

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

Department of the Treasury Internal Revenue Service

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

1112	
OMB No. 1545-0047 2011	
Open to Public Inspection	

A	For the	e 2011 calendar year, or tax year beginning and endi	ing		<del></del>
В	Check if	C Name of organization		D Employer identific	cation number
_	applicab				
	Addre chang	• SELF STORAGE ASSOCATION FOUNDATION			
<u>_</u>	Name chang Initial	Doing Business As			<u>594425</u>
<u>_</u>	return	,	m/suite	E Telephone number	
늗	Termi ated Amen	1301 MORIN DEAGREGARD STREET 430	)		575-8000
F	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	804,686.
L.	⊥tion pendi	ALEXANDRIA, VA 22311		H(a) is this a group re	eturn Yes X No
		F Name and address of principal officer:MICHAEL T. SCANLON SAME AS C ABOVE		for affiliates? <b>H(b)</b> Are all affiliates inc	
	Taylov	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	1	list. (see instructions)
		te: > WWW.SELFSTORAGE.ORG		H(c) Group exemptio	
			I Year o		State of legal domicile: VA
	art I	Summary	1001		Ctate of logar dofficio. V22
	1	Briefly describe the organization's mission or most significant activities: THE PUF	RPOS	E OF THE CO	RPORATION
Governance	1				ERARY, OR
r na	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of	of more	than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
- 4	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
	6	Total number of volunteers (estimate if necessary)		6	0
⊥ & Acti		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<del>- i-</del>		0.
		0	-	Prior Year	Current Year
ے ح	8	Contributions and grants (Part VIII, line 1h)		<u>0.</u> 756,984.	0. 804,686.
Revenue	9	Program service revenue (Part VIII, line 2g)		750,964.	0.
<b>≥</b> &	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	0.	0.
DOUNTED BOOM	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		756,984.	804,686.
<u>)</u>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	·	0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	Ь	Total fundraising expenses (Part IX, column (D), line 25)	. $ abla$	·	
ŋ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		731,796.	798,371.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		731,796.	798,371.
	19	Revenue less expenses. Subtract line 18 from RECEIVEU		25,188.	6,315.
200	3	8	Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Total liabilities (Part X, line 26)		350,000.	240,577.
Net Assets or	21	U \ ←	.	<u> 285,630.</u>	169,892.
퍝	22	Net assets or fund balances. Subtract line 21-from line 20 N. Signature Block		64,370.	70,685.
	art li		1 - 1 - 1		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and			y knowleage and beliet, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	nas any knowledge.	12012
C:-		Signature of officer		Date	1 412
Sig		MICHAEL T. SCANLON PRESIDENT		Batt	
He	re	Type or print name and title		<del></del>	<del></del>
	_	Print/Type preparer's signature Preparer's signature	Ī	Date Check	PTIN
Pai	d	Third type prepared signature		if self-employ	—L
	parer	Firm's name HALEY & ASSOCIATES LLC	<del></del>	Firm's EIN	55-0810153
	Only	Firm's address 5000 SUNNYSIDE AVENUE #300			
	•	BELTSVILLE, MD 20705		Phone no. 3	01-595-5600
Ma	y the	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
132	001 01-	23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

0/12/6

	t III   Statement of Program Service Acc		FOUNDATION	03-05	94425 Page 2
ı uı	<del></del>	-	١١١ نــ		
4	Check if Schedule O contains a response to a	iny question in this Pa	<u></u>	• •	
1	Briefly describe the organization's mission: THE PURPOSE OF THE CORPORA	MICH TO MO	ODEDAME EVOLIT	CTURIU ROD	
	CHARITABLE, SCIENTIFIC, LI				DEETMED
			REVENUE CODE		
	IN SECTION SUI(C)(3) OF TH	E INTERNAL	KEA FINOE CODE	OF 1900 AS	AMENDED.
_	Did the executation undertake any acceptance areas				
2	Did the organization undertake any significant progr	am services during th	e year wnich were not listed	on	
	the prior Form 990 or 990-EZ?				Yes X No
_	If "Yes," describe these new services on Schedule (				
3	Did the organization cease conducting, or make sig	nificant changes in ho	w it conducts, any program	services?	Yes X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accom				
	Section 501(c)(3) and 501(c)(4) organizations and se			amount of grants and a	allocations to
	others, the total expenses, and revenue, if any, for e				
4a		11. including grants of \$		) (Revenue \$	804,686.)
	EXPENSES INCURRED IN CONNE	CTION WITH	THE PROGRAM M	<u> ISSION</u>	
	<u></u>				
			·	···	
					<del></del>
4b	(Code) (Expenses \$	including grants of \$	·	) (Revenue \$	)
	<del></del>				
		-			
				·	
			·	L-1	<del></del>
				· · · · · · · · · · · · · · · · · · ·	<del></del> ,
				<del></del>	
		<del></del>			<del></del>
4c	(Code) (Expenses \$	including grants of	<u> </u>	) (Revenue \$	)
				·	
			·		
			<del></del>		•
		<del></del>			
<del></del>				· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.)				
	(Expenses \$ including grain		) (Revenue \$		)
4e	Total program service expenses	798,371.			
	_				Form <b>990</b> (2011)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	110
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		х
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		х
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	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	11b		х
С	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	11c		x
d	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	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	1
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990 í	20111

Form 990 (2011) SELF STORAGE ASSOCATION FOUNDATION

Part IV Checklist of Réquired Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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			77
04-		23		<u>X</u>
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	04-		x
<b>h</b>		24a		_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
U	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	_25a		
b	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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
b	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 (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		X
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		X
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
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b		SSA		
b	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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	

<u>. u.</u>	Check if Schedule O contains a response to any question in this Part V			
		<del>.</del> Т	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		l
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 2a 0			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	ŀ		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	l		İ
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<b>.</b> .		v
a b	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
ŭ	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.	ļ		
а	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		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
100	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?	40-		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	12a		┢
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b></b>
u	Note. See the instructions for additional information the organization must report on Schedule O.	ı Ja		<del>                                     </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2011

Form 990 (2011) 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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	ļ		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3	1	_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	71	
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
	101.21. 0110.00 (		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	ŀ	X
h	Other officers or key employees of the organization	15b		X
	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			
	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
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 (Section 501(c)(3)s only) a	 availat	ole	
	for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
	SELF STORAGE ASSOCATION - (703)575-8000			
	1900 NORTH BEAUREGARD STREET, SUITE 110, ALEXANDRIA, VA 22311			

	(2011)	

#### SELF STORAGE ASSOCATION FOUNDATION

03-0594425

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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.
- 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, if any. 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• 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) Name and Title	(B) Average hours per week	(do box	not c	Posi heck i ss pei	tion	l than is bot	one h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Key employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WILLIAM F. KENNEY CO-CHAIR	5.00	X						0.	0.	0.
(2) PHYLLIS MCARTHUR CO-CHAIR	2.00							0.	0.	0.
(3) RICHARD TANNER BOARD MEMBER	2.00	х						0.	0.	0.
(4) JOANNE GEILER BOARD MEMBER	2.00	x						0.	0.	0.
(5) FOY R. COOLEY BOARD MEMBER	2.00	x						0.	0.	0.
(6) JEFFERSON SHREVE BOARD MEMBER	2.00	х						0.	0.	0.
(7) KENNETH WOOLEY BOARD MEMBER	2.00	x						0.	0.	0.
(8) MARC M. SMITH BOARD MEMBER	2.00	x			_			0.	0.	0.
(9) MICHAEL A. NUNEZ BOARD MEMBER	2.00					<u> </u>	_	0.	0.	0.
(10) ROBERT SCHOFF BOARD MEMBER	2.00	 	-					0.	0.	0.
(11) TRACY TAYLOR BOARD MEMBER	-			<u> </u>				0.	0.	0.
(12) TIM HOBIN BOARD MEMBER						ļ		0.	0.	0.
(13) BARRY HOEVEN BOARD MEMBER				-				0.	0.	0.
						-				

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	itee or director	not ch unles	(C Posi neck r ss per	tion more rson recto		one n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC		Est amo comp fro orga and	(F) imated ount of other ensate m the nization	of non on ed
								·					
to tal from continuation sheets to Part VI d Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization ▶		hose	· liste	ed a	bov	ve) w	ho r	0 . 0 . 0 . eceived more than \$10	0,000 of reportable	0.			0.
<ul> <li>Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the si and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or s</li> </ul>	such individual um of reportal 0,000? If "Yes accrue compe	l . ole ca c," co ensat	omp ompl tion	ens ete from	atio Sch	n an <i>edui</i> y un	d ot	 her compensation from for such individual	the organization		3	Yes	X X
rendered to the organization? If "Yes," con Section B. Independent Contractors									£100,000 of som		5		X
Complete this table for your five highest continuous the organization. Report compensation for  (A)										pens	ation t		
Name and business	address	N	ON	E				Description of	services	C	ompe	nsatio	n
2 Total number of independent contractors \$100,000 of compensation from the organ		not l	lımite	ed to	o th	ose 0	ıste	d above) who received	more than		Form		

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$\_ h Total, Add lines 1a-1f Business Code 511190 516,274. 516,274. 2 a PUBLICATIONS 611710 288,412. 288,412. **b** EDUCATION f All other program service revenue 804,686. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ı) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less direct expenses .. . .. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total, Add lines 11a-11d 804,686. 804,686. Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX								
	not 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	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States See Part IV, lines 15 and 16								
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 accruals and contributions (include								
•	section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits								
10	Dayroll tayon								
11	Fees for services (non-employees):		~						
''	Management								
b	Logol								
C	Accounting		<del></del>						
d				····					
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees			,					
-									
g 12	Other								
13	Office expenses								
14	Information technology								
15	Royalties								
	Occupancy			·					
16	Occupancy								
17	, , ,								
18	Payments of travel or entertainment expenses								
10	for any federal, state, or local public officials  Conferences, conventions, and meetings								
19	Interest								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization		<u>.                                    </u>						
23	Insurance Other expenses, Itemize expenses not covered								
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	PUBLICATIONS	455,296.	455,296.	-					
b	THE COMPANY DUDDIGEC	162,133.	162,133.						
c	EDITO 2 MT ON	119,208.	119,208.						
d	ATTITUTE DE ACRES A CONTRETE	61,734.	61,734.						
	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	798,371.	798,371.	0.	0.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

Par	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
$\neg \neg$	1	Cash - non-interest-bearing	110,697.	1	139,840.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	55,103.	4	82,814.
	5	Receivables from current and former officers, directors, trustees, key	·		
}		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)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
455	8	Inventories for sale or use	3,071.	8	2,071.
`	9	Prepaid expenses and deferred charges	109,204.	9	5,852.
	10a	Land, buildings, and equipment: cost or other			<u> </u>
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	_	11	
	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	71,925.	15	10,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	350,000.	16	240,577.
	17	Accounts payable and accrued expenses	68,700.	17	896.
	18	Grants payable		18	
	19	Deferred revenue	36,183.	19	46,120.
	20	Tax-exempt bond liabilities	·	20	
γ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
<b>∷</b>		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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		ļ	
		Schedule D	180,747.	25	122,876.
	26	Total liabilities. Add lines 17 through 25	285,630.	26	169,892.
		Organizations that follow SFAS 117, check here   X and complete			
S		lines 27 through 29, and lines 33 and 34.			
Ü	27	Unrestricted net assets	<20,366.	>27	<111,530.
sala	28	Temporarily restricted net assets	84,736.	28	182,215.
d E	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here			
P		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-ın or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	64,370.	33	70,685.
	34	Total liabilities and net assets/fund balances	350,000.	34	240,577.

240,577. Form **990** (2011)

⊢orm	990 (2011) SELF STORAGE ASSOCATION FOUNDATION	03-035	4443	Pag	9 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	·	<u> </u>	·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>86.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	798	3,3'	<u>71.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 15.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64	<u>1,3</u>	70.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	70	),6	85.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII.				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			İ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	- · ·	2a		X
þ	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	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	1	1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	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 requ	ired audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	99 <b>0</b> (	2011)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Part I	Reason f		ity Status (All organiz				) See inst	ructions	0.3	-0594	445	
			because it is: (For lines 1					i dollono.			-	
1 $\Box$		-	s, or association of churc	-				_				
² 🗀			o(b)(1)(A)(ii). (Attach Sch			J. 1101	(~)( ·)(^)(')	•				
3 🗔			tal service organization o		n section	170/61/11/	Δλαίι					
³ ⊟			operated in conjunction					(b)(1)(A)(iii	i). Enter th	ne hospital'	's nam	θ.
<b>→</b> —	city, and state			4 11001	30001			-w.w.	.,. =			•
5 🔲	•		benefit of a college or ur	niversity ow	ned or or	erated by	a governr	nental unit	describe	d in		
<b>-</b>	-	(b)(1)(A)(iv). (Comple	<del>-</del>			<b></b>	g- · · · · · ·		222000			
6 🗀			ent or governmental unit	t described	l in sectio	n 170(b)/1	<b>)(Δ)(ν)</b>					
7 🗔			eives a substantial part o					r from the	general n	ublic desci	ribed i	n
. —	=	b)(1)(A)(vi). (Comple		oapp		J			3p			
8 🔲	-		ection 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9 👿			eives: (1) more than 33 1			om contril	butions. m	embershi	o fees. an	d gross red	ceipts :	from
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete					•	,				
10 🔲			perated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4	l).				
11 🗔	•	•	perated exclusively for th	-	_			-	y out the p	ourposes o	of one	or
	_		ations described in section									
			organization and comple					·				
	a Type !					tionally int	tegrated		d 🔲	Type III - 0	Other	
е 🗔	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one or	more disc	qualified p	ersons oth	er tha	n
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	ıt ıt is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganızation, check tl	nis box		•							
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons c	described i	in (ii) and (	iii) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)	ļ	
	(ii) A family	member of a perso	n described in (i) above?	•				••		11g(ii)		
	(iii) A 35% d	controlled entity of a	ı person described in (i) o	or (ii) above	9?		•			11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization(	(s).							
		T	1 <del>-</del>	Τ-				1	· •			
(i) Nam	e of supported (ii) EIN (iii) Type of			(iv) Is the organization (v) Did you notify the organization in col.					(vii) An	nount o	f	
org	nization (described on lines 1-9		in col. (i) listed in your organization in col. governing document? (i) of your support?			(i) organiz	nized in the support					
		above or IRC section		, , , , , , , , , , , , , , , , , , ,		T	<del>                                     </del>	<del></del>				
			(see instructions))	Yes	No	Yes	No	Yes	No			
		İ				[						
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Fotal												

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

Schedule A (Form 990 or 990-EZ) 2011

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III fails to qualify under the tests listed below, please complete Part III.)  Section A. Public Support  I Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract lines from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	
Section A. Public Support  Galendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 201  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(f) Total
falendar year (or fiscal year beginning in)    1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(f) Total
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furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 201  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in)   7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
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governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 201  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 201  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
column (f)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 201  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 201  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 201  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 201  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties	1 (f) Total
dividends, payments received on securities loans, rents, royalties	
securities loans, rents, royalties	
securities loans, rents, royalties	
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part IV.)	
11 Total support. Add lines 7 through 10	
12 Gross receipts from related activities, etc. (see instructions)	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	_
organization, check this box and stop here Section C. Computation of Public Support Percentage	
14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	
15 Public support percentage from 2010 Schedule A, Part II, line 14	
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check	this box and
stop here. The organization qualifies as a publicly supported organization	▶ [
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, cl	

17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

and stop here. The organization qualifies as a publicly supported organization

meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2011

.. . ... . . . . .

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	58,908.	70,374.				129,282.
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organization'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.
7a	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.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						2 336 815.
	ction B. Total Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	1,154,685.	1,182,130.				2,336,815.
10a	Gross income from interest, 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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)		1,182,130.			<u> </u>	2,336,815.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, third	d, fourth, or fifth	tax year as a sectio	n 501(c)(3) orgar	nization,
_	check this box and stop here .	<del> </del>		<u> </u>		·	. ▶∟
Se	ction C. Computation of Pub	ic Support Pe	rcentage			<del></del>	
15	Public support percentage for 2011 (	line 8, column (f) d	ivided by line 13, c	olumn (f))		15	100.00 %
<u>16</u>						16	<u>100.00 %</u>
Se	ction D. Computation of Inve					<del></del>	
17	Investment income percentage for 20	<b>)11</b> (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	.00 %
18	, ,					18	%
198	a 33 1/3% support tests - 2011. If the						e 17 is not
	more than 33 1/3%, check this box a	and stop here. The	e organization qual	fies as a publicly	supported organiz	ation	►\X
ı	o 33 1/3% support tests - 2010. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization						<b>▶</b> □

## SCHEDULE D

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** SELF STORAGE ASSOCATION FOUNDATION 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. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year . .... 4 5 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 education) 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 a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? 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 > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 (ASC 958), 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 (ASC 958), 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 2 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sched		RAGE ASSO				3-0594425 Page 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Historical	Treasures, or		
3	Using the organization's acquisition, accession	n, and other record	ls, check any of	the following that a	re a significant use	of its collection items
	(check all that apply).					
а	Public exhibition	d		exchange programs		
b	Scholarly research	е	Other_			
C	Preservation for future generations					
	Provide a description of the organization's co					in Part XIV.
	During the year, did the organization solicit or				simılar assets	
	to be sold to raise funds rather than to be ma				<u> </u>	Yes No
Par	t IV Escrow and Custodial Arrang		ete if the organi	zation answered "Ye	es" to Form 990, P	art IV, line 9, or
	reported an amount on Form 990, Part					
1a	Is the organization an agent, trustee, custodia			utions or other asset	ts not included	
_						Yes No
b	If "Yes," explain the arrangement in Part XIV a	and complete the to	ollowing table:			A
	Burtan as halous				1	Amount
	Beginning balance	•		•	1c	
d	Additions during the year	•			. <u>1d</u>	
e	Distributions during the year		•	• •	1e	
T 0-	Ending balance				1f	Yes No
	Did the organization include an amount on Fo					. L Tes L No
Par	t V Endowment Funds. Complete if		nswered "Ves" t	o Form 990. Part IV	line 10	
. u.	E la Ella Willow La alla Complete il	(a) Current year	(b) Prior yea			rs back (e) Four years back
1a	Beginning of year balance	(a) outlett year	(b) i noi yee	(0) 1770 youro c	(a) Third you	(C) Today your Daok
h	Contributions					
0	Net investment earnings, gains, and losses					
4	Grants or scholarships					
u	Other expenditures for facilities					
C	and programs					
f	Administrative expenses					
a	End of year balance	,				
2	Provide the estimated percentage of the curr	ent vear end balance	ce (line 1a. colui	nn (a)) held as:		
_ a	Board designated or quasi-endowment		%	<b>\</b> "		
b	Permanent endowment	%				
c	Temporarily restricted endowment	<u></u> %				
-	The percentages in lines 2a, 2b, and 2c shou	id equal 100%.				
За	Are there endowment funds not in the posses		ation that are h	eld and administered	d for the organizat	ion
	by:	_				Yes No
	(i) unrelated organizations					. 3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	listed as required	on Schedule R?			3b
4	Describe in Part XIV the intended uses of the					
Pai	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X, line 10	D		
	Description of property	(a) Cost or obasis (invest		Cost or other asis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land					
	Buildings					
	Leasehold improvements					
	Equipment					
е	Other					
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, column (B),	line 10(c).)	, , , , ,	0.

03-0594425 Page 3

	dule D (Form 990) 2011 SELF STORAGE ASSOCATION FOU	NDAT	<u>'ION</u>			<u>)594425</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audite	d Finan	cial St	atement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			<u>,686.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			<u>,371.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		6	<u>,315.</u>
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
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			,315.
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	nts Wi	th Reve	nue pe	r Return		<u>-</u>
1	Total revenue, gains, and other support per audited financial statements				1	804	<u>,686.</u>
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					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	804	,686.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		<u>,686.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expe	enses	per Retu		
1	Total expenses and losses per audited financial statements				. 1	798	,371.
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					
c	Other losses	2c					
d	Other (Describe in Part XIV.)	2d_					
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1		· · · · · · · · · · · · · · · · · · ·		3	798	,371.
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		0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	798	<u>,371.</u>
Pa	rt XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	, lines 1	a and 4; P	art IV, lin	es 1b and	2b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl						
			<del></del>				

### **SCHEDULE O**

. .

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

Inspection

Name of the organization

SELF STORAGE ASSOCATION FOUNDATION

Employer identification number 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 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:
PHYLLIS MCARTHUR - 2000 E. 3RD AVE, SAN MATEO, CA 94404
RICHARD TANNER - 725 PARK CENTER DRIVE, MATTHEWS, NC 28105
JOANNE GEILER - 2875 NEWMANS LANE, HOLLADAY, UT 84121
FOY R. COOLEY - 359 SAN MIGUEL, SUITE 304, NEWPORT BEACH, CA 92660
JEFFERSON SHREVE - 208 GATES ROAD, LITTLE FERRY, NJ 27643
KENNETH WOOLEY - PO BOX 70, BLOOMINGTON, IN 47402
MARC M. SMITH - 1901 N. BEAUREGARD ST, ALEXANDRIA, VA 22311