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Department of the Treasury 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)

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

Open to Public Inspection

A	For the	2012 calendar year, or tax year beginning a	nd ending						
_	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addres	S SELF STORAGE ASSOCATION FOUNDATION							
	Name change			03-0	594425				
	lnıtıal return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone number					
	Termin		450	•	575-8000				
	Ameno			G Gross receipts \$	849,434.				
	Applic	ALEXANDRIA, VA 22311		H(a) Is this a group re					
	pendir	F Name and address of principal officer.MICHAEL T. SCANLO	ON	for affiliates?					
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No				
ī	Tax-exe	empt status: X 501(c)(3)	(1) or 52	If "No," attach a	list. (see instructions)				
J		e: > WWW.SELFSTORAGE.ORG		H(c) Group exemption					
K	Form of	organization: Corporation Trust X Association Other	L Yea	r of formation: 1975 N	State of legal domicile: VA				
F	art I	Summary							
ď	, 1	Briefly describe the organization's mission or most significant activities: THE	E PURPO	SE OF THE CO	RPORATION				
Š		<u>IS TO OPERATE EXCLUSIVELY FOR CHARITAB</u>	LE, SCI	ENTIFIC, LIT	ERARY, OR				
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or dis	sposed of mo	re than 25% of its net as	sets.				
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	12				
ري د	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	12				
v.	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0				
<u> </u>	6	Total number of volunteers (estimate if necessary)		6	0				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
a	, в	Contributions and grants (Part VIII, line 1h)		0.	0.				
]≾ Revenue	9	Program service revenue (Part VIII, line 2g)		804,686.	849,434.				
യ ഉ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
2013 هم	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
~ ∞ —		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	2) . [804,686.	849,434.				
ະຍ — ≕1	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
∋ ,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	0.	0.				
ر س	16a	Professional fundraising fees (Part IX, column (A), line 11e)	Í	0.	0.				
	ь	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	_					
Z ú	17	Other expenses (Part IX, column (A) lines 11a-11d 11f-24e)		798,371.	850,883.				
	18	Total expenses. Add lines 13-17 (must equal Part X, column A) ine 25/		798,371.	850,883.				
Ï	19	Revenue less expenses Subtract line 18 from line 12	<i>j</i>	6,315.	<1,449.>				
SCANNED JUN System of Assets of	8		ြိတ္တြဲ	Beginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)	Ö F	240,577.	343,439.				
Ass	ත් වේ 21	Total liabilities (Part X, line 26)	(S)	169,892.	274,201.				
jet	22	Net assets or fund balances. Subtract line 21 from line 20 (5) 135		70,685.	69,238.				
	art II	Signature Block	l						
Ur	der pena	lities of perjury, I declare that I have examined this return, including accompanying sche	dules and state	ments, and to the best of m	y knowledge and belief, it is				
		t, and complete, Deelaratop of preparer (other than officer) is based on all information (,				
		11/Schiles X//		5.13	5. 13.				
Si	gn	Signature of officer		Date					
	ere	MICHAEL T. SCANLON, PRESIDENT							
•		Type or print name and title							
		Print/Type preparer's name Preparer's signature	~ set	Pate Check Check	PTIN				
Pa	id	/ Port		AV 1 0 2013 II self-employ	P00574641				
	eparer	Firm's name HALEY & ASSOCIATES, LLC		Firm's EIN	55-0810153				
	e Only	Firm's address 5000 SUNNYSIDE AVENUE #300							
		BELTSVILLE, MD 20705		Phone no. 3	01-595-5600				
<u></u>	av the II	RS discuss this return with the preparer shown above? (see instructions)		11.1101101101	X Yes No				
	2001 12-1		uctions.	<u></u> _	Form 990 (2012)				
23	12"				(-012)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	,		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		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		X
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		_x_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
	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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		x_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		x
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	X	
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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 and XII is optional	12b		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>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	i	1	}
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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 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,"		1	
	complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	900	(2012)

				$\overline{}$
04	Did the executation was at many than \$5,000 of supple and other assistance to any government as executance in the	 	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	04		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		<u> </u>
~~	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		ļ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	· '		
	Schedule J	23	ĺ	x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
	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	1	ļ	ļ
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
	instructions for applicable filing thresholds, conditions, and exceptions):			l
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,		ļ	
	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		1	
	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	1		x
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	\vdash	├ ^
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>52</u>	t^{-}	† ~
33	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, Part II, III, or IV, and	33	1	T **
U T	Part V, line 1	34		X
35a		35a	1	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			T ==
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			T
-	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			T
	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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	Х	<u></u>
		Form	990	/201

a Is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans . . .

c Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012)

X

13a

14a

13b

13c

Part VI Governance, Management, and Disclosure For each "Yes" 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 12		\neg								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		j								
b	Enter the number of voting members included in line 1a, above, who are independent 12		1								
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		X							
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		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	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?										
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		<u> </u>							
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	1 1									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>							
<u>Sec</u>	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u>X</u>							
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		<u>X</u> _							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	ın Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13		<u> </u>							
14	Did 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							
þ	Other officers or key employees of the organization	15b		X							
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1								
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							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			İ							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-									
500	exempt status with respect to such arrangements?	16b	L	<u> </u>							
	List the states with which a copy of this Form 990 is required to be filed NONE										
17	• • • • • • • • • • • • • • • • • • • •	availah									
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)	avaiidl	,, ,								
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)										
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d fina	neiel								
19		iu iiildi	icial								
20	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:									
20	SELF STORAGE ASSOCATION - (703)575-8000	aon.									
	1900 NORTH BEAUREGARD STREET, SUITE 110, ALEXANDRIA, VA 22311										
77777	1200 HORIE DEMONEGAME DIRECT, DOTTE ITO, ADDAMANTA, VA 22311										

Form 990 (2012)	Form	990	(2012)	
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SELF STORAGE ASSOCATION FOUNDATION

03-0594425

Page 7

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

- 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

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 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) Name and Title	(B) Average hours per	Бох	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) WILLIAM F. KENNEY CO-CHAIR	5.00	x						0.	0.	0.
(2) MAURICE POGODA	2.00	x						0.	0.	0.
BOARD MEMBER (3) NANCY GUNNING	2.00	X						0.	0.	
BOARD MEMBER (4) JOANNE GEILER	2.00		-			-				0.
BOARD MEMBER (5) NANCY MARTING	2.00	X		<u> </u>		-		0.	0.	0.
BOARD MEMBER (6) PAUL DARDEN	2.00	X		!	-			0.	0.	0.
BOARD MEMBER (7) JOHN GILLAND	2.00	X				-		0.	0.	0.
BOARD MEMBER (8) MARC M. SMITH	2.00	X			-	-		0.	0.	0.
BOARD MEMBER (9) MICHAEL A. NUNEZ	2.00	X	-			-		0.	0.	0.
BOARD MEMBER (10) ROBERT SCHOFF	2.00	-	-	-		-		0.	0.	0.
BOARD MEMBER (11) TIM HOBIN	0.00	1	-		-		-	0.	0.	0.
BOARD MEMBER	0.00	-		_	-	-	-	0.	0.	0.
(12) BARRY HOEVEN BOARD MEMBER	0.00	-		-		-		0.	0.	0.
		-			-					
		_								
		-								

orm	<u>9</u> 90 (2	2012)		SELF	STOE	RAGE ASS	500	CAI	יוכ	N	FC	TU(NDATION	03-05	9442	5	Pag	ge 8
Par													ompensated Employe					
			(A)	<u></u>	•	(B)			((,	(D)	(E)		(F)		
			and title			Average	Position (do not check more than one					nna	Reportable	Reportable		Estin	nated	i
					•	hours per	ьох	, unle	ss pe	rson (s boti	n an	compensation	compensation			unt o	f
						week	H	Cer all	luau	1 60.10	I/Bus	.00)	from	from related			her	
						(list any hours for	ilect(1					the organization	organizations (W-2/1099-MISC			nsati n the	ion
						related	5 0 0	stee			ısate		(W-2/1099-MISC)	(11-27 1000 111100	-		izatio	n
						organizations	Individual trustee or director	Institutional trustee) de	Highest compensated employee		(,			_	elate	
						below	la ua	tat	تة	Key employee	est co loyee	, je			or	ganı	zatio	ns
						line)	É		Officer	Key	E B	Former						
]	Ì		ĺ				,	- 1			
	_							L.										
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	_							L.										
							<u> </u>											
1b	Sub-	total .									\triangleright		0.		0.			0.
С	Total	from conti	inuation s	heets to	Part Vi	I, Section A							0.		0.			0.
d		(add lines									>		0.	· · · · · · · · · · · · · · · · · · ·	0.			0.
2	Total	number of	indıvıduals	s (ıncludır	ng but n	ot limited to th	nose	liste	ed a	bov	e) wł	o re	eceived more than \$100	0,000 of reportable				
	comp	ensation from	om the org	ganizatıoı	n 🕨													0
																<u> </u>	es	No
3								e, ke	ey er	mplo	oyee	or	highest compensated e	mployee on				
	lıne 1	a? If "Yes,"	complete	Schedul	e J for s	uch individual									3	4		<u>X</u>
4													ner compensation from	the organization		-	i	
	and r	elated orga	nızations (greater th	nan \$15	0,000? If "Yes,	," cc	ompl	ete :	Sch	edul	9 <i>J</i> 1	or such ındivıdual	•	. 4	<u>. </u>		<u>X</u>
5						•				-		elat	ed organizatıon or indiv	ridual for services		ļ)	
					es," com	plete Schedu	e J	for s	uch	pen	son_				5			<u>X</u>
Sec		. Independ																
1		-	-	_									hat received more than		ensatio	n fro	m	
	the o	rganization	. Report co	ompensa	tion for	the calendar y	/ear	end	ıng v	<u>with</u>	or w	<u>uthir</u>	n the organization's tax	year.				_
			Mar		(A)				_				(B)		C	(C)		
			ivai	ne and b	usiness	address	N	ON:	<u>E</u>				Description of	services	Com	pens	Salioi	·
																_		
								-				\dashv						
]						
												\dashv					~	
														1				
						<u> </u>												

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

03-0594425 Form 990 (2012) SELF STORAGE ASSOCATION FOUNDATION Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (C) Unrelated Related or Total revenue exempt function business revenue revenue Federated campaigns 1a Membership dues 1b c Fundraising events 1¢ 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** 2 a PUBLICATIONS 511190 487,981. 487,981 Program Service Revenue 611710 361,453. 361,453. b EDUCATION All other program service revenue 849,434. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) 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 \$ 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

849,434.

849,434

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
	Check if Schedule O contains a respons		s Part IX	(C)							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) 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	<u> </u>									
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 403(b) employer contributions)	-	-								
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees).										
a	Management										
b	Legal				·						
Ç	Accounting _										
d	Lobbying	- -									
e	Professional fundraising services. See Part IV, line 17 Investment management fees										
-	Other. (If line 11g amount exceeds 10% of line 25,										
8	column (A) amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion	-	-								
13	Office expenses	- -									
14	Information technology										
15	Royalties										
16	Occupancy			-	-						
17	Travel										
18	Payments of travel or entertainment expenses	-			<u>-</u>						
	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. (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	516,933.	516,933.		·						
h	EDUCATION	182,201.	182,201.								
	INTERCOMPANY EXPENSES	94,205.	94,205.	_							
d	ARTITO DOCCOLUZADO	57,544.	57,544.								
-	All other expenses	3.,322.	<u> </u>								
25	Total functional expenses. Add lines 1 through 24e	850,883.	850,883.	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)										

Form 990 (2012)
Part X | Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X .	T ::		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	139,840.	1	220,509.
Ĭ	2	Savings and temporary cash investments	L	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	82,814.	4	102,962.
ľ	5	Loans and other receivables from current and former officers, directors,		- 1	
		trustees, key employees, and highest compensated employees. Complete		ŀ	
		Part II of Schedule L		5	
1	6	Loans and other 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 instr) Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,071.	8	2,071.
`	9	Prepaid expenses and deferred charges	5,852.	9	10,683.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	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	10,000.	15	7,214.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	240,577.	16	343,439.
	17	Accounts payable and accrued expenses	896.	17	1,700.
	18	Grants payable		18	
	19	Deferred revenue	46,120.	19	41,715.
	20	Tax-exempt bond liabilities		20	
တ္သ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
abi		key employees, highest compensated employees, and disqualified persons.			
=		Complete Part 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 (including federal income tax, payables to related third			
	ļ	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	122,876.		<u>230,786.</u>
	26	Total liabilities. Add lines 17 through 25	169,892.	26	<u>274,201.</u>
		Organizations that follow SFAS 117 (ASC 958), check here			1
es	l	complete lines 27 through 29, and lines 33 and 34.		1 1	
SE.	27	Unrestricted net assets	<111,530.	>27	<u><50,422.</u> >
3ala	28	Temporarily restricted net assets .	182,215.	28	<u>119,660.</u>
βĒ	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
þ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	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		32	
Z	33	Total net assets or fund balances	70,685.		69,238.
	34	Total liabilities and net assets/fund balances	<u>240,577.</u>	34	343,439. Form 990 (2012)

	990 (2012) SELF STORAGE ASSOCATION FOUNDATION	<u>03-0594</u>	<u> 425</u>	Pag	<u>е 12</u>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
	Total revenue (must sevel Port VIII. côlume (A) line 10)	•	84	9,4	34.
1	Total revenue (must equal Part VIII, column (A), line 12)	2		0,8	
2	Total expenses (must equal Part IX, column (A), line 25)	3			49.
3	Revenue less expenses. Subtract line 2 from line 1	4			85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			0,0	03.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			2.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	_10	6:	9,2	<u> 38.</u>
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				
	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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		ŀ		
h	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis.	-		
	consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			i
C	review, or compilation of its financial statements and selection of an independent accountant?	o dadan,	2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	adula O			
0-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
3a		ngie Addit	3a		x
	Act and OMB Circular A-133?	irod audit	Sa		<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	med addit	3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			990	(2012)
			Form	330	(2012)

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

		SELF ST	ORAGE ASSOCA	TION 1	FOUND	MOITA			0:	3-0594	425	
Part I	Reason f	or Public Chari	ty Status (All organiza	ations mus	t complete	this part.) See instr	uctions.				
he organ			pecause it is: (For lines 1									
1 🗔	A church, cor	vention of churches	, or association of churc	hes descr	ibed in se d	ction 170(b)(1)(A)(i).					
2 🔲	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	nedule E.)								
з 🔲	A hospital or a	a cooperative hospit	al service organization d	lescribed i	n section	170(b)(1)(A)(iii).					
4 🔲	A medical res	earch organization o	perated in conjunction v	with a hosp	ortal descri	bed in se d	ction 170(b)(1)(A)(iii)). Enter t	he hospital'	s name	∍,
	city, and state	ə:										
5 🔲	An organization	on operated for the l	penefit of a college or un	iversity ov	ned or op	erated by	a governn	nental unit	describe	ed in		
	section 170(b)(1)(A)(iv). (Comple	te Part II.)									
6 🔲	A federal, stat	te, or local governme	ent or governmental unit	described	l in sectio	n 170(b)(1)(A)(v).					
7 🗀	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (Complete Part II)											
в 🔛	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II)							
9 X	An organization	on that normally rec	eives: (1) more than 33 1	/3% of its	support fr	om contrit	outions, m	embership	fees, ar	nd gross rec	eipts f	rom
	activities relat	ted to its exempt fur	ctions - subject to certain	in exceptio	ons, and (2	?) no more	than 33 1.	/3% of its	support	from gross	ınvestr	nent
	income and u	nrelated business ta	axable income (less secti	ion 511 ta	x) from bus	sinesses a	cquired by	y the orgar	nization a	after June 3	0, 197	5.
	See section !	509(a)(2). (Complete	Part III.)									
10	_		erated exclusively to tes	= -	-			-				
11 📖	=	=	erated exclusively for th									r
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that											
	describes the type of supporting organization and complete lines 11e through 11h.											
	a Type I		· -	/pe III · Fur	-		. d			n-functionall		
e	-		t the organization is not		-							1
		-	han one or more publicly		_				(a)(1) or	section 509	(a)(2).	
f	_		ten determination from t	ne ins tha	ititis a Ty	рет, туре	ii, or Type	111				
_	• • •	ganization, check the		v aift or o	anteho etion	 from any	of the follo	William pare	one?		•	
g	_		rganization accepted an irectly controls, either ale								Yes	No
			upported organization?	one or tog	etilei witii	persons a	oscilbed i	ii (ii) aiia (i	ii, Delett,	11g(i)	163	110
	-		described in (i) above?				٠			11g(ij)		
		•	person described in (i) of		•?				•	11g(iii)		
h	• •	•	about the supported org		-		• •					
••	1 101140 1110 1	one tring intermedia		J u .	(-).							
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	the	(vii) Amount of moneta					
	ganization	(11,) = 114		in col. (i) lis	sted in your	organizat	ion in col.	organizatio	on in col. ed in the		port	iotal y
`	-		above or IRC section	governing	document?	(i) of your	support?	`` U.S.	.?			
			(see instructions))	Yes	No	Yes	No	Yes	_ No			
					l							
						!			!			
								<u> </u>				
				ļ	1	ł		İ	i			
	· · · · · · · · · · · · · · · · · · ·											

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2010 (d) 2011 (e) 2012 (f) Total (a) 2008 (b) 2009 Calendar 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 Total, Add lines 1 through 3 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 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 1

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		9
15	Public support percentage from 2011 Schedule A, Part II, line 14	15		9
16a	33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, c	heck this box and	
	stop here. The organization qualifies as a publicly supported organization			
b	33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or m	ore, check this box	
	and stop here. The organization qualifies as a publicly supported organization			
17a	10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, a	and lir	e 14 is 10% or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Par	t IV h	ow the organization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
t	10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 1	17a, a	nd line 15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	ın Pa	rt IV how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	ınizati	on .	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd se	e instructions	▶□

(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)

Se	ction A. Public Support	1					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received (Do not	1			,		
	ınclude any "unusual grants ")	70,374.					70,374.
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	1,111,756.					1,111,756.
3	Gross receipts from activities that	1					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities			ļ			
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,182,130.					1,182,130.
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
ı	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					1	
	amount on line 13 for the year						0.
	c Add lines 7a and 7b						0.
_8	Public support (Subtract line 7c from line 6)			<u> </u>			1,182,130,
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,182,130.					1,182,130.
10	a Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
	b Unrelated business taxable income			1			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<u> </u>	
	c Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is			1			
	regularly carried 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)			J			1,182,130.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) orgar	nization,
_	check this box and stop here					•	
Se	ection C. Computation of Pub	<u>lic Support Pe</u>	rcentage			ТГ	
	Public support percentage for 2012	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	100.00 %
	Public support percentage from 201					16	<u>100.00 %</u>
	ection D. Computation of Inve						
17	Investment income percentage for 2			ine 13, column (f))	·	17	.00 %
18						18	%
19	a 33 1/3% support tests - 2012. If the						17 is not
	more than 33 1/3%, check this box a						▶ X
	b 33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, ch						on 🏲 📙
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see I	nstructions	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Financial Statements

Complete if the organization answered "Ves " to Form 990"

➤ 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. 2012 2012 Open to Public

Inspection

Name of the organization

SELF STORAGE ASSOCATION FOUNDATION

Employer identification number 0.3-0.59442.5

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
_	are the organization's property, subject to the organization's	=	Yes No
6	Did the organization inform all grantees, donors, and donor ad	-	e used only
_	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	, , ,	Yes No
Pai		anization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		nistorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	m of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, reli	eased, extinguished, or terminated by t	he organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located >	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durit	ng the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 17	70(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	f 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 (AS	•	
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	oublic 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 tre	asures, or other similar assets for financ	cial gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. \$
b	Assets included in Form 990, Part X		> \$

		RAGE ASSO								Page 2
Par	- 3-3									
3	Using the organization's acquisition, accessio	n, and other record	ds, check ar	ny of the f	following that	are a sig	nıfıcant	use of its o	collection i	items
	(check all that apply):									
а	Public exhibition		ı 🔲 Loa	an or exch	nange prograr	ns				
b	Scholarly research	•	• 🔲 Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's col	llections and expla	in how they	further th	ne organizatio	n's exem	pt purpo	ose in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, histo	rical treas	sures, or othe	r sımılar a	assets		_	
	to be sold to raise funds rather than to be ma	intained as part of	the organiza	ation's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the or	ganizatıoı	n answered "\	Yes" to F	orm 990	, Part IV, I	ne 9, or	
	reported an amount on Form 990, Part	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for co	ntribution	s or other ass	ets not i	ncluded		_	
	on Form 990, Part X?							\square	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing tab	le:						
	, ,								Amount	
С	Beginning balance						1c_			
	Additions during the year			_			1d			
	Distributions during the year						. 1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.			nas been	provided in P	art XIII				
Par	t V Endowment Funds. Complete if	the organization a	nswered "Y	es" to Fo	rm 990, Part I	V, line 10).			
		(a) Current year	(b) Prio	r year	(c) Two years	s back (d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses						<u> </u>			
d	Grants or scholarships									
е	Other expenditures for facilities	_				1				
	and programs									
f	Administrative expenses									
q	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organi	zation that	are held a	and administe	red for th	ne organ	ızatıon	_	
	by.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				•			•	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Schedu	le R?				•	3b	
4	Describe in Part XIII the intended uses of the	organization's end	dowment fu	nds.		_				
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 99	00, Part X, li	ne 10.						
	Description of property	(a) Cost or basis (inves			t or other (other)		ccumulat preciation		(d) Book	value
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment									_
е	Other									
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	rt X, columr	(B), line	10(c).)			•		0.

Schedule D (Form 990) 2012 SELF STORAG	E ASSOCATION	ON FOUNDATION	03-0594425 Page
Part VII Investments - Other Securities. Se			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation. Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
()		_	· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. S			
(a) Description of investment type	(b) Book value	(c) Method of valu	ation. Cost or end-of-year market value
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)	-		
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15		
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		<u> </u>	
(6)			
(7)		·····	
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		>
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) INTERCOMPANY LIABILITIES	(DUE SSA)	230,786.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 25.)	230,786.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the to			statements that reports the organization's
liability for uncertain tax positions under FIN 48 (ASC			

	dule D (Form 990) 2012 SELF STORAGE ASSOCATION FOR	UNDATIO	1		594425	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts with H	evenue per i		949	434.
1	Total revenue, gains, and other support per audited financial statements			1	043	434.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	امدا				
a		2a		- J		
b	Donated services and use of facilities	2b		- 1		
C	Recoveries of prior year grants	2c		-		
d	,	2d		┥ . ╽		^
е	Add lines 2a through 2d	•		2e	242	424
3	Subtract line 2e from line 1	•		3	849	434.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4 1		
b	Other (Describe in Part XIII.)	4b		J 1		
C	Add lines 4a and 4b		•	4c		<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		434.
<u>Pa</u>	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses pe	r Retui		
1	Total expenses and losses per audited financial statements			1	850_	883.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.					
а	Donated services and use of facilities	2a		1 1		
b	Prior year adjustments	2b		7		
c	Other losses	2c		1		
d		2d		7		
	Add lines 2a through 2d	20		2e		0 -
	Subtract line 2e from line 1		•	3	850	883.
3			•		030	,005.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا ـه ا				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1		
	Other (Describe in Part XIII.)	4b		┥. ╽		^
	Add lines 4a and 4b		•	4c	050	002
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		·	5	850	<u>,883.</u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to					4, Fait
				Sched	dule D (Form	990) 201

SCHEDULE O (Form 990 or 990-EZ)

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.

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SELF STORAGE ASSOCATION FOUNDATION

Employer identification number 03-0594425

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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:
MAURICE POGODA - 1901 NORTH BEAUREGARD STREET 450, ALEXANDRIA, VA 22311
NANCY GUNNING - 1901 NORTH BEAUREGARD STREET 450, ALEXANDRIA, VA 22311
JOANNE GEILER - 1901 NORTH BEAUREGARD STREET 450, ALEXANDRIA, VA 22311
NANCY MARTING - 1901 NORTH BEAUREGARD STREET 450, ALEXANDRIA, VA 22311
PAUL DARDEN - 1901 NORTH BEAUREGARD STREET 450, ALEXANDRIA, VA 22311
JOHN GILLAND - 1901 NORTH BEAUREGARD STREET 450, ALEXANDRIA, VA 22311
MARC M. SMITH - 1901 NORTH BEAUREGARD STREET 450, ALEXANDRIA, VA 22311

Schedule O (Form 990 or	990-EZ) (20	12)				_	Page 2
Name of the organization	SELF	STORAGE	ASSOCATION	FOUNDATION	<u> </u>	Employer identifi 03-0594	cation number
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232212 01-04-13	-				Sch	edule O (Form 990 o	r 990-EZ) (2012)