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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 private foundations) Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

<u> </u>	For th	e 2013 calendar year, or tax year beginning	and ending		
В	Check if applicab	C Name of organization		D Employer identifica	ation number
	Addre	SELF STORAGE ASSOCATION FOUNDATION			
	Name	Doing Business As		03-05	94425
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termi ated	1901 NORTH BEAUREGARD STREET	450	703-5	<u> 75-8000 </u>
	Amer return	City or town, state or province, country, and ZIP or toreign postal code	•	G Gross receipts \$	<u>896,102.</u>
	Appli-	ALEXANDRIA, VA 22311		H(a) Is this a group ret	
	pend	F Name and address of principal officer:MICHAEL T. SCANL	ON	for subordinates?	. Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
			a)(1) or 527	If "No," attach a li	st. (see instructions)
<u>J</u> '	Websi	te: ► WWW.SELFSTORAGE.ORG		H(c) Group exemption	
_		forganization: Corporation Trust X Association Other	L Year	of formation: 1975 M	State of legal domicile: VA
P	art [Summary			
ģ	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathbf{T}}\underline{\mathbf{H}}$			
20 Activities & Governance	1	IS TO OPERATE EXCLUSIVELY FOR CHARITAB	LE, SCIE	NTIFIC, LITE	RARY, OR
Ë	2	Check this box if the organization discontinued its operations or d	lisposed of more	than 25% of its net ass	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	12
92	4	Number of independent voting members of the governing body (Part VI, line	1b)	. 4	12
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
Ϋ́	6	Total number of volunteers (estimate if necessary)			0
Ę∕Ş	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		7 ⁽ . 7b	<u> </u>
~ ∣	ļ	Contributions and grants (Part VIII, line 1h)	1 4 2014	Prior Year	Current Year
≅ 6	8	Contributions and grants (Part VIII, line 1h)	2 2 2017	0.	0.
	9	Program service revenue (Part VIII, line 2g)		JE 849,434.	896,102.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	DEM, UT	0.	0.
— α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10.	0.
긜.	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	849,434.	896,102.
Expenses Expenses	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.
∑§	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	-10)	0.	<u> </u>
ωğ.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×pe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		850,883.	825,115.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		850,883.	<u>825,115.</u>
		Revenue less expenses. Subtract line 18 from line 12 .		<1,449.>	<u>70,987.</u>
S OF	}		Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		343,439.	521,826.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<u> </u>	274,201.	381,601.
		Net assets or fund balances Subtract line 21 from line 20		69,238.	140,225.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying scho			knowledge and belief, it is
true	correc	et, and complete. Declaration of propage (other than officer) is based on all information	of which preparer	has any knowledge.	00-111
		Signature of officer		Date	, 1 - 2014
Sig				Date (/
Her	е	MICHAEL T. SCANLON, PRESIDENT Type or print name and title			
				Date Check	TI DTINI
D - 1 -	,	Print/Type preparer's name	ADD	2 3 2014	PTIN
Paid		TOTAL PROPERTY OF THE PROPERTY	Fam 10		P00574641
	1918	Firm's name HALEY & ASSOCIATES, LLC		Firm's EIN	55-0810153
use	Only	Firm's address 5000 SUNNYSIDE AVENUE #300		204	EOE
		BELTSVILLE, MD 20705		Phone no. 3 0 1	<u>-595-5600</u>
May	tne if	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

<u>Forn</u>		<u>3-0594425</u>	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	THE PURPOSE OF THE CORPORATION IS TO OPERATE EXCLUSIVELY F	iOD	
	CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES		
	IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986	<u>AS AMENI</u>	ED.
2	Did the organization undertake any significant program services during the year which were not listed on		
_			es X No
	the prior Form 990 or 990-EZ?	T (es LALINO
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	\ Y (es X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to the organization of the	sured by expen-	206
-			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	ne total expense	s, and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 825,115. including grants of \$) (Revenue \$)	<u> </u>	<u>,102.</u>)
	EXPENSES INCURRED IN CONNECTION WITH THE PROGRAM MISSION		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$))
			
4c	Inda) Investor 6		<u> </u>
TÜ	(Code) (Expenses \$) (Revenue \$)		,
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 825,115.		

If "Yes," com Is the organia Did the organ	ation described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? plete Schedule A ation required to complete Schedule B, Schedule of Contributors? Ization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for If "Yes," complete Schedule C, Part I	1_2	х	
2 Is the organiz 3 Did the organ	ation required to complete Schedule B, Schedule of Contributors? Ization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	Λ.	<u> </u>
3 Did the organ	zation engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2_	, ,	
			-	X
pasio onico		3_		X
	c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect cyear? If "Yes," complete Schedule C, Part II	4		X
•	ation a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	nts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6 Did the organ	ızation maıntain any donor advısed funds or any similar funds or accounts for which donors have the right to			
	e on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I ization receive or hold a conservation easement, including easements to preserve open space,	6		<u> </u>
	ent, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8 Did the organ	ization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
	ization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		
amounts not	listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Delete Schedule D, Part IV	9		x
	ization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11 If the organization	ation's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
as applicable				
a Did the organ Part VI	ization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		X
	ization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
•	ed in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 <u>b</u>		<u>X</u>
_	exation report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	ed in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
•	ization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in ? If "Yes," complete Schedule D, Part IX	444	v	
	ization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	
	ization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	^	
	on's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	ization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111		
	Parts XI and XII	12a	i	Х
	nızation included in consolidated, independent audited financial statements for the tax year?			
-	f the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	X
13 Is the organiz	ation a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a Did the organ	ization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organ	ization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	
investment, a	nd program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	es," complete Schedule F, Parts I and IV	14b		X
_	ization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
• •	zation? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
	ization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to ndividuals? If "Yes," complete Schedule F, Parts III and IV	16		x
•	ization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
column (A), lir	es 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
_	zation report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines "Yes," complete Schedule G, Part II	18		X
	zation report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		_ <u></u> _
	edule G, Part III	19	}	X
	zation operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	- Chooking of Hodging Concards (Concards)			
	Pitti		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		[T.
~~	government 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 or 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	122	 	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<u> </u>
C	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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			ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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	20		
_,	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1		1
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	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			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u></u>		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b_		<u> </u>
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_		<u> </u>
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			v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>X</u> _
∞	Note. All Form 990 filers are required to complete Schedule O	38	x	
		 _		

03-0594425

 1a Enter the number reported in Box 3 of Form 1096. Enter the number of Forms W-2G included in line 1a. c Did the organization comply with backup withholding (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W filled for the calendar year ending with or within the y b If at least one is reported on line 2a, did the organization Note. If the sum of lines 1a and 2a is greater than 25 and the organization have unrelated business gross if If "Yes," has it filled a Form 990-T for this year? If "Note At any time during the calendar year, did the organization and in a foreign country (such as a band of If "Yes," enter the name of the foreign country: ► See instructions for filling requirements for Form TD Form Was the organization a party to a prohibited tax shell be Did any taxable party notify the organization that it will be Did any taxable party notify the organization file Form Companization that were not tax deductible as child if "Yes," to line 5a or 5b, did the organization file Form Companizations that were not tax deductible as child if "Yes," did the organization include with every solic were not tax deductible?	Enter -0- if not applicable g rules for reportable payments to vendors an	ta C 1b C d reportable gaming)	Yes	No
 b Enter the number of Forms W-2G included in line 1a. c Did the organization comply with backup withholding (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form Willed for the calendar year ending with or within the yilled for the calendar year ending with or within the yilled for the calendar year ending with or within the yilled for the calendar year ending with or within the yilled for the calendar year ending with organization Note. If the sum of lines 1a and 2a is greater than 25 and 25 bif "Yes," has it filed a Form 990-T for this year? If "Note that are during the calendar year, did the organization financial account in a foreign country (such as a band bif "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD Form Was the organization a party to a prohibited tax shell bid any taxable party notify the organization that it will be Did any taxable party notify the organization file Form 5a Was the organization have annual gross receipts the any contributions that were not tax deductible as child if "Yes," did the organization include with every solic were not tax deductible? 7 Organizations that may receive deductible contributions that may receive deductible contributions. b If "Yes," did the organization notify the donor of the vector of the organization sell, exchange, or otherwise dispersions. c Did the organization sell, exchange, or otherwise dispersions. d If "Yes," indicate the number of Forms 8282 filed during the donor. 	Enter -0- if not applicable g rules for reportable payments to vendors an	d reportable gaming)) 		
 c Did the organization comply with backup withholding (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W filed for the calendar year ending with or within the y b If at least one is reported on line 2a, did the organization. Note. If the sum of lines 1a and 2a is greater than 25 and 25 b If "Yes," has it filed a Form 990-T for this year? If "Note and a the organization have unrelated business gross in the sum of lines 1a and 2a is greater than 25 and the organization have unrelated business gross in the sum of lines 1a and 2a is greater than 25 and the organization that it was a bank of the organization and the organization for filing requirements for Form TD Form TD	g rules for reportable payments to vendors and the second	d reportable gaming	<u>)</u>		
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 b If at least one is reported on line 2a, did the organization Note. If the sum of lines 1a and 2a is greater than 25 and Did the organization have unrelated business gross in the lift "Yes," has it filed a Form 990-T for this year? If "Note 4a At any time during the calendar year, did the organization financial account in a foreign country (such as a band by the lift "Yes," enter the name of the foreign country:	•	22			
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 b If "Yes," has it filed a Form 990-T for this year? If "Notate At any time during the calendar year, did the organization financial account in a foreign country (such as a band bill "Yes," enter the name of the foreign country: ►	50, you may be required to <i>e-file</i> (see instruction	ons)			
 At any time during the calendar year, did the organize financial account in a foreign country (such as a band). If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F. Was the organization a party to a prohibited tax shell be Did any taxable party notify the organization that it was any contributions that were not tax deductible as changed by the organization that were not tax deductible as changed by the organization that were not tax deductible as changed by the organizations that may receive deductible contributions that may receive deductible contributions. Did the organization receive a payment in excess of \$75 may be fired to the organization sell, exchange, or otherwise displaced to file Form 8282?		••	_3a_	[[<u>X</u>
financial account in a foreign country (such as a ban b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F Was the organization a party to a prohibited tax shell b Did any taxable party notify the organization that it will be considered in the form of	o," to line 3b, provide an explanation in Schedi	ule O	3b		
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 5a Was the organization a party to a prohibited tax shell b Did any taxable party notify the organization that it w c If "Yes," to line 5a or 5b, did the organization file Fore 6a Does the organization have annual gross receipts the any contributions that were not tax deductible as che b If "Yes," did the organization include with every solice were not tax deductible? 7 Organizations that may receive deductible contrib a Did the organization receive a payment in excess of \$75 ma b If "Yes," did the organization notify the donor of the w c Did the organization sell, exchange, or otherwise disp to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed dur	ation have an interest in, or a signature or oth	er authority over, a			
See instructions for filing requirements for Form TD F 5a Was the organization a party to a prohibited tax shell b Did any taxable party notify the organization that it w c If "Yes," to line 5a or 5b, did the organization file Fore 6a Does the organization have annual gross receipts the any contributions that were not tax deductible as che b If "Yes," did the organization include with every solic were not tax deductible? 7 Organizations that may receive deductible contrib a Did the organization receive a payment in excess of \$75 ma b If "Yes," did the organization notify the donor of the w c Did the organization sell, exchange, or otherwise disp to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed dur	k account, securities account, or other financi	al account)?	4a		_X_
 Was the organization a party to a prohibited tax shell Did any taxable party notify the organization that it well If "Yes," to line 5a or 5b, did the organization file Fore Does the organization have annual gross receipts the any contributions that were not tax deductible as chell If "Yes," did the organization include with every solice were not tax deductible? Organizations that may receive deductible contributions that may receive deductible contributions that may receive deductible contributions. Did the organization receive a payment in excess of \$75 may If "Yes," did the organization notify the donor of the vector of the organization sell, exchange, or otherwise displayed to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the donor of the vector of the party of the pa					
 b Did any taxable party notify the organization that it was a life "Yes," to line 5a or 5b, did the organization file Ford Does the organization have annual gross receipts the any contributions that were not tax deductible as cheese life "Yes," did the organization include with every solic were not tax deductible?	F90-22.1, Report of Foreign Bank and Financi	al Accounts.			
 c If "Yes," to line 5a or 5b, did the organization file Ford 6a Does the organization have annual gross receipts the any contributions that were not tax deductible as charter of the second of the second of the second of the second of the organization include with every solic were not tax deductible? 7 Organizations that may receive deductible contribution a Did the organization receive a payment in excess of \$75 mays be if "Yes," did the organization notify the donor of the second of the organization sell, exchange, or otherwise displayed to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the second of t	ter transaction at any time during the tax year	?	_5a_		<u> </u>
 6a Does the organization have annual gross receipts the any contributions that were not tax deductible as cheb if "Yes," did the organization include with every solic were not tax deductible? 7 Organizations that may receive deductible contribation a Did the organization receive a payment in excess of \$75 maths if "Yes," did the organization notify the donor of the contribation of the organization sell, exchange, or otherwise displayed in the organization sell, exchange or otherwise displayed in the organization sell, exchange or otherwise displayed in "Yes," indicate the number of Forms 8282 filed during the organization sell. 	as or is a party to a prohibited tax shelter tran	nsaction? .	5b		<u> </u>
any contributions that were not tax deductible as chab if "Yes," did the organization include with every solic were not tax deductible?	m 8886-T?		_5c		
 b If "Yes," did the organization include with every solic were not tax deductible?	at are normally greater than \$100,000, and did	d the organization solicit			
were not tax deductible?			6a		<u> </u>
 Organizations that may receive deductible contribation Did the organization receive a payment in excess of \$75 ma If "Yes," did the organization notify the donor of the vaccious contribation Did the organization sell, exchange, or otherwise displayed to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during 	itation an express statement that such contrib	outions or gifts			
 a Did the organization receive a payment in excess of \$75 ma b If "Yes," did the organization notify the donor of the v c Did the organization sell, exchange, or otherwise disp to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed dur 			_6b_		
 b If "Yes," did the organization notify the donor of the v c Did the organization sell, exchange, or otherwise disp to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed dur 					
 Did the organization sell, exchange, or otherwise dispersion to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed dur 	de partly as a contribution and partly for goods and	services provided to the payor?	7a		<u>X</u>
to file Form 8282?	_		7b		
d If "Yes," indicate the number of Forms 8282 filed dur	pose of tangible personal property for which it	t was required			
			7c		<u>X</u>
 Did the organization receive any funds, directly or inc 	· · · · · · · · · · · · · · · · · · ·	7d		.	
			7e_		
f Did the organization, during the year, pay premiums,	•		7 1		
g If the organization received a contribution of qualified			<u>7g</u>	\longrightarrow	
h If the organization received a contribution of cars, bo			7h	 	
8 Sponsoring organizations maintaining donor advised fund	* ** * * * * * * * * * * * * * * * * * *		_		
organization, or a donor advised fund maintained by a spon		at any time during the year?	8		
9 Sponsoring organizations maintaining donor advis				Ì	
a Did the organization make any taxable distributions u		• • • • • • • • • • • • • • • • • • • •	9a		
b Did the organization make a distribution to a donor, or	donor advisor, or related person?	••••	9b		
10 Section 501(c)(7) organizations. Enter:	Port VIII line 10	100	1	ŀ	
 a Initiation fees and capital contributions included on F b Gross receipts, included on Form 990, Part VIII, line 		10a	1		
11 Section 501(c)(12) organizations. Enter:	12, for public use of club facilities	TOD	i i		
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amoun	ts due or paid to other sources against	114	1		
amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts.	s the organization filing Form 990 in lieu of Foi		12a		
b If "Yes," enter the amount of tax-exempt interest rece		12b			
13 Section 501(c)(29) qualified nonprofit health insura					
a Is the organization licensed to issue qualified health p		** **	13a		
Note. See the instructions for additional information		•••			
b Enter the amount of reserves the organization is requ	-				
organization is licensed to issue qualified health plans	s	13b		- 1	
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for Indoor			ı T		
b If "Yes," has it filed a Form 720 to report these payme			14a		<u> </u>

SELF STORAGE ASSOCATION FOUNDATION 03-0594425 Form 990 (2013) 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 or note to any line in this Part VI Section 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 1a 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. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b X ... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X 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?... X 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Х 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b 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? Section C. Disclosure

7/	List the states with which a copy of this Form 990 is required to be filed P
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) available
	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)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial
	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 organization:

SELF STORAGE ASSOCATION - (703)575-8000 1900 NORTH BEAUREGARD STREET, SUITE 110, 22311

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

Check if Schedule O contains a response or note to any line 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.
- 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.

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

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	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organizations (W-2/1099-MISC) (W-2/1099-MISC)		compensation from the organization and related organizations
(1) WILLIAM F. KENNEY	5.00	X						0.	0.	0.
BOARD MEMBER	2.00	<u> </u>		_			-			
(2) MAURICE POGODA BOARD MEMBER	2.00	х						0.	0.	0.
(3) NANCY GUNNING	2.00	^					\vdash			
BOARD MEMBER		X						0.	0.	0.
(4) JOANNE GEILER	2.00									
CO-CHAIRPERSON		x						0.	0.	0.
(5) NANCY MARTING	2.00									
SECRETARY		Х						0.	0.	0.
(6) PAUL DARDEN	2.00									
BOARD MEMBER		X						0.	0.	0.
(7) JOHN GILLAND	2.00									
BOARD MEMBER		X						0.	<u> </u>	0.
(8) MARC M. SMITH	2.00									
BOARD MEMBER	l 	X			_	_		0.	0.	0.
(9) MICHAEL A. NUNEZ	2.00				ļ			_		
CO-CHAIRPERSON				_	ļ.—	_	_	0.	0.	0.
(10) ROBERT SCHOFF	2.00								_ [
TREASURER	0 00					-		0.	0.	0.
(11) TIM HOBIN	0.00							0.	0.	^
BOARD MEMBER	0.00				-			0.		0.
(12) BARRY HOEVEN	0.00							0.	0.	0.
BOARD MEMBER			-							<u>U•</u>
						\vdash				
								}	}	
										
										

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
	` (A)	(B)			(6	C)			(D)	(E)			(F)	
	Name and title Average Position Reports (do not check more than one		Reportable	Reportable	,	E:	stimate	ed						
		hours per					tnan Is bot		1	compensation		ar	mount	of
		week	offi	cer ar	nd a c	irecto	or/trus	tee)	from	from related			other	
		(list any	ctor						the	organization	s	com	npensa	ation
		hours for	rdire	_			豆		organization	(W-2/1099-MI	SC)	f	rom th	18
		related	stee o	nstee			25		(W-2/1099-MISC)			org	ganizat	tion
		organizations	individual trustee or director	Institutional trustee	ł	Key employee	Highest compensated employee	ł					d relat	
		below	Mg	ta ta	Officer	ᇤ	plest	Former				org	anizatı	ons
		line)	르	E	₹_	<u>ş</u>	훌륭	Ē		· ·				
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	Sub-total		L		<u> </u>	L			0.		0.	-		0.
									0.		0.			0.
	Total from continuation sheets to Part V	i, Section A		••		•			0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n	at limited to th		lioto	.d ol	2011)O 1		000 of reportab				
2	compensation from the organization	ot iimitea to tri	1050	liste	o a	JOVE	e) wi	10 16	aceived more man proc	,000 or reportab	10			0
	Compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tri	ieto	o ko	w er	nnic	.vee	ori	highest compensated a	molovee on	ſ			
٥	line 1a? If "Yes," complete Schedule J for s				y Oi	пріс	Jyou,	. 01 1	riigilest componsated o	inployee on	1	3		X
4	For any individual listed on line 1a, is the su			···	ones		 nanc	i ath		 the organization				
*	and related organizations greater than \$15									ine organization		4		x
5	Did any person listed on line 1a receive or a									 dual for services				
•	rendered to the organization? If "Yes," com							olat	ou organization of marv	dual for services		5		x
Sec	tion B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-										
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	rs t	hat received more than	\$100,000 of com	npens	ation 1	from	
-	the organization. Report compensation for	-	-								,			
	(A)								(B)			((2)	
	Name and business	address	NO	NC	3				Description of s	ervices	С		nsatio	n
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	Total number of independent and in the		-4 '			4h -	a.c. !:	ـــــــــــــــــــــــــــــــــــــ	ahaya) yaha masabasa	are the				
2	Total number of independent contractors (i	=	ot lir	nited	a to	_	_	ted	above) who received m	ore tnan				
	\$100,000 of compensation from the organic	zation -					<u>) </u>					_	000 "	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Revenue excluded from tax under sections 512 - 514 (B) Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations 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 572,427. 572,427. 2 a PUBLICATIONS Program Service Revenue 323,675. 323,675. 611710 **b** EDUCATION f All other program service revenue 896,102 q Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 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) (II) Other 7 a Gross amount from sales of (i) Securities 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

896,102.

896,102

Total revenue. See instructions.

0.

Form 990 (2013) SELF STORAGE Part IX Statement of Functional Expenses

0001	ion 30 (c)(3) and 30 (c)(4) organizations must comp	·- <u>-</u>		implete column (79.	
	Check if Schedule O contains a respons			(C)	<u>.</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
		_	expenses	general expenses	expenses
'	Grants and other assistance to governments and				
2	organizations in the United States. See Part IV, line 21				
2.					
3	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,				
9	· ·				
_	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				
С	Accounting				
ď	Lobbying				
е.	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology Royalties				
15	· ' '' '''				
16	Occupancy		·- <u>-</u> -	·	
17 18	Payments of travel or entertainment expenses				
10	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	Inquirones				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line	Ì			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PUBLICATIONS	465,331.	465,331.		
b	EDUCATION	219,589.	219,589.		
С	INTERCOMPANY EXPENSES	101,817.	101,817.		
d	OTHER PROGRAM ACTIVITY	38,378.	38,378.		
е	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	825,115.	825,115.	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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 220,509. 339,685. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net ... 3 102,962. 82,437. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 7 4,221. 2,071. Inventories for sale or use 10,683. 67,159. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other 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 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 7,214. 28,324. 15 Other assets. See Part IV, line 11 343,439. 16 <u>521,826.</u> Total assets. Add lines 1 through 15 (must equal line 34) 16 <u>1,700.</u> 17 Accounts payable and accrued expenses 17 <u>4,210.</u> 18 Grants payable 18 41,715. 132,220. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 230,786. 245,171. Schedule D 274,201. 381,601. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ LX and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <50,422.>27<90,321.> 27 Unrestricted net assets Temporarily restricted net assets 119,660. 230,546. 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 69,238. 140,225. Total net assets or fund balances ... 33 33 Total liabilities and net assets/fund balances 343,439 521,826.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part XI, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 TO, 987. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XI 1 Accounting method used to prepare the Form 990:	Forn	n 990 (2013) SELF STORAGE ASSOCATION FOUNDATION	<u>03-059</u>	<u>4425</u>	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 70,987. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 69,238. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accoual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: X separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X separate basis Consolidated basis Both consolidated and separate basis. C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. C If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	Pa	art XI Reconciliation of Net Assets				
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SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SELF STORAGE ASSOCATION FOUNDATION 03-0594425 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) $\lfloor \mathbf{X} \rfloor$ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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. b ___ Type II c Type III - Functionally integrated d ____ Type III - Non-functionally integrated a ____ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col organization in col. in col. (i) listed in your (described on lines 1-9 organization (i) organized in the support governing document? above or IRC section (i) of your support? U.S.? (see instructions)) No <u>Total</u>

Part II	A (Form 990 or 990 EZ) 2013 Support Schedule for C)rganization:	s Described in	Sections 170	(b)(1)(A)(iv) a	nd 170(b)(1)(A)(v	Page <u>2</u> ∕ii)
	(Complete only if you checked	the box on line s	5, 7, or 8 of Part I o	or if the organizatio	on failed to qualif	y under Part III. If the	organization
	fails to qualify under the tests I	isted below, plea	ase complete Part	III.)	*		
<u>Section</u>	A. Public Support			-			
alendar ye	ear (or fiscal year beginning in) ► 📙	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	grants, contributions, and						
	pership fees received. (Do not		İ			1	
	de any "unusual grants.")		·				
	evenues levied for the organ-						
	n's benefit and either paid to				J		
•	pended on its behalf					 	
	alue of services or facilities		ľ				
	hed by a governmental unit to				}		
	rganization without charge	· · -	 		·	 	
	. Add lines 1 through 3				 	 	
	ortion of total contributions						
-	ch person (other than a		}		ļ))	1
-	nmental unit or publicly						
	orted organization) included e 1 that exceeds 2% of the						
	nt shown on line 11,						
colum			ľ		1	1	
	· '' ''' · ' · · · · -				<u>-</u>		
	c support. Subtract line 5 from line 4 B. Total Support		! <u> </u>	<u> </u>	L		
	ear (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	ints from line 4	(a) 2009	(6) 2010	(0) 2011	(d) 2012	(6) 2010	(i) Total
	s income from interest,						
	ends, payments received on					1	
	ities loans, rents, royalties			•		ĺ	
	ncome from similar sources						
9 Net in	come from unrelated business						
activit	ties, whether or not the						
busin	ess is regularly carried on						
0 Other	income. Do not include gain					1	
or los	s from the sale of capital						
asset	s (Explain in Part IV.)						
1 Total	support. Add lines 7 through 10		L		<u> </u>		<u></u>
2 Gross	receipts from related activities, e	tc. (see instructi	ions) .			12	
3 First	five years. If the Form 990 is for t	he organization'	s fırst, second, thir	d, fourth, or fifth to	ax year as a sect	ion 501(c)(3)	
organ	ization, check this box and stop I	here					
	C. Computation of Public						
	support percentage for 2013 (lin			column (f)) .		14	%
	support percentage from 2012 S		-	•		15	%
	3% support test - 2013. If the org	-			14 is 33 1/3% or	more, check this bo	x and
-	here. The organization qualifies as	- · · · · · · · · · · · · · · · · · · ·	=				▶∟
	3% support test - 2012. If the org	-			i iine 15 is 33 1/3	% or more, check th	nis box
and S	top here. The organization qualifi	es as a publiciy :	supported organiza	สมปา			

17a 10% -facts-and-circumstances test - 2013. 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

b 10% -facts-and-circumstances test - 2012. 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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	L					
2 Gross receipts from admissions,						
merchandise sold or services per-				1		
formed, or facilities furnished in any activity that is related to the			}			ł
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-		1			1	
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to		Ì				l
or expended on its behalf				<u> </u>		
5 The value of services or facilities		1				
furnished by a governmental unit to		[
the organization without charge						
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, and			_			
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				<u> </u>	<u> </u>	0.
Section B. Total Support		, 	,	,	, 	
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6				ļ	ļ. <u> </u>	
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on	ļ <u>-</u> -			 		
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		- f	4 6 4		501(-)(0)	0.
14 First five years. If the Form 990 is fo	r the organization's	s tirst, second, thir	a, τουπη, or τιπη τ	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Publ	ic Support Pa	rcentage				
15 Public support percentage for 2013 (oolumn (fl)		45	.00 %
16 Public support percentage from 2012	,	*		•	16	100.00 %
Section D. Computation of Investigation				·	1 10 1	100.00 %
17 Investment income percentage for 20			ne 13. column (fi)		17	.00 %
18 Investment income percentage from	-		10, column (I))		18	**************************************
19a 33 1/3% support tests - 2013. If the			 on line 14. and line	e 15 is more than		
more than 33 1/3%, check this box a	=					▶ □
b 33 1/3% support tests - 2012. If the	-	_		_		and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization					· ·	
The state of the s						

	Also complete ti	his part for any	y additional info	ormation. (S	See instruction	s)			nd Part III, line 12.
								 _	
						_			
	·					<u> </u>		<u> </u>	
									
_	··		<u> </u>			· · · · · · · · · · · · · · · · · · ·		 -	
	-	· <u> </u>							
									
						· <u></u>			
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	<u> </u>	·			<u></u> ,				
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				_					
<u>-</u>									
	· .								·
	·					·			

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

Department of the Treasury

Internal Revenue Service

Employer identification number

Name of the organization	Employer identification number 03-0594425
SELF STORAGE ASSOCATION FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar	
	rulius of Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
	(b) i unus 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	as advised funds
5 Did the organization inform all donors and donor advisors in writing that the assets held in don	Yes No
are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other p	•
	Yes No
impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form	
	11 330, Falt (V, iii)e 7.
Purpose(s) of conservation easements held by the organization (check all that apply).	of an historically important land area
	of an historically important land area of a certified historic structure
	or a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation easement on the last
day of the tax year.	Held at the End of the Tax Yea
a Total number of conservation easements	2a
	2b
About a set of a constant of a constant of a constant of the defeat of a decision to the dead of the least of	
d 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	
listed in the National Register	2d
Number of conservation easements modified, transferred, released, extinguished, or terminate	
year	d by the organization during the tax
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, hand	tling of
violations, and enforcement of the conservation easements it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer	•
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and	
include, if applicable, the text of the footnote to the organization's financial statements that de	
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 revenu	e 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 XIII,
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 sta	atement and balance sheet works of art, historica
treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service, provide the following amount
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	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter	ms·
a Revenues included in Form 990, Part VIII, line 1	> \$
b Assets included in Form 990, Part X	> \$

		ORAGE ASSO						94425	
Pa	rt III Organizations Maintaining C	Collections of A	rt, Histori	cal Treasure	s, or Oth	<u>ıer Similaı</u>	r Asset	s (continue	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, check any	of the following	g that are a	significant us	se of its c	ollection it	ems
	(check all that apply):								
а	Public exhibition	C	I Loar	or exchange p	rograms				
b	Scholarly research	•	Othe						
c	Preservation for future generations	•							
4	Provide a description of the organization's co	ollections and explai	n how they f	urther the organ	nization's ex	empt purpos	e in Part	XIII.	
5	During the year, did the organization solicit of	•	-					,	
_	to be sold to raise funds rather than to be m							Yes	□ No
Pa	t IV Escrow and Custodial Arran					Form 990. F	Part IV. lır		
	reported an amount on Form 990, Pa		Ū			·		•	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for cont	ributions or othe	er assets no	t included			
	on Form 990, Part X?		•					Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	 Illowing table	:					
_								Amount	
•	Beginning balance					1c		, <u></u>	-
ď	Additions during the year		• • • • • • • • • • • • • • • • • • • •		• •	1d			
•	Distributions during the year	*****	•••			1e			
e	Ending balance		••			1f			
) 22	Did the organization include an amount on F	orm 990 Part Y line	212					Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	•		s heen provide	d in Part XIII	•		1165	≓"
Par									
		(a) Current year	(b) Prior		years back		ars back	(e) Four ye	ars back
1a	Beginning of year balance	(a) canoni your	(2) 1101	(0) 1110	youro buon	107 111100 700	ii o odok	(0) 1 00. 10	aro baon
b	Contributions							·····	
-								 -	
	Net investment earnings, gains, and losses								
ď	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
9	End of year balance								
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, co	lumn (a)) held a	s:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou	•							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are	held and admir	nistered for	the organizat	tion		
	by:							_ Ye	s No
	(i) unrelated organizations							3a(i)	+-
	(ii) related organizations		•••	••				3a(ii)	
b	If "Yes" to 3a(II), are the related organizations							3b	
4	Describe in Part XIII the intended uses of the		wment fund	3					
Par				44 6 =					
	Complete if the organization answere								
	Description of property	(a) Cost or o		o) Cost or other		Accumulated	1	(d) Book v	alue
	 	basis (investr	nent)	basis (other)	de	preciation			
	Land								
	Buildings	·							
	Leasehold improvements							 -	
	Equipment								
	Other	aud Farry 000 D. 1	V och === /D) /mo 40/c11					
<u>l</u> otal	. Add lines 1a through 1e. (Column (d) must e	<u>quai</u> romi 990 <u>,</u> Paπ	∧, colum <u>in (B</u>	, intero(c).			▶		0.

Part VII Investments - Other Securities.	1100001111	21 2 0 0 1 2 1 1 2 0 1 1	
Complete if the organization answered "Yes" t			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	<u> </u>		
(3) Other			·····
(A)			
(B)	<u> </u>		
(C)			
(D)			
(E)			·
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	 		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to			
(a) Description of investment	(b) Book value	(c) Method of valuation. Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	 ,		
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets.			
Complete if the organization answered "Yes" to	o Form 990. Part IV.	line 11d. See Form 990. Part X. line 1	5.
	escription		(b) Book value
(1) DEPOSITS			28,324
(2)			
(4)			
(5)	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·		
			
(9)			-
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶ 28,324
Part X Other Liabilities.			20,321
Complete if the organization answered "Yes" to	Form 990 Part IV	line 11e or 11f See Form 990 Part X	line 25
1. (a) Description of liability	3 7 01111 000, 1 u.t.11,	(b) Book value	, 1110 20.
(1) Federal income taxes		(4)	
	DUE SSA)	245,171.	
(3)	DOD BBILLY	213/1710	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	245,171.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 SELF STORAGE ASSOCATION FO	OUNDATION	03-0594425 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ì.	
1 Total revenue, gains, and other support per audited financial statements		1 896,102.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	, , , ,	
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	7
c Recoveries of prior year grants	2c	7
d Other (Describe in Part XIII.)	2d	7
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	•	3 896,102.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
h Other (Describe in Bort VIII.)	4b	_
c Add lines 4a and 4b		4c 0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 896,102.
Part XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses r	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
Total expenses and losses per audited financial statements		1 825,115.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	1 023,113.
a Donated services and use of facilities	2a	
·	2b	-
b Prior year adjustments		-
c Other losses	2c	-
d Other (Describe in Part XIII.)	2d	⊣
e Add Ines 2a through 2d		2e U.
3 Subtract line 2e from line 1		3 825,115.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b Other (Describe in Part XIII.)	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.) Part XIII Supplemental Information.		5 825,115.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		ne 4; Part X, III e 2; Part XI,

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

■ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

SELF STORAGE ASSOCATION FOUNDATION 03-0594425 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL PURPOSES AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AS AMENDED. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE 990 WAS REVIEWED WITH THE DIRECTOR OF FINANCE AND THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: 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: EXPLANATION: 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