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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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.lrs.gov/form990.

Open to Public Inspection

∴ A	For th	e 2014 calendar year, or tax year beginning and	ending				
2 20	Check if applicat	C Name of organization		D Employer identifi	cation number		
	X Addr	SELF STORAGE ASSOCATION FOUNDATION					
$\simeq \Gamma$	Name chan	Doing business as	03-0	594425			
卢卢	initial		Room/suite	T			
· 7	Final	1001 MODBU DENTIDECADO CODEEM	106		575-8000		
	returr termi ated			G Gross receipts \$	1,109,963.		
٦.	Amer	ided a r mira arm Ta 172 00011		H(a) Is this a group re			
	Appli			for subordinates	? Yes X No		
<u> </u>	pend	SAME AS C ABOVE		H(b) Are all subordinates in			
27 27	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	P. Control of the con	list. (see instructions)		
i i		te: > WWW.SELFSTORAGE.ORG		H(c) Group exemptio			
_		forganization: Corporation Trust X Association Other	L Year		A State of legal domicile: VA		
_	art I	Summary					
_	1	Briefly describe the organization's mission or most significant activities: THE	PURPOS	E OF THE CO	RPORATION		
Activities & Governance		IS TO OPERATE EXCLUSIVELY FOR CHARITABLE					
rna	2	Check this box if the organization discontinued its operations or dispose					
Š	3	Number of voting members of the governing body (Part VI, line 1a)			13		
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13		
S	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0		
Ę	6	Total number of volunteers (estimate if necessary)		6	0		
Ć	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		7b	0.		
	-	RECEIV	FN	Prior Year	Current Year		
<u>a</u>	8	Contributions and grants (Part VIII, line III)	i	0.	0.		
ent	9	Program service revenue (Part VIII, line 2g)	anan IG	896,102.	1,109,963.		
2815 Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) APR 0 6	2015 10		0.		
7	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1 0.	0.		
4	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	447	896,102.	1,109,963.		
-	13	Grants and similar amounts paid (Part IX, column (A), lines 13)		0.	0.		
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
A ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
בַּ בַ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		U •	0.		
	_b	Total fundraising expenses (Part IX, column (D), line 25)		005 115	067 222		
-	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		825,115. 825,115.	867,222. 867,222.		
<u> </u>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	L L	70,987.	242,741.		
<u> </u>	3 19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
Net Assets or	20 20	Total assets (Part X, line 16)	DE	521,826.	596,050.		
ASS	21	Total liabilities (Part X, line 26)		381,601.	213,084.		
Set	22	Net assets or fund balances. Subtract line 21 from line 20 ,		140,225.	382,966.		
P	art II	Signature Block	•	140,445	30273001		
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of my	knowledge and belief, it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh					
	· <u>·</u>	11/ Stouler		411	115		
Sig	ın	Signature of officer		Date	7		
He	re	MICHAEL T. SCANLON, PRESIDENT			· ·		
_		Type or print name and title		2247			
		Print/Type preparer's name Preparer's signature		Check	PTIN		
Pai		Jen ist	de	self-employe			
	parer	Firm's name HALEY & ASSOCIATES, LLC		Firm's EIN ▶	55-0810153		
Use	Only	Firm's address 5000 SUNNYSIDE AVENUE #300					
		BELTSVILLE, MD 20705		Phone no. 3 0	1-595-5600		
		AS discuss this return with the preparer shown above? (see instructions)		•••	X Yes No Form 990 (2014)		
432	001 11-0	17-14 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		rom 330 (2014)		

	rt 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 FOR
	CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES AS DEFINED
	IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AS AMENDED.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$867,222. Including grants of \$) (Revenue \$1,109,963.)
	EXPENSES INCURRED IN CONNECTION WITH THE PROGRAM MISSION
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ Including grants of \$) (Revenue \$)
	/ (Revenue \$)
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program continue expenses 867, 222

Form 990 (2014) SELF STORAGE ASSOCATION FOUNDATION Part IV Checklist of Required Schedules

			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		<u> </u>
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		<u> X</u>
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		<u>X</u>
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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		_X_
9	Did the organization report an amount in Part X, line 21, 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		_X_
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			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a_	<u> </u>	
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>x</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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 other assistance to or for any			,.
	foreign organization? 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 other assistance to			٠,,
	or for foreign individuals? 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	ļ	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,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) SELF STORAGE ASSOCATION FOUNDATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals on	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	ľ		
	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			
	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):	;		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a_		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (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		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
00	If "Yes," complete Schedule N, Part I	31_		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٦,
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32_		<u> </u>
33				3,7
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
				
250	Part V, line 1	34		X
ooa h	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		_X_
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	051		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
55	If "Yes," complete Schedule R, Part V, line 2			v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_36		<u> </u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	, ,		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
	· · · · · · · · · · · · · · · · · · ·		47	

SELF STORAGE ASSOCATION FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 53 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5h c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities _______ 10b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a 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 organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand _13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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			\mathbf{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 year1a13			
	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.	ŀ		
b	Enter the number of voting members included in line 1a, above, who are independent		İ	
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			1
	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	o appoint one of			
	more members of the governing body?	7a		_X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a_	_X	
	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			
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the executation have lead about as househor as off but of		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	-	<u> </u>
b 122	Did the experientian beauty with a sufficient of the Court with the court with the court of the Court with the court of the Court with the court of the Court with	40-	v	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
Ū	in Schedule O how this was done	12c	x	
13	Did the organization have a written which blower policy?	13		X
14	Did the organization have a written whistleblower policy? 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	17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		_x_
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website W 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	fınan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SELF STORAGE ASSOCATION - (703)575-8000			
	1900 NORTH BEAUREGARD STREET, SUITE 110, ALEXANDRIA, VA 22311			

Form	990	(2014)
	500	120171

SELF STORAGE_ASSOCATION FOUNDATION

03-0594425

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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.

X 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)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable Reportable				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	-			100.0	777643	1	from	from related	other
	(list any hours for	Individual trustee or director			l			the organization	organizations (W-2/1099-MISC)	compensation from the
	related	8	stee	Ì	ŀ	nsate		(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	organizations	1 trust	la tu	İ	oyee	9		`		and related
	below	Mdua	Institutional trustee	Officer	E E	Highest compensated employee	Former			organizations
	line)	르	E SE	통	\$	물통	For			
(1) WILLIAM F. KENNEY	5.00	ļ			ļ		ļ			
CO-CHAIRPERSON		X		<u> </u>	_	ļ		0.	0.	0.
(2) MAURICE POGODA	2.00				ŀ	1			_	_
BOARD_MEMBER		X		<u> </u>		<u> </u>		0.	0.	0.
(3) NANCY GUNNING	2.00								_	_
BOARD MEMBER		X	<u> </u>	<u> </u>	ļ	<u> </u>	_	0.	0.	<u> </u>
(4) JOANNE GEILER	2.00				l				_	_
CO-CHAIRPERSON		X				_	_	0.	0.	0.
(5) NANCY MARTIN WAGNER	2.00								_	_
SECRETARY		X	_		<u>.</u>			0.	0.	0.
(6) PAUL DARDEN	2.00								_	_
BOARD MEMBER		X		_		ļ	_	0.	0.	0.
(7) JOHN GILLAND	2.00				ŀ		l	_	_	_
BOARD MEMBER		X				ļ		0.	0.	
(8) PATRICK REILLY	2.00									_
BOARD MEMBER		X	_			_	<u> </u>	0.	0.	0.
(9) MICHAEL A. NUNEZ	2.00							_	_	_
CO-CHAIRPERSON		_	_		<u> </u>			0.	0.	0.
(10) ROBERT SCHOFF	2.00								_	_
TREASURER		_		_	_			0.	0.	0.
(11) TIM HOBIN	2.00]	Ì	1	}			_	_	_
BOARD MEMBER		<u> </u>				ļ	<u> </u>	0.	0.	0.
(12) BARRY HOEVEN	2.00	1								_
BOARD MEMBER						_	<u> </u>	0.	0.	0.
(13) KENNETH WOOLEY	2.00	Į				l	l			_
BOARD MEMBER		<u> </u>	<u> </u>	 	_	<u> </u>	<u> </u>	0.	0.	0.
							l			
		_		<u> </u>	_	<u> </u>	<u> </u>			
		-		<u> </u>	<u> </u>	-	ļ			
		-			1					
		<u> </u>	-		├	├	├			
	-	-	1				1			
				Ц_	L		1			

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2014)
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII		<u> </u>	<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1а					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ا ۾ ي								
# ja		Related organizations						
S, C		Government grants (contribut						
isi		All other contributions, gifts, gran						
the		similar amounts not included abor						
P G	g	Noncash contributions included in lines						
<u>8</u> 8	h	Total. Add lines 1a-1f,	•	>				
				Business Code				
စ္ပ	2 a	PUBLICATIONS		511190	593,329.	593,329.		
اه ڲ	b	EDUCATION		611710	516,634.	516,634.		
Program Service Revenue	C							
e a	d							
<u>6</u>	е						 	
₫	f	All other program service reve	enue					
\rightarrow	g	Total, Add lines 2a-2f		<u> </u>	1,109,963.			
-	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>				
	4	Income from investment of ta	x-exempt bond p	roceeds >				<u> </u>
ŀ	5	Royalties		<u> </u>			· 	<u> </u>
			(i) Real	(ii) Personal				
	6 a							
	b	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)	-	1				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory			l i			
	b	Less: cost or other basis						
		and sales expenses .						
		Gain or (loss)			-			
		Net gain or (loss)		· · · · •				
Other Revenue	8 a	Gross income from fundraisin including \$	g events (not of					
Ş		contributions reported on line	•					
ē		Part IV, line 18						
됩		Less: direct expenses						
		Net income or (loss) from fund	-	, <u>.</u>				<u> </u>
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses			-			
		Net income or (loss) from gar	_	, -				ļ
	10 a	Gross sales of inventory, less						
		and allowances			-			1
		Less: cost of goods sold			-			
	С	Net income or (loss) from sale						
	44 -	Miscellaneous Revenu		Business Code				
	11 a			-	1			
	b							1
	C							
		All other revenue						
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.	•	.	1,109,963.	1 109 963	0	. 0.
	14	TOTAL LEAGUAGE OFF HISH ROLLOHS.			<u></u>	~ , ~ ~ ~ , ~ ~ ~ ~ . •	<u>_</u>	- ,

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon		this Part IX	• • • • • • • • • • • • • • • • • • • •	
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	<u> </u>			
10	Payroll taxes		,		
11	Fees for services (non-employees):				
а	Management				
b	Legal				<u> </u>
C	Accounting				
d	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				
15	Royalties				
16	Occupancy .				
17	Travel			1	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization				
23	Insurance	-			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PUBLICATIONS	541,610.	541,610.	-	
b	EDUCATION	199,813.			
c	INTERCOMPANY EXPENSES	90,000.			
	OTHER PROGRAM ACTIVITY	35,799.	35,799.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	867,222.	867,222.	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 (2014)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	339,685.	1	440,561
2			2	
3			3	
4		82,437.	4	84,431
5				
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6		<u> </u>		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
İ	employers and sponsoring organizations of section 501(c)(9) voluntary			
۱ و	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7			7	
8 ع		4,221.	8	4,221
9		67,159.	9	59,137
- 1 -	a Land, buildings, and equipment: cost or other	0., 12001		55,25,
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11	· · · · · · · · · · · · · · · · · · ·		11	
12			12	_
13			13	
14	F		14	
15		28,324.	 	7,700
16		521,826.		596,050
17		4,210.		15,854
18		4,210.		13,634
19		132,220.	18	101,415
20		132,220.	20	101,413
21			21	
		· · · · · · · · · · · · · · · · · · ·	21	
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23			23	
24	, , , , , , , , , , , , , , , , , , , ,		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	245 171		05 015
00	Schedule D	245,171. 381,601.		95,815 213,084
26		301,001.	26	213,004
.	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ر ا	complete lines 27 through 29, and lines 33 and 34.	-00 221	L	40 607
27	Unrestricted net assets	<90,321. 230,546.		48,697
g 28		230,340.		334,269
29			29	
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Organizations that do not follow SFAS 117 (ASC 958), check here			
ה	and complete lines 30 through 34.		_	
30			30	
2 31		·- · · ·	31	
j 32		1/0 00=	32	202 255
33	• • • • • • • • • • • • • • • • • • • •	140,225.		382,966
34	Total liabilities and net assets/fund balances .	<u>521,826.</u>	_34	<u>596,050.</u>

	990 (2014) SELF STORAGE_ASSOCATION FOUNDATION	<u>03-0594</u>	<u> 1425</u>	Pag	<u>е 12</u>
Pa	rt 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 VIII, column (A), line 12)	1 1	L,109		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>, 22</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	242	2,74	<u>11.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140), 22	<u> 25.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	382	2,96	<u> 56.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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.		1	
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 reviewed	l on a			
	separate basis, consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			ļ	
	Act and OMB Circular A-133?	_	3a	ŀ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		зь		
			Form	9 <mark>90</mark> (2	2014)

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.

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

OMB No 1545-0047

Inspection

Name of the organization

CRI.E CHODAGE ACCOCAMION ECIMDAMION

Employer identification number

		SELF	STORAGE A	SSOCATION FO	UNDAT	ION		0	3-0594425			
Pa	rt I	Reason for Public	Charity Status (All organizations must c	omplete th	is part.) Se	e instructions.					
he	ne 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).										
4		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:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that norma	lly receives a substa	ntial part of its support	from a gov	ernmental	unit or from the	general	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membershi	p fees, a	nd gross receipts from			
		activities related to its exen	npt functions - subje	ct to certain exceptions	and (2) no	more tha	n 33 1/3% of its	support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the orga	nization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See :	section 50	9(a)(4).					
11		An organization organized a	and operated exclus	ively for the benefit of, t	o perform t	the functio	ns of, or to carr	y out the	purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See <mark>section 50</mark> 9	9(a)(3). C	heck the box in			
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	11e, 11f, and 1	1g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typ	ically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the direc	ctors or trustees	of the s	upporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b	<u> </u>	Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts supporte	ed organization(s), by ha	ving			
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ntrol or manage	the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
C	L	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally	integrate	ed with,			
	_	its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.					
d	L							_	• •			
		that is not functionally int						ın attentı	veness			
	_	requirement (see instruct						_				
е		Check this box if the orga					Type I, Type II,	Type III				
_		functionally integrated, or		nally integrated support	ing organi	zation.						
T		r the number of supported of										
g		ride the following information Name of supported	iabout the supporte	(III) Type of organization	(iv) Is the o	rganization	(v) Amount of m	onetary	(vi) Amount of			
	•	organization		(described on lines 1-9	listed i	in your document?	support (se	- 1	other support (see			
				above or IRC section (see instructions))	Yes	No	Instruction	ıs)	Instructions)			
				face mannenonal)								

	[10111 990 01 990 EZ] 2014	Pag
Part II	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	ation
	fails to qualify under the tests listed below, please complete Part III.)	

Se	ction A. Public Support	· -				-	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	,					
	furnished by a governmental unit to				:		
	the organization without charge						
4	Total. Add lines 1 through 3	<u> </u>		-			
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		i				
	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						
	tion B. Total Support	. · · · ·		L		الماري الماري	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4					(0)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		}				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		<u> </u>	-			
	Gross receipts from related activities,	etc. (see instructi	ions)		<u>. </u>	12	
	First five years. If the Form 990 is for	-					
	organization, check this box and stop	here .					▶□
Sec	tion C. Computation of Publi	c Support Pe	rcentage				<u> </u>
14	Public support percentage for 2014 (li	ne 6, column (f) d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2014. If the o					nore, check this bo	
	stop here. The organization qualifies a						
b	33 1/3% support test - 2013. If the o	rganization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2014. If the ord	janization did not o	check a box on line	9 13, 16a, or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization	alo organ	▶ []
b	10% -facts-and-circumstances test	- 2013, If the ord	anization did not	check a box on line	e 13, 16a, 16b, or 1		10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test	The organization	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization						, ······ 【 片
		c. 10011 a		<u>-, 100, 170, 01 171</u>		dula A (Form 000	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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

Sec	ction A. Public Support	now, please comp	nete Fait II.j				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		1-1	3-7			
-	membership fees received. (Do not						
	include any "unusual grants.")	756,984.	804,686.	849,434.	896,102.	1,109,963.	4.417.169.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			·			
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	756,984.	804,686.	849,434.	896,102.	1,109,963.	4,417,169.
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
•	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						4 417 169
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	756,984.	804,686.	849,434.	896,102.	1,109,963	4.417.169.
102	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	756,984.	804,686.	849,434.	896,102.	1,109,963.	4,417,169,
14	First five years. If the Form 990 is for					n 501(c)(3) organiza	ation,
	check this box and stop here					4	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (I	ine 8, column (f) d	ivided by line 13, o	column (f))		15	100.00 %
16	Public support percentage from 2013	Schedule A, Part	III, line 15			_16	<u>%</u>
<u>Se</u>	ction D. Computation of Inves	stment Incom	<u>e Percentage</u>				
17	Investment income percentage for 20	114 (line 10c, colur	nn (f) divided by lıı	ne 13, column (f))		17	.00_%
18	•			••••••		18	<u>%</u>
19	a 33 1/3% support tests - 2014. If the						
ı	more than 33 1/3%, check this box at 33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes." explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f). (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		-
5a		
5b 5c		
6		
7		
8		
9a		<u></u>
9b		
9c		
10a_		
10b		
990 or 99	0-EZ)	2014

		9442	5 Pa	age <u>5</u>
	(Commod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		.63	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations	· · · ·		
	and the state of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	_140
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		 	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		١		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	·			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	_		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	3	LI	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	lm rations	a	
2	Activities Test. Answer (a) and (b) below.	ructions		N1
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<u> </u>	Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	· · · · · · · · · · · · · · · · · · ·		li	
	, , , , , , , , , , , , , , , , , , , ,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
L	that these activities constituted substantially all of its activities.	2a		-
a	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
_	activities but for the organization's involvement.	_2b_		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	_3b_	ll	

SCITE	edule A (Form 990 or 990-EZ) 2014 SELF STORAGE ASSOCATION	FOUN	<u>IDATION</u>	03-0594425 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See in	structions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
O	ton A. Adinated Mathematica		(A) Prior Year	(B) Current Year
Seci	ion A - Adjusted Net Income		(A) Phor real	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	i l		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Schee Par	t V Type III Non-Functionally Integrated 509			3-0594425 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	···		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
<u>5</u>	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	<u> </u>		
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI). See instructions.	<u> </u>		
9_	Distributable amount for 2014 from Section C, line 6			
<u> 1</u> 0	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
_d				
е	From 2013			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			·
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if		-	
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
С				
	Excess from 2013			
	Excess from 2014			

Aiso comp	lete this part for any add	litional information	n. (See instruction	ns)			
·	<u> </u>		<u> </u>				
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		····					

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization SELF STORAGE ASSOCATION FOUNDATION 03-0594425

Employer identification number

Pai	rt I Organizations Maintaining Donor Advised Fun	ds or Other Similar Fund	s 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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing to	hat the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's exclusive	ve legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	for charitable purposes and not for the benefit of the donor or donor		
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the organization	on answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization (chec	ck all that apply).	
	Preservation of land for public use (e.g., recreation or educatio	n) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con-	servation contribution in the form	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			
С	Number of conservation easements on a certified historic structure in	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/1	7/06, and not on a historic struc	ture
	listed in the National Register		
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easement	is located >	
5	Does the organization have a written policy regarding the periodic me	onitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	• • • • • • • • • • • • • • • • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enf	forcing conservation easements o	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	g conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) above satisfy	y the requirements of section 170	O(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports conservation ease	ments in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's fin	nancial statements that describes	the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of Art, I		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Pa		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	historical treasures, or other similar assets held for public exhibition,		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the		
b	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	treasures, or other similar assets held for public exhibition, education	n, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical treasures,		al gain, provide
	the following amounts required to be reported under SFAS 116 (ASC		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

		ORAGE ASSO						<u>03-05</u>			<u> </u>
Par											
3	Using the organization's acquisition, access	on, and other record	ds, checl	any of the	following that are a	signi	ficant	use of its (collection	items	
	(check all that apply):										
а	Public exhibition		d 🗀 i	Loan or exc	change programs						
b	Scholarly research										
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how th	ev further t	the organization's e	cempi	Durbe	ose in Part	XIII.		
5	During the year, did the organization solicit of			-	=				7		
·	to be sold to raise funds rather than to be m					ia, ao	0010		Yes		No
Par	t IV Escrow and Custodial Arran					o For	m 990	Part IV I			140
	reported an amount on Form 990, Pa			organizatio	on answered 165	.0101	111 330	, 1 ait 14, 1	110 0, 01		
10	Is the organization an agent, trustee, custod		diant for	contribution	no or other accete n	at ina	ludod		· · · · · · · · · · · · · · · · · · ·		
Ia									Yes		No
	on Form 990, Part X?	and complete the fe			•••••	••••••		∟	1 tes	نسا	NO
D	ii res, explain the arrangement in Part Alli	and complete the id	ollowing t	able:		!					—
	B								Amount		
	Beginning balance						1c				
	Additions during the year										
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	€ 21, for €	escrow or c	ustodial account lia	bility?	٠.	<u></u>	Yes		No
	If "Yes," explain the arrangement in Part XIII									<u> </u>	
Par	t V Endowment Funds. Complete	f the organization a	nswered	"Yes" to Fo		_					
		(a) Current year	(b) P	rior year	(c) Two years back	(d)	Three y	ears back	(e) Four y	ears b	ack_
1a	Beginning of year balance										
b	Contributions		<u> </u>								
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities					-					
	and programs		1								
f	Administrative expenses										
	End of year balance		1								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	n column (a)) held as:						
a	Board designated or quasi-endowment	-	%	g, colaiiii (۵,, ۱۱۰۱۵ ۵۰.						
	Permanent endowment	%	_′°								
	Temporarily restricted endowment										
C	The percentages in lines 2a, 2b, and 2c sho					•					
2-	Are there endowment funds not in the posse		ation the		and administers of fa	. 46	!-				
Sa		sssion of the organiz	zation ma	ii are neiu a	and administered to	uie	ngani	zation	Γ.	, T	<u> </u>
	by:									/es	No
	(i) unrelated organizations									-+	
		- 1 - 41								+	
b	If "Yes" to 3a(ii), are the related organization				•••••	••••••	•••••		3b		
Bo:	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment 1	unds.							—
Pai											
	Complete if the organization answere										
	Description of property	(a) Cost or o					mulate		(d) Book	value	
		basis (invest	ment)	basis	(other)	lepre	ciation				
	Land										
b	Buildings										
C	Leasehold improvements										
d	Equipment										
	Other										
Tota l	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pan	t X, colun	nn (B), line	10c)			>			0.

Schedule D (Form 990) 2014

<u>1</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	INTERCOMPANY LIABILITIES (DUE SSA)	95,815.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	95,815.

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

Sche	dule D (Form 990) 2014 SELF STORAGE ASSOCATION FOU			594425 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per	Return.)
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	1,109,963.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants] [
ď	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,109,963.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,109,963.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	r Retur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	867,222.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	* •		7	
d	A		7	
	Add lines 2a through 2d		7 2e	0.
3	Subtract line 2e from line 1			867,222.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		J	00,,2020
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
	Other (Describe in Part XIII.)		-	
			40	0.
_	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			867,222.
	rt XIII Supplemental Information.		<u> </u>	001,222.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines 1b and 2b; Bart V line	At Part \	/ line 2: Part VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		34, Fait /	III 0 2, ΓαΙΙ ΛΙ,
IIII62	20 and 4b, and Fart An, inles 20 and 4b. Also complete this part to provide any addit	iionai imormation.		
DΔI	RT X, LINE 2:			
FET	(I A) HIND 2.			
997	A HAS ADOPTED THE PROVISIONS OF FASB GUIDAN	ICE ON ACCOUNT	TNG F	OR
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Schedule D (Form 990) 2014

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

432211 08-27-14

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.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

SELF STORAGE ASSOCATION FOUNDATION

Employer identification number 03-0594425

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:									
EDUCATIONAL PURPOSES AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL									
REVENUE CODE OF 1986 AS AMENDED.									
FORM 990, PART VI, SECTION B, LINE 11:									
THE 990 WAS REVIEWED WITH THE DIRECTOR OF FINANCE AND THE EXECUTIVE									
DIRECTOR.									
FORM 990, PART VI, SECTION B, LINE 12C:									
BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES ON ISSUES THAT MAYBE									
POTENTIALLY GRAY. EMPLOYEES WHO HAVE FRIENDS THAT THEY WANT TO DO BUSINESS									
WITH MUST BE PROCESSED WITH THE SSA LAWYER.									
FORM 990, PART VI, SECTION C, LINE 19:									
THE SELF STORAGE ASSOCIATION FOUNDATION'S 990, FINANCIAL STATEMENTS, AND									
CONFLICT OF INTEREST POLICY ARE PROVIDED UPON REQUEST TO THE SELF STORAGE									
ASSOCIATION FOUNDATION OFFICE.									
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:									
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 MARTIN WAGNER - 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									

<u> Schedule O (Fo</u>	orm 990 or 990)-EZ) (2014)								F	Page 2
Name of the organization SELF STORAGE ASSOCATION FOUNDATION								Employer identification number 03-0594425			
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