10b		10c	
į	11	Investments - publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11	200,409	15	40,519.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	346,075.	16	249,864.
	17	Accounts payable and accrued expenses .	<6,963.	>17	5,085.
	18	Grants payable		18	
	19	Deferred revenue	26,596.	19	46,215.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employe			
jab		highest compensated employees, and disqualified persons Complete P	art II		
-		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D .	360,266.	25	47,852.
	26	Total liabilities. Add lines 17 through 25	379,899.	26	99,152.
		Organizations that follow SFAS 117, check here	plete		
ses		lines 27 through 29, and lines 33 and 34.	22 224		44 400
auc	27	Unrestricted net assets	<33,824.		44,409.
Bal	28	Temporanly restricted net assets		28	106,303.
D D	29	Permanently restricted net assets		29	
Fu			nd		
o o		complete lines 30 through 34.	İ		
Set	30	Capital stock or trust principal, or current funds	.	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	·	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	-22 004	32	150 710
_	33	Total net assets or fund balances	<33,824.		150,712.
	34	Total liabilities and net assets/fund balances	346,075.	34	249,864.

Form **990** (2009)

Form	990 (2009) SELF STORAGE ASSOCATION FOUNDATION U3-05944.	<u>40</u>	Pag	ge 12
Pai	t XI Financial Statements and Reporting			
•		T	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	_	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	ı		
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

_				ORAGE ASSOCA						03	<u>3-0594425 </u>	
	ırt I			ity Status (All organiz					tructions.			
he	organ		•	because it is: (For lines 1	-							
1	\vdash	•		s, or association of churc		ribed in se	ection 170	(b)(1)(A)(i)).			
2	\square			0(b)(1)(A)(ii). (Attach Sc	-							
3	닏	•	•	tal service organization o								
4		A medical res	search organization of	perated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,	
		city, and state										
5	Ш	-	•	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental unr	t describe	ed in	
	_		(b)(1)(A)(iv). (Comple									
6	님		=	ent or governmental unit								
7	Ш	•	•	eives a substantial part	of its supp	ort from a	governme	intal unit c	or from the	general p	oublic described in	
			b)(1)(A)(vi). (Comple									
8	닖			ection 170(b)(1)(A)(vi). (
9	X	-		eives: (1) more than 33 1								
			=	nctions - subject to certa	-	-						
				exable income (less sect	tion 511 ta	x) from bu	isinesses a	ecquired b	y the orga	nization a	atter June 30, 1975	
			509(a)(2). (Complete									
10	님	-	•	perated exclusively to te	-				-		_	
11	ш	_	•	perated exclusively for the							· ·	
			, ,	itions described in section		•	, ,,	() See sec	ction 509(a	a)(3). One	eck the box that	
	describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type III · C Type III · Functionally integrated d Type III · Other											
_		a Type I		- ,.			•	J	r mara dia		Type III - Other	
e	. Ш		-	t the organization is not han one or more publicly		-	-	-				
			_			_				(a)(1) 01 s	50Ction 509(a)(2).	
f		•		ten determination from t	ine ino ina	шпѕату	рет, туре	ii, or Type)			
			rganization, check th	rganization accepted ar	w aift or co	ontribution	from any	of the follo	owing per	eone?	—	
g	,	-		rectly controls, either al							Yes No	
		* -		upported organization?	0.10 01 109	011101 111111	po. 00.10 0		() aa (, 20.011,	11g(i)	
		-		n described in (i) above?				•			11g(ii)	
			•	person described in (i) o	-	∍?	••				11g(iii)	
r	1			about the supported or			•	•				
·			.	,,,		` ,						
/i	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) Is	the .	(vii) Amount of	
γ.	,	anization	(11) 2.114	organization (described on lines 1-9		sted in your			organizatio	on in col. ed in the	support	
				above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?		
				(see instructions))	Yes	No	Yes	No	Yes	No		
					ļ	ļ			-			
						_			-			
					 			ļ. <u>-</u>	 _	-		
						ļ	-		-			
					 	 		ļ	 			
						1						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009		D	0-11-470	//-\/4\/A\/:-\	- 470/b\/4\/A\/	Page 2			
Ра	rt II Support Schedule for	_			(b)(1)(A)(IV) and	1/(A)(T)(a)U\	71)			
·	(Complete only if you checked	the box on line 5	o, 7, or 8 of Part I.)							
	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	T						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
_	include any "unusual grants.")			 	 		<u> </u>			
2	Tax revenues levied for the organ-		ļ		İ					
	ization's benefit and either paid to			+		,				
_	or expended on its behalf	-		<u> </u>	<u>-</u>					
3	The value of services or facilities									
	furnished by a governmental unit to	!								
	the organization without charge				 					
4	Total. Add lines 1 through 3				ļ					
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly				1					
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
_	column (f)		_							
	Public support. Subtract line 5 from line 4 ction B. Total Support									
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	Amounts from line 4	(a) 2000	(6) 2000	(0) 2007	(d) 2000	(6) 2000	1) 10141			
8	Gross income from interest,									
•	dividends, payments received on						1			
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business									
•	activities, whether or not the									
	business is regularly carned on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10									
	Gross receipts from related activities,	etc. (see instructi	ions)	 	<u> </u>	12				
	First five years. If the Form 990 is for			rd, fourth, or fifth t						
	organization, check this box and stor	•	,,							
Sec	ction C. Computation of Publ		rcentage							
14	Public support percentage for 2009 (line 6, column (f) d	livided by line 11,	column (f))		14	%			
15	Public support percentage from 2008	3 Schedule A, Part	II, line 14			15	<u>%</u>			
16a	33 1/3% support test - 2009.If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			. ▶□			
t	33 1/3% support test - 2008. If the o	rganization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	lifies as a publicly	supported organiz	zation .			. ▶∟_			
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac					rt IV how the organ	nization			
	meets the "facts-and-circumstances"	_					▶∟_			
t	10% -facts-and-circumstances tes	=								
	more, and if the organization meets the						. —			
	organization meets the "facts-and-cire		=				. ▶⊨			
<u>18</u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose			1,095,777.	1,111,756.		2,207,533.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513				_				
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities					_			
-	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5			1,154,685.	1,182,130.		2,336,815,		
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						0.		
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
_	Add lines 7a and 7b						0.		
	Public support (Subtract line 7c from line 6)						2,336,815.		
	ction B. Total Support				· -	<u>-</u>	2,330,013.		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Amounts from line 6	<u> </u>	(6) 2000	1 154 685	1,182,130,	(0) 2000	2,336,815,		
-	Gross income from interest.			1,154,005.	1,102,130,	_			
100	dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975			·					
c	Add lines 10a and 10b								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support (Add lines 9, 10c, 11, and 12)			1,154,685.	1,182,130.		2,336,815,		
	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth tax	k year as a section	n 501(c)(3) organ	nization,		
	check this box and stop here						. ▶□		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2009 (column (f))		15	100.00 %		
16 Public support percentage from 2008 Schedule A, Part III, line 15						16	100.00 %		
	ction D. Computation of Inve)					
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)						17	.00 %		
18 Investment income percentage from 2008 Schedule A, Part III, line 17						18 %			
	19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
b	b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
-	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization						▶□		
	Schedule A (Form 990 or 990-EZ) 2009								

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009

Open to Public Inspection

Name of the organization

SELF STORAGE ASSOCATION FOUNDATION

Employer identification number 03-0594425

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 . . . b Assets included in Form 990, Part X

Sche		ORAGE ASSO					3-05			
<u> </u>					_					
.3	, , , , , , , , , , , , , , , , , , , ,							S		
_	(check all that apply): Public exhibition									
a	Public exhibition	d								
b		Scholarly research e Other								
С	Preservation for future generations									
4	Provide a description of the organization's co		•	-			se in Parl	XIV.		
5										
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Par	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	ons or other as	ssets not	included	_	7	_	٦ .
	on Form 990, Part X?					•	. ∟	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:							
								Amoun	<u>t </u>	
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year			•		1e				
f	Ending balance					1f				<u> </u>
2a	Did the organization include an amount on F	orm 990, Part X, line	217					Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete	f the organization ar	swered "Yes" to F	orm 990, Part	IV, line 1	0				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Four	r years	back
1a	Beginning of year balance									
b	Contributions					-				
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities	-								
Ĭ	and programs									
f	Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the year	r end halance held s								
	Board designated or quasi-endowment	ii ena balance nola e	%							
a _	Permanent endowment	%								
	• -	% %								
C -	Are there endowment funds not in the posse		ation that are hold	and administr	arad far th		otion			
3a		ession of the organiz	ation that are neio	and administr	erea ioi u	i o organiz	ation	[V	Na
	by:							0-(3)	Yes	No
	(i) unrelated organizations				•	•	•	3a(i)		
_	(ii) related organizations			•				3a(ii)		
D	If "Yes" to 3a(ii), are the related organization:	-						3b		
4	Describe in Part XIV the intended uses of the				10					
Pai	t VI Investments - Land, Building		1							
	Description of investment	(a) Cost or o basis (investi	1	st or other s (other)		ccumulate preciation	d	(d) Boo	k valu	e
1a	Land									
ь	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other			-						
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line	10(c).)			>			0.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 SELF STORAGE	E ASSOCATION	FOUNDATION	03-0!	594425	Page 3	
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 1					
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: Cost or end-of-year market value			
Financial derivatives						
Closely-held equity interests						
Other		<u> </u>				
			 			
	-	 				
		 				
						
				_		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)						
Part VIII Investments - Program Related. s	See Form 990, Part X, line	_				
(a) Description of investment type	(b) Book value		ethod of valuation:			
		Cost or en	nd-of-year market v	/aiue		
		 				
		<u> </u>				
		<u> </u>		, _		
		<u> </u>				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>					
Part IX Other Assets. See Form 990, Part X, line					.	
	Description			(b) Book va		
DEPOSITS					<u>,849.</u>	
INTERCOMPANY RECIEVABLES				<u>Z1</u>	<u>,670.</u>	
						
	-		-			
						
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X				40	<u>,519.</u>	
Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability	, line 25.	(b) Amount				
Federal income taxes		(b) Amount				
	SSA)	47,852.				
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	2 00.17	2775521				
(0-1	- 051	45.050				
Total. (Column (b) must equal Form 990, Part X, col (B) lin		47,852.				
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote.	otnote to the organization'	s financial statements that re	ports the organiz	ation's liabili	ty for	

	dule D (Form 990) 2009 SELF STORAGE ASSOCATION FOUL			aial G			'age 4
	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ea Finan	ciai 5	tatements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,029,7	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		845,2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		184,5	<u> </u>
4	Net unrealized gains (losses) on investments .			4			
5	Donated services and use of facilities			_5			
6	Investment expenses			6	<u> </u>		
7	Prior period adjustments .			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		184,5	<u> 36.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	its W	th Rever	nue pe	er Return		
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b .				4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statemen	nts W	/ith Expe	nses	per Retur	า	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities .	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d .				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a					
b	Other (Describe in Part XIV.)	_4b					
C	Add lines 4a and 4b				4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5		
	rt XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,						Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ete this	part to pro	vide an	y addıtional i	nformation	
		_					
							
							
					-		

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

Open to Public

Inspection

Name of the organization Employer identification number SELF STORAGE ASSOCATION FOUNDATION 03-0594425 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL PURPOSES AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AS AMENDED. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE FOUNDATION IMPLEMENTED A SCHOLARSHIP PROGRAM FOR ELGIBLE PARTCIPIANTS, A RULING LETTER WAS SENT TO THE IRS DATED FEBRUARY 22, 2010.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS REVIEWED WITH THE DIRECTOR OF FINANCE AND THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES ON ISSUES THAT MAYBE POTENTIALLY GRAY. EMPLOYEES WHO HAVE FRIENDS THAT THEY WANT TO DO BUSINESS WITH MUST BE PROCESSED WITH THE SSA LAWYER.

FORM 990, PART VI, SECTION C, LINE 19: THE SELF STORAGE ASSOCIATION FOUNDATION'S 990, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE PROVIDED UPON REQUEST TO THE SELF STORAGE ASSOCIATION FOUNDATION OFFICE.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: ROBERT FRANCIS - 1901 N. BEAUREGARD STREET, #450, ALEXANDRIA, VA 22311

ROBERT SCHOFF - 911 N. MAIN STREET, SUITE 7B, KISSIMMEE, FL 34744

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Employer identification number Name of the organization SELF STORAGE ASSOCATION FOUNDATION 03-0594425 - 6760 N. PLACITA MANZANITA, TUCSON AZ 85718 TRACY TAYLOR LISA CHIAPETTA - 40115 BELTLINE ROAD, SUITE 300, ADDISON, TX 75001 KELLY GALLACHER - 1626 36TH AVENUE, KENOSHA, WI 53144 MITCHELL DANZIS - 6740 RANCHO LOS PAVOS LANE, GRANITE BAY, CA 95746 MICHAEL RIVA - 263 OLD ARMY ROAD, BERNARD TWP, NJ 07920 JIM DINARDO - 3237 PLUNKTON ROAD, WARREN, VT 05674 SHELLY GEILER - 129 HIGH STREET, READING, MA 01867 LOUIS GILMORE - 359 SAN MIGUEL, SUITE 304, NEWPORT BEACH, CA 92660