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## <sub>Form</sub> 990

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047 2016

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

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Ē	C	heck if applic	able:	C Name of organ	nization TE	XAS SELI	STORAGE	ASSOCI	IATIO	N, INC	c <u>. l</u>	D Employ	er identif	cation numbe	r	
		Address	change	Doing busines	ss as						- 1	74-2	24275	90		
		Name ch	ange	Number and s	street (or P.O bo	ox if mail is not de	elivered to street a	ldress)		Room/suite		E Telepho	ne numbe	er		
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	-	Applicati	on pending	F Name and ad	-							group return		<b>—</b>		X No
_				GINNY SUTT			IVE ROUND		TX 78	681 ""	/ Are all si If "No," at	ubordinates ttach a list. (	included? see (nstru	ctrons)	Yes	No
I		Tax-exem	pt status	501(c)(3)	X 501(c) (	6 )◀	(insert no.)	4947(a)(1)	or	527				,		
_		Website	: ► WW	W.TXSSA.C	ORG			-		H(c)	) Group ex	xemption nu	mber 🟲			
ī	<u> </u>	Form of org		X Corporation	Trust	Association	Other -	1	L Year of	formation.	1986	M s	State of leg	gal domicile:	TX	
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L.	<u> </u>			be the organiza	ation's mission	on or most si	onificant activi	ties:	TO PE	ROMOTE	PUBI	TC TN	FORMA	MOTTA		
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2017	힐															. – – -
7	9	2 Che	ck this bo	ov ► Tifth	e organizatio	on discontinu	ed its operation	ns or dispo	séd of i	môre than	25% of	its net a				
63	Governance			oting members									1 3 1			14
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				d business taxa									7b			048.
	7						1:3		15.50	-//	Pı	rior Year	'	Curren		
SCANNED	- 1	8 Cor	ntributions	s and grants (Pa	art VIII. line	1h)			5/ //	ر ا <sup>ل</sup>						
Z,	21			vice revenue (F		•			.//	1	1	,707,	98	1.8	20.6	618.
<b>₫</b>	Revenue		_	ncome (Part VII						[			18.			750.
Õ	윤			ue (Part VIII, co	-	•	•	W.2		<b>—</b>		10,				924.
O)				e – add lines 8							7	,725,				292.
•				similar amounts								110,				295.
				to or for mem	-	-				}-		110,	<del>, , , , ,  </del>		10,.	<u> </u>
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	6S			er compensation		•						554,	57.	6	33,	742.
	Expenses	16a Pro	otessional	I fundraising fee	es (Part IX, d	column (A), li	ne 11e)	• • • • •			w 2 W 1 of 6 15	1 10 c. 4 Ca n (6)	Lindale	19 me et s	(	<del>1 . 1 . 1</del>
	ğ	b Tot	al fundrai	isıng expenses	(Part IX, co	lumn (D), line	≥ 25) ►			1	H. The said	10 TO	40		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mary Section
	ш	17 Oth	ner expen	ises (Part IX, co	olumn (A), lii	nes 11a-11d,	11f-24e)					,038,				670.
				ses. Add lines 1						-		,703,	$\overline{}$			707.
		l		ss expenses. Si							=	21,	$\overline{}$			585.
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	and and	20 To	tal assets	(Part X, line 16	6)							,326,				162.
	Assets F Baland	21 To		es (Part X, line	•							479,				802.
	Pet.			•	•					1						
		<u> </u>		or fund balance	s. Subtract i	ine 21 from 1	ne 20	· · · · · ·	<del></del>	<u>····</u>		,846,	577.	1,9	16,	<u>360.</u>
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			ì	Aust					3759			Phone no.	(51:	2) 502-	307	
	Ма	y the IRS	discuss t	this return with		r shown abov	e? (see instru							. X Yes		No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

TEEA0101 11/16/16

BAA			Form <b>990</b> (2016)
4 6	(Expenses \$ including grants of \$ ) (Revenue :  a Total program service expenses ►	<del>?</del>	)
4 0	d Other program services (Describe in Schedule O )		,
		· <b></b>	
		. <b></b>	
			<b></b>
	TO THE MEMBERSHIP FREE OF CHARGE.	~~	- <b></b>
	USE THE OFFICIAL FORMS. ADDITIONALLY, THE ORGANIZATION PRINTS APPUBLISHES A 400 PAGE LEGAL MANUAL (GOLDBOOK) WHICH IS DISTRIBUT:	- <del></del>	
	ESTIMATED 2,100 OR MORE OF THE OWNER AND MANAGEMENT COMPANY MEM	- <del></del>	- <b>-</b>
	APPROXIMATELY 80 FORMS THAT ARE AVAILABLE TO MEMBERS FOR FREE.	AN	
	POPULAR TSSA RENTAL AGREEMENT FOR PURCHASE BY MEMBERS, ALONG WI		
40	CODE (Code (	(Revenue \$ HE	)
	(Code )/Evennes C including grants of C	(Payanua Ć	
		·	<b>-</b>
		·	
	AND MANY OF THEIR EMPLOYEES ARE SERVED BY THIS PUBLICATION.	- <b></b>	
	ADVERTISEMENTS FOR INDUSTRY VENDORS. ALL MEMBERS (APPROXIMATELY	<u>2,700)</u>	
	LEGAL AND OPERATIONAL ISSUES IN THE INDUSTRY. IT ALSO INCLUDES	· <b></b>	- <b></b>
	ARTICLES ON VARIOUS TOPICS TO EDUCATE MEMBERS ON THE MOST PRESS		
	THE ORGANIZATION PUBLISHES A MAGAZINE SIX TIMES A YEAR. THE MAGISSENT TO ALL MEMBERS AND THE FACILITIES THEY OPERATE. IT FEAT		
4 t		(Revenue \$	·
		-	
		· <b></b>	
		· <b></b>	
		· <b>-</b>	
	AND ADVANCES. APPROXIMATELY 100 MEMBERS ARE SERVED BY THIS EVEN	r <u>.</u>	
	OPPORTUNITY TO LEARN ABOUT THE INDUSTRY AND ITS LATEST DEVELOPMENT	·	
	WITH A TRADE SHOW. THE PURPOSE OF THE EVENT IS TO PROVIDE MEMBE	RS_AN_	- <b></b>
	SEMINARS, A MEMBERSHIP LUNCHEON, KEYNOTE AND GENERAL SESSIONS,		
<b>→</b> a	THE ORGANIZATION HOLDS AN ANNUAL THREE DAY CONVENTION, FEATURING	· ·	
	(Code ) (Expenses \$ including grants of \$ )	(Revenue \$	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to and revenue, if any, for each program service reported	otners, the total exp	enses,
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by ex	penses
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If 'Yes,' describe these changes on Schedule O	·s /	Yes X No
•	If 'Yes,' describe these new services on Schedule O		V
	Form 990 or 990-EZ?		Yes X No
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	
	INDUSTRY WITHIN TEXAS.	· <b>-</b>	
	TO PROMOTE PUBLIC INFORMATION AND AWARENESS OF THE SELF STORAGE	· <b></b>	
1	Briefly describe the organization's mission		<del>_</del>
	Check if Schedule O contains a response or note to any line in this Part III		[
	990 (2016) TEXAS SELF STORAGE ASSOCIATION, INC.  Statement of Program Service Accomplishments	74-242759	0 Page
	- QQQ /2016)	74 742750	^ Page 1

			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 (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	 	х
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		
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	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
	c 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	11 c		х
	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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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 (see instructions)	17		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	10		×

Partily Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 . . . . . . Х 21 Х 22 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* Х 23 24 a 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 240 d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . . . . . 24d 25 a 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 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 25b 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,' complete Schedule L, Part II . 26 Х 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 Х 27 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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х c 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 ......... Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . . . . . . . . 35a 35b Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 37

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Form 990 (2016)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

art v	Check if Schedule O contains a response or note to any line in this Part V			
	<u> </u>		Yes	No
1 a Ente	er the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	er the number of Forms W-2G included in line 1a Enter -0- if not applicable	- 1		ļ
c Did i	the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
(gan	nbling) winnings to prize winners?	1 c	Х	
2 a Ente men	er the number of employees reported on Form W-3, Transmittal of Wage and Tax State- nts, filed for the calendar year ending with or within the year covered by this return 2 a 7	J		
<b>b</b> If at	least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note	e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did	the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х	
<b>b</b> If 'Ye	es,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O.</i>	3 b	Х	
4 a At a	ny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a nicial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	-	Х
b if 'Ye	es,' enter the name of the foreign country			
See	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1		
5 a Was	s the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	es,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Doe	es the organization have annual gross receipts that are normally greater than \$100,000, and did the organization cit any contributions that were not tax deductible as charitable contributions?	6 a	х	
b If 'Y	es, did the organization include with every solicitation an express statement that such contributions or gifts were tax deductible?	6 b	x	
	panizations that may receive deductible contributions under section 170(c).	0.0	<del></del>	
a Did	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	vices provided to the payor 5	7 a		L
	es,' did the organization notify the donor of the value of the goods or services provided?	7 b		ļ
Forr	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file m 8282?	7с		
d If 'Y	es,' indicate the number of Forms 8282 filed during the year			
e Did	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If th as r	ie organization received a contribution of qualified intellectual property, did the organization file Form 8899	7 g		
h If th	ne organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h	_	
	onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	$\dot{=}$		
orga	anization have excess business holdings at any time during the year?	8		
	onsoring organizations maintaining donor advised funds.			
a Did	the sponsoring organization make any taxable distributions under section 4966?	9 a		
	the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	ction 501(c)(7) organizations. Enter			
	ation fees and capital contributions included on Part VIII, line 12		Į	
	oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	ction 501(c)(12) organizations. Enter	ĺ	-	
	oss income from members or shareholders	1	- (	
<b>b</b> Gro	oss income from other sources (Do not net amounts due or paid to other sources	1	ļ	
aga	ainst amounts due or received from them )			
	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
<b>b</b> If Y	es,' enter the amount of tax-exempt interest received or accrued during the year [12b]			
	ction 501(c)(29) qualified nonprofit health insurance issuers.	l		
	he organization licensed to issue qualified health plans in more than one state?	13a		
Not	te. See the instructions for additional information the organization must report on Schedule O		ŀ	
whi	ter the amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans			
	er the amount of reserves on hand			
	the organization receive any payments for indoor tanning services during the tax year?	14 a	]	X
b If Y	(es,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	]	

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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.	i, and	d for	
Check if Schedule O contains a response or note to any line in this Part VI			. X
Section A. Governing Body and Management			
		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year			
b Enter the number of voting members included in line 1a, above, who are independent 1b 14	ĺ		!
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	x	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4 Did the organization make any significant changes to its governing documents			
sınce the prior Form 990 was filed?	4		Х
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	
7 a 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?	7 a	х	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	х	
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8 a		
<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Section B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Ci	ode.)	
	$\neg$	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	х	-
13 Did the organization have a written whistleblower policy?	13	Х	
14 Did the organization have a written document retention and destruction policy?	14	Х	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
<b>b</b> Other officers or key employees of the organization	15b		Х
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	ĺ		
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		
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed •			
for public inspection. Indicate how you made these available. Check all that apply	vallaD	ie.	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available	e 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			
	12) 3	71-4	2000

### Rantivill 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

- 1 a 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

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

Check this box if neither the organization nor any	T T	1		(C)			,, -		,	
(A) Name and Title	(B) Average hours per week	than	one l both dire	box, u an of ector/	inless fficer a truste		n	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	(list any hours for related organiza- tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-211099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CLINT WYNN	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) APRIL YOUNG VICE PRESIDENT	1.00	x		х				0.	0.	0.
(3) CHRIS MARTIN	1.00									
TREASURER		X	<u> </u>	Х				0.	0.	0.
(4) ROBERT LOEB	1.00				ŀ					
SECRETARY		X	<u> </u>	Х	<u> </u>	<u> </u>	_	0.	0.	0.
(5) PAUL GLOVER IMMED. PAST PRES	1.00	x		х				0.	0.	0.
(6) JEANNE DUBE DIRECTOR	1.00	x						0.	0.	0.
	1.00	x						0.	0.	0.
(8) MATT JANES DIRECTOR	1.00	x						0.	0.	0.
(9) JOHN MANES DIRECTOR	1.00	х						0.	0.	0.
(10) GEORGE MCCANSE DIRECTOR	1.00	х						0.	0.	0.
(11) LISA MEYLOR DIRECTOR	1.00	x						0.	0.	0.
(12) BILL BELLOMY VENDOR REPRESENTATIVE	1.00	x						0.	0.	0.
(13) MIKE GATELY EX-OFFICIO DIRECTOR	1.00	x						0.	0.	0.
(14) AMY NOLAN EX-OFFICIO DIRECTOR	1.00	x						0.	0.	0.
BAA	TEEAC	107	11/16	5/16		_			<u></u>	Form <b>990</b> (2016)

Part VII   Section A. Officers, Directors, Tr	(B)			<u>ipi</u> ((		<del></del>	<u> </u>	l Ingliest Goll	iponouteu Emp	T	» (com	ii iucu)
(A) Name and title	Average hours per week	box	, unie	ss pe	more rson directo	than o s both or/trust	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	amou	(F) timated int of oth censatio	ner
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the enization i related enization	າ ໄ
(15) GINNY SUTTON EXECUTIVE DIRECTOR	40.00			х				149,543.	0.		9,5	500
(16)												
(17)				-					,			
(18)												
(19)												
(20)							-					
(21)			-									
(22)												
(23)												
(24)		-	-									
(25)												
1 b Sub-total							<b>&gt;</b>	149,543.	0.		9,5	500
d Total (add lines 1b and 1c)								149,543.	0.			500
2 Total number of individuals (including but not limit from the organization 1	ed to those	liste	d ab	ove)	) wh	o rec	eive	ed more than \$100,	000 of reportable co	mpensat	ion	
3 Did the organization list any former officer, direct								st compensated er	nployee		Yes	
on line 1a? If Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of it	eportable o	omp	ensa	ition	and	othe	er co	ompensation from	• • • • • • • • •	3	-	X
the organization and related organizations greate such individual						• •	٠.			4	Х	<del> </del>
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If Yes, Section B. Independent Contractors	compensa complete	Sche	rom dule	J fo	r su	ch pe	erso	n		. 5		X
Complete this table for your five highest compensation from the organization. Report compensation.	ated indep pensation f	ender or the	nt co	ntra enda	ctor ar ye	s tha ar er	t red	ceived more than \$ g with or within the	100,000 of organization's tax y	ear		
(A) Name and business add	dress							Description (		(Compe	C) ensatio	n
							_					
2 Total number of independent contractors (including	ng but not li	mited	l to t	hos	e list	ed al	bove	e) who received mo	ore than			
\$100,000 of compensation from the organization		TEFA	0108	11/	16/16			<del></del>		Form	990 (	2016

		Check if Schedule O		espon	se or note to any lin	e in this Part VIII			[
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats	1 a	Federated campaigns .		1 a					
oun our		•	[	1 b		ļ	J		]
S, ₩		Fundraising events	1-	1 c			]		
를 를		Related organizations .	<b>⊢</b>	1 d		Ì	1		}
S E	6	Government grants (contribution	ons)	1 e			1		ļ
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grasimilar amounts not included a	ants, and bove	1 f					
들위	g	Noncash contributions included	d in lines 1a-	1í \$_			1		Ì
<u>රි</u> ළ	h	Total. Add lines 1a-1f .	<u></u>		<u> </u>				
Program Service Revenue	_				Business Code				
ě		MEMBERSHIP DUES			900099	729,675.	729,675.	<u> </u>	0.
e e					541800	161,441.	0.	<u>161,441.</u>	0.
, <u>Ş</u>		DOCUMENT_SALES		r	323100	186,342.	186,342.	0.	0.
လို		CONVENTION/TRAD			611430	641,778.	0.	0.	641,778.
ran	e	SEMINARS/TRAINI	NG		611430	91,277.	91,277.	0.	0.
rog		All other program service <b>Total</b> . Add lines 2a-2f .				10,105.	0.	0.	10,105.
<u></u>	<u>_</u>					1,820,618.		<del> </del>	
	3	investment income (inclu other similar amounts).				11,750.	0.	0.	11,750.
	4	Income from investment				117,30.			11,750.
	5	Royalties		•	•	1,639.	0.	0.	1,639.
		· ·	(ı) Re		(ii) Personal			<u> </u>	
	6 a	Gross rents	14,	340					į
	b	Less rental expenses		055					ĺ
	С	Rental income or (loss)		285					
	d	Net rental income or (los	s)			9,285.	0.	0.	9,285.
	7 a	Gross amount from sales of	(ı) Secur	ities	(II) Other				
		assets other than inventory							
	b	Less cost or other basis					ĺ		
		and sales expenses							)
	1	Gain or (loss)							
	d	Net gain or (loss)			· · · · · · · · · · · · · · · · · · ·				
ne	8 a	Gross income from funda (not including . \$	aısıng eve	ents	}				
		of contributions reported	on line 1c	)					
ಷ		See Part IV, line 18			a				1
Other Reve	b	Less direct expenses .			ь				
₹	c	Net income or (loss) fron	n fundraisi	ng eve	ents				
	9 a	Gross income from gami See Part IV, line 19	ng activitie	es 	a				
		Less direct expenses .			ь	,		i	
		Net income or (loss) fron			es				
	J	Gross sales of inventory and allowances	, less retur	ากร					
	Ŀ	Less cost of goods sold			ь	1			1
		Net income or (loss) from							
		Miscellaneous Revenu			Business Code				
	11 a	)							
	t								
	0	;							
	ı.	d All other revenue							
	•	Total. Add lines 11a-11d	1		· · · · · · · · · · · · · · · · · · ·				
	40	Tatal management Community			_	l			

	Part IX Statement of Functional Expenses									
Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns All ot	her organizations must	complete column (A)						
	Check if Schedule O contains a res				<del></del>					
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	115,295.								
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	159,043.								
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	346,465.								
8	Pension plan accruals and contributions (include section 401(k) and 403(b)									
	employer contributions)	21,888.		<u> </u>						
9	Other employee benefits	70,094.		1						
10	Payroll taxes	36,252.								
11	Fees for services (non-employees)									
а	Management				Ì					
Ŀ	Legal	89,250.								
	Accounting	7,950.								
	Lobbying	32,356.		1						
	Professional fundraising services See Part IV, line 17									
f	Investment management fees		<u>.</u>		<del> </del>					
g	Other (If line 11g amount exceeds 10% of line 25, column			<u> </u>						
40	(A) amount, list line 11g expenses on Schedule O )	52,432.			<del> </del>					
	Advertising and promotion	199.			<del> </del>					
13	Office expenses	39,833.			<del> </del>					
14	Information technology	119,848.	<del></del>	<del> </del>	<del></del>					
15	Occupancy			<del> </del>	<del> </del>					
16	Travel	22,540.		<del> </del>	<del> </del>					
17 18	Payments of travel or entertainment	14,112.		<del>+</del>						
10	expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	389,075.		<del> </del>						
20	Interest			<del></del>						
21	Payments to affiliates		<del></del>	<del></del>						
	Depreciation, depletion, and amortization	14,155.		<del> </del>	<del> </del>					
23	Insurance	3,053.		<del></del>						
24	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)									
ŧ	UBIT_TAXES	16,868.		<del></del>						
	PUBLICATIONS	220,999.		<del> </del>						
	d	<u> </u>		<u> </u>						
	e Ali other expenses			<u> </u>						
25	Total functional expenses. Add lines 1 through 24e	1,771,707.		L						
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here									
	SOP 98-2 (ASC 958-720)		<u>                                       </u>	1	I					

BAA

þ

Net Assets

31

32

33

34

and complete lines 30 through 34.

Retained earnings, endowment, accumulated income, or other funds . . . . . . . . .

2,479,162 Form 990 (2016)

1,916,360.

30

31

32

33

34

1,846,577

2,326,081

Form	990 (2016) TEXAS SELF STORAGE ASSOCIATION, INC. 74-	2427590		_Pa	ge <b>12</b>
Par	t XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	. <u>.</u> .	. N
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	43,2	92.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,7	71,7	07.
3	Revenue less expenses Subtract line 2 from line 1	3		71,5	85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,84		
5	Net unrealized gains (losses) on investments	5		-1,8	02.
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	1,9	16,3	60.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
	<u> </u>		T	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	3			i
	separate basis, consolidated basis, or both	-	1		1
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	х	1
	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				İ
	X Separate basis Consolidated basis Both consolidated and separate basis				i
1	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audience, or compilation of its financial statements and selection of an independent accountant?	dıt, 	2 c	х	<u>:</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	· · · · · · ·	3 a		х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3 ь		
BA			Form	990 (	2016)

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

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Schedule C (Form 990 or 990-EZ) 2016

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization			Employer identifica	ation number
TEX	AS SELF STORAGE ASS	SOCIATION, INC.		74-242759	0
Par		ganization is exempt under section			zation.
1	(see instructions for definition of	ganization's direct and indirect political campa of 'political campaign activities')			
2		enditures (see instructions)			
3	Volunteer hours for political ca	mpaign activities (see instructions)	· · · · · · · · · · · · · · · · · · ·		
Par		ganization is exempt under section			
1	Enter the amount of any excise	e tax incurred by the organization under secti	on 4955		
2	Enter the amount of any excise	e tax incurred by organization managers und	er section 4955	▶\$	
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720 for this	year?		· · · Yes No
4 a	Was a correction made?				· · · Tyes TNo
Ł	If 'Yes,' describe in Part IV				
Pai	t I-C Complete if the or	ganization is exempt under secti	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	vities · · · · · . ▶ \$	<del> </del>
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	nizations for section 52	27 exempt 	
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here and on F	Form 1120-POL,	<b>&gt;</b> \$	
4		Form 1120-POL for this year?		·	
5	organization made payments amount of political contribution	nd employer identification number (EIN) of a For each organization listed, enter the amou is received that were promptly and directly di action committee (PAC). If additional space is	nt paid from the filing of	organization's funds Also political organization, suc	enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 20	16TEXAS SELF	STORAGE ASSOCIAT	ION, INC.	74-242	7590 Page <b>2</b>						
	the organization	n is exempt under se		l filed Form 5768 (e	lection under						
A Check ► If the filing	g organization belor	igs to an affiliated group (an	d list in Part IV each affili	ated group member's nan	ne,						
address,	EIN, expenses, and	share of excess lobbying e	xpenditures)								
B Check ► I if the filing	g organization chec	ked box A and 'limited contro	ol' provisions apply								
(The term	Limits on Lobby 'expenditures' me	ing Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals						
1 a Total lobbying expenditui	res to influence publ	ic opinion (grass roots lobby	/ing)								
	•	uslative body (direct lobbyin		<del></del>							
c Total lobbying expenditui	res (add lines 1a an	d 1b)									
c Total lobbying expenditures (add lines 1a and 1b)											
	•	s 1c and 1d)			<del></del>						
f Lobbying nontaxable am	ount Enter the amo	unt from the following table	ın								
If the amount on line 1e, colu		The lobbying nontaxable									
Not over \$500,000		20% of the amount on line 1e		}							
Over \$500,000 but not over \$1	1,000,000	\$100,000 plus 15% of the exces	s over \$500,000								
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the exces		]							
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess		<b>i</b>							
Over \$17,000,000	<del></del>	\$1,000,000		}							
g Grassroots nontaxable a	mount (enter 25% o	f line 1f)			······································						
h Subtract line 1g from line	a 1a If zero or less,	enter -0									
i Subtract line 1f from line	1c If zero or less, e	nter -0									
		er line 1h or line 1i, did the o			· · · Yes No						
(Som	e organizations th	4-Year Averaging Period at made a section 501(h) eelow. See the separate ins	lection do not have to o	complete all of the five rough 2f.)							
	Lob	bying Expenditures Durin	g 4-Year Averaging Peri	od							
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) Total						
2 a Lobbying nontaxable amount											
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))											
c Total lobbying expenditures			<u> </u>								
d Grassroots nontaxable amount											
e Grassroots ceiling amount (150% of line 2d, column (e)) · · · ·											
f Grassroots lobbying expenditures				Schodulo C /Fa-	m 990 or 990-EZ) 2016						
DAA				Schedule C (For	iii əəu or əəu-E∠) 2016						

Schedule C (Form 990 or 990 EZ) 2016 TEXAS SELF STORAGE ASSOCIATION, INC 74-2427590 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description Yes No of the lobbying activity Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . d Mailings to members, legislators, or the public? . . . . . . . . . . . . . . . g Direct contact with legislators, their staffs, government officials, or a legislative body?...... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?..... 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . . . . c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912...... d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . . . . . . . . . Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? . . . . . . . . . . 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . . . . 2 Х Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . . Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.' 1 729,675. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 a 32,356. 2 b **b** Carryover from last year . . . . . . 0. 32,356. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . . 3 21,890.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions)

5

10,466.

0.

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on 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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

n990. Opento Publica Inspection Employer identification number

	TEXAS SELF STORAGE ASSOCIATION, INC.		74-242	7590
Pär	Organizations Maintaining Donor Advised Funds or O	ther Similar Fund	ds or Accounts.	<del></del>
1	Complete if the organization answered 'Yes' on Form 990,	Part IV, line 6.		
	(a) Donor advised	d funds	(b) Funds and of	ther accounts
1	Total number at end of year		<u> </u>	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)		<del></del>	
4	Aggregate value at end of year			_ <del></del>
5	Did the organization inform all donors and donor advisors in writing that the as are the organization's property, subject to the organization's exclusive legal co			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing for charitable purposes and not for the benefit of the donor or donor advisor, o impermissible private benefit?	r for any other purpose	e conferring	Yes No
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 990	Part IV line 7	<del></del>	
	Purpose(s) of conservation easements held by the organization (check all that			
1	Preservation of land for public use (e.g., recreation or education)	<del></del>	a historically important l	and area
	Protection of natural habitat	ш	a certified historic struct	
	Protection of natural nabitat  Preservation of open space		a ceruneu mstono struci	uic
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the for	m of a conservation eas	ement on the
_	last day of the tax year		m or a conservation cas	
			Held at the	End of the Tax Year
a	Total number of conservation easements		2 a	
k	Total acreage restricted by conservation easements		2 b	
C	Number of conservation easements on a certified historic structure included in	ı (a)	. 2 c	
Ć	Number of conservation easements included in (c) acquired after 8/17/06, and structure listed in the National Register		. 2 d	
3	Number of conservation easements modified, transferred, released, extinguist tax year ►	hed, or terminated by	the organization during	the
4	Number of states where property subject to conservation easement is located	<b>•</b>		
5	Does the organization have a written policy regarding the periodic monitoring, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violat			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations,  \$\Bigsis \xi \grace \xi \grace   \qu	and enforcing conser	vation easements durin	g the year
8	Does each conservation easement reported on line 2(d) above satisfy the req and section 170(h)(4)(B)( $\parallel$ )?		· · · · · · · · · · . <u> </u>	Yes No
9	In Part XIII, describe how the organization reports conservation easements in include, if applicable, the text of the footnote to the organization's financial state conservation easements	its revenue and expentements that describe	nse statement, and bala is the organization's acc	nce sheet, and ounting for
Pai	Organizations Maintaining Collections of Art, Historic Complete if the organization answered 'Yes' on Form 990	al Treasures, or , Part IV, line 8.	Other Similar Ass	ets.
1 :	all f the organization elected, as permitted under SFAS 116 (ASC 958), not to reart, historical treasures, or other similar assets held for public exhibition, educin Part XIII, the text of the footnote to its financial statements that describes the	ation, or research in fu	itement and balance shoutherance of public sen	et works of //ce, provide,
l	<ul> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report historical treasures, or other similar assets held for public exhibition, educatio following amounts relating to these items</li> </ul>	n, or research in furthe	erance of public service	vorks of art, provide the
	(i) Revenue included on 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 amounts required to be reported under SFAS 116 (ASC 958) relating to these	sımılar assets for finar e items	ncial gain, provide the fo	llowing
	a Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$	
	Accepta included in Form 000. Bort V		آخ ہے	

Schedule <b>D</b> (Form 990) 2016 TEXAS SELF	STORAGE ASSOCIATI	ON INC	74-242	7590 Page <b>2</b>
Partill Organizations Maintaining Co				
Using the organization's acquisition, accession items (check all that apply)				
a Public exhibition	d 🗍 Loan c	or exchange programs		
b Scholarly research	e Other			
c Preservation for future generations				<del></del>
Provide a description of the organization's co Part XIII	ilections and explain how the	y further the organization	n's exempt purpose in	
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma	r receive donations of art, his	torical treasures, or other zation's collection?	r sımılar assets	Yes No
Escrow and Custodial Arrang line 9, or reported an amount o	<b>gements.</b> Complete if the Form 990, Part X, line	ne organization ansv e 21.	wered 'Yes' on Form	1 990, Part IV,
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary for co	ontributions or other asse	ets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII a	and complete the following tal	ble		
				Amount
c Beginning balance			. 1c	
d Additions during the year			. 1 d	
e Distributions during the year			. 1e	
f Ending balance			. 1f	
2 a Did the organization include an amount on F				Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII				~ -
Part Va Endowment Funds. Complete	of the organization ans	wered 'Yes' on Forn	n 990, Part IV, line 1	10
<del></del>	rrent year (b) Prior year			(e) Four years back
1 a Beginning of year balance				
<b>b</b> Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships	<del></del>		<del></del>	+
e Other expenditures for facilities	<del></del>		<del></del>	<del></del>
and programs				<del> </del>
f Administrative expenses		<del></del>	<del></del>	<del></del>
g End of year balance		<u></u>		<del>-!</del>
2 Provide the estimated percentage of the cur	_	g, column (a)) held as		
a Board designated or quasi-endowment				
b Permanent endowment	_ <b>_</b> %			
c Temporarily restricted endowment	<b>%</b>			
The percentages on lines 2a, 2b, and 2c sho	ould equal 100%			
3 a Are there endowment funds not in the posse organization by	ession of the organization that	t are held and administer	ed for the	Yes No
(i) unrelated organizations				. 3a(ı)
(ii) related organizations				. 3a(ii)
b If 'Yes' on line 3a(ii), are the related organization				. 3b
4 Describe in Part XIII the intended uses of the	e organization's endowment f	funds		<del></del>
Part VI Land, Buildings, and Equipm Complete if the organization as		990 Part IV line 11	a See Form 990 P	Part X line 10
		<del></del>		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		52,805.	94	52,805.
b Buildings		370,530.	122,538.	247,992.
c Leasehold improvements		74,067.	33,132.	40,935.

d Equipment . . . . . . . . . . 96,958. 94,006. 2,952.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) . . . . . .

. ► 344,684. Schedule **D** (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
Financial derivatives		<u> </u>	
Closely-held equity interests		<del> </del>	
Other	. <del></del>	<del></del>	
		<del>_</del>	
	. <u> </u>	<del></del>	
	<u> </u>		
	· <del></del>	<del></del>	
	· <del></del>	<del></del>	
		<del>4</del>	
<u> </u>	ļ	<del></del>	
!	\ <del></del>	<del></del>	
	·	<del></del>	
al. (Column (b) must equal Form 990, Part X, column (B) line 12)	<u> </u>	.L	<del></del>
Complete if the organization answered '	'Yes' on Form 990.	Part IV. line 11c. See Fo	orm 990. Part X. line 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market valu
1)	<del> </del>		<del></del>
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)	T		
0)			
tal. (Column (b) must equal Form 990, Part X, column (B) line 13) •			
art IX Other Assets.			
	N/ 1 F 000	D. 4 D./ Par. 44 J. O E	. 000 D 11/1 45
Complete if the organization answered		, Part IV, line 11d. See F	
(a) De	'Yes' on Form 990 escription	, Part IV, line 11d. See F	
(a) De		, Part IV, line 11d. See F	
(a) De (2)		, Part IV, line 11d. See F	
(a) De (1) (2) (3)		, Part IV, line 11d. See F	
(a) De (1) (2) (3) (4)		, Part IV, line 11d. See F	orm 990, Part X, line 15. (b) Book value
(a) De (1) (2) (3) (4) (5)		, Part IV, line 11d. See F	
(a) De (1) (2) (3) (4) (5) (6) (7)		, Part IV, line 11d. See F	
(a) De 1) 2) 3) 4) 5) 66) 7) 8)		, Part IV, line 11d. See F	
(a) De 1) 2) 3) 4) 5) 6) 7) 8) 9)		, Part IV, line 11d. See F	
(a) De 1) 2) 3) 4) 5) 6) 7) 8) 9) 0)	escription		(b) Book value
(a) De 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) wtal. (Column (b) must equal Form 990, Part X, column (B)	escription		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)  Otal. (Column (b) must equal Form 990, Part X, column (B)  art X Other Liabilities.	line 15)		(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Otal. (Column (b) must equal Form 990, Part X, column (B)  art X Other Liabilities.  Complete if the organization answered 'Yes' on	line 15) Form 990, Part IV, line	11e or 11f. See Form 990, Pa	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) (otal. (Column (b) must equal Form 990, Part X, column (B) (art X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability	line 15)	11e or 11f. See Form 990, Pa	(b) Book value
(a) De  1) 2) 3) 4) 5) 6) 7) 8) 9) 0) stal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' on  (a) Description of liability  (1) Federal income taxes	line 15)	11e or 11f. See Form 990, Pa	(b) Book value
(a) De  1)  2)  3)  4)  5)  6)  7)  8)  9)  0)  Ital. (Column (b) must equal Form 990, Part X, column (B)  art X Other Liabilities.  Complete if the organization answered 'Yes' on  (a) Description of liability  (1) Federal income taxes  (2) SECURITY DEPOSIT	line 15)	11e or 11f. See Form 990, Pa	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (4) (4) (4)	line 15)	11e or 11f. See Form 990, Pa	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) (1) (1) (2) (2) (3) (4) (5) (4) (5) (5)	line 15)	11e or 11f. See Form 990, Pa	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16)	line 15)	11e or 11f. See Form 990, Pa	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSIT (3) (4) (5) (6) (7)	line 15)	11e or 11f. See Form 990, Pa	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (B) art X Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of liability (1) Federal income taxes (2) SECURITY DEPOSIT (3) (4) (5) (6) (7) (8)	line 15)	11e or 11f. See Form 990, Pa	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Potal. (Column (b) must equal Form 990, Part X, column (B)  art X Other Liabilities.  Complete if the organization answered 'Yes' on (a) Description of Irability (1) Federal income taxes (2) SECURITY DEPOSIT (3) (4) (5) (6) (7) (8) (9)	line 15)	11e or 11f. See Form 990, Pa	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Potal. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on (a) Description of Irability (1) Federal income taxes (2) SECURITY DEPOSIT (3) (4) (5) (6) (7) (8) (9) 10)	line 15)	11e or 11f. See Form 990, Pa	(b) Book value
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (a) (a) (b) (c) (c) (d) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	line 15)  Form 990, Part IV, line (b) Book valu	11e or 11f. See Form 990, Pa	(b) Book value

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

4 b

Pt XI, Line 2d RENTAL EXPENSES Pt XII, Line 2d RENTAL EXPENSES

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. . . . 

BAA

Schedule **D** (Form 990) 2016

5,055.

1,771,707.

1,771,707

3

4 c

### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22

Attach to Form 990

OMB No 1545-0047 2016

Open to Public

Internal Revenue Service	► Information	on about Schedule I	(Form 990) and its insti	ructions is at www irs	gov/form990.		Inspection
Name of the organization						Employer identif	
TEXAS SELF STORAGE ASS		tance	<del> </del>		<del></del>	74-24275	90
Does the organization maintain the selection criteria used to aw			or assistance, the granter	es' eligibility for the grant	ts or assistance, and		
						•	X Yes No
2 Describe in Part IV the organiza					ote if the organizati	on answored 'V	ar' on
	e 21, for any recipient						55 UII
1 (a) Name and address of organization or government	n (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SHRINERS HOSPITAL FOR 815 MARKET STREET	CHI						
GALVESTON TX 77550	36-2193608	501(c)(3)	115,295				CONTRIBUTION
(2)					<u> </u>		
				1	(		
(3)							
	<b></b>	1	ļ		}		
(4)		1	-				
			ļ				
(5)							
(6)							
(7)							
			1	1			
78)							
	- <b></b>	<u> </u>					1
2 Enter total number of section 5	01(c)(3) and government or	ganizations listed in th	he line 1 table				1
3 Enter total number of other org			·_		<u> </u>		
BAA For Paperwork Reduction Ac	ct Notice, see the Instruction	ons for Form 990		TEEA3901	11/03/16	Sched	ule I (Form 990) (2016)

Grants and Other Assistance can be duplicated if additional	space is needed	<u> </u>			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of noncash assistance
					· · · · · · · · · · · · · · · · · · ·
IVA Supplemental Information. F	Provide the information	required in Part I,	line 2, Part III, colur	nn (b), and any other addi	ional information

#### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ov/form990. Inspection
Employer Identification number

ΓEΧ						
Par	t I Questions Regarding Compensation					
					Yes	No
1 a	Check the appropriate box(es) if the organization provided any VII, Section A, line 1a Complete Part III to provide any relevant	of that	e following to or for a person listed on Form 990, Part irmation regarding these items			
	First-class or charter travel		Housing allowance or residence for personal use	1 :		
	Travel for companions		Payments for business use of personal residence			
	Tax indemnification and gross-up payments	[	Health or social club dues or initiation fees	1		
	Discretionary spending account	Ī	Personal services (such as, maid, chauffeur, chef)			
Ь	If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described at			1 b		
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, re			2		
3	Indicate which, if any, of the following the filing organization us CEO/Executive Director Check all that apply Do not check an establish compensation of the CEO/Executive Director, but exp	y box	xes for methods used by a related organization to			
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	[2	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Sorganization or a related organization		-			
	Receive a severance payment or change-of-control payment?					X
	Participate in, or receive payment from, a supplemental nonqu					Х
(	Participate in, or receive payment from, an equity-based comp			4 c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the ap	plica	ble amounts for each item in Part III	}		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons i	must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, discontingent on the revenues of	d the	e organization pay or accrue any compensation			,
á	a The organization?			5 a		
ı	Any related organization?			5 b		
	If 'Yes' on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, line 1a, discontingent on the net earnings of	id the	e organization pay or accrue any compensation			
	a The organization?			6 a		
	b Any related organization?					
	If 'Yes' on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, line 1a, d payments not described on lines 5 and 6° If 'Yes,' describe in	id the Part	e organization provide any nonfixed	. 7		
8	Were any amounts reported on Form 990, Part VII, paid or act to the initial contract exception described in Regulations section of Yes, describe in Part III	on 53	(4958-4(a)(3)?	. 8		
_				·   •		
9	If 'Yes' on line 8, did the organization also follow the rebuttable section 53 4958-6(c)?	e pre:	sumption procedure described in Regulations	. 9		

### 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.

OMB No 1545-0047

2016

Open to Public Inspection

TEXAS SELF STORAGE ASSOCIATION, INC.  ROBERT LOBE HAS A BUSINESS RELATIONSHIP WITH JILL HOLBROOK, AND MIKE GATELY.  THE ASSOCIATION'S MEMBERSHIP IS MADE UP OF SELF STORAGE OWNERS AND OPERATORS IN TEXAS.  ALL MEMBERS VOTE TO ELECT THE BOARD OF DIRECTORS. THREE NEW DIRECTORS ARE ELECTED EACH YEAR. ADDITIONALLY, VENDOR MEMBERS ELECT ONE REPRESENTATIVE ANNUALLY TO THE BOARD OF DIRECTORS.  THE DECISIONS OF THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL OF THE MEMBERS ONLY IF THE CHANGE WOULD AFFECT THE ASSOCIATION'S ARTICLES OF INCORPORATION.  BOTH THE EXECUTIVE AND FINANCE COMMITTEES, AS WELL AS ANY BOARD MEMBERS, WILL COMPLETE AN INITIAL REVIEW WITH THE PREPARING CPA AND MAKE A RECOMMENDATION TO THE BOARD HEPTER OR NOT TO APPROVE THE RETURN. THE ENTIRE BOARD SUBSEQUENTLY REVIEWS THE RETURN AND WILL VOTE FOR APPROVAL AT A BOARD MEETING BEFORE FILING.  PL VI, Line 11b A BOARD MEETING BEFORE FILING.  THE EXECUTIVE DIRECTOR REVIEWS THE CONFLICT OF INTEREST POLICY WITH DIRECTORS AT THE ANNUAL PLANNING SESSION. ALL DIRECTORS SIGN AN ACKNOWLEDGEMENT THAT THEY HAVE READ AND UNDERSTAND THE POLICY. IF ISSUES ARISE BEFORE THE BOARD THAT INVOLVE A DIRECTOR, THAT DIRECTOR IS ASKED AND AND LEAVE THE ROUND DIRECTOR, THAT DIRECTOR IS ASKED TO ABSTAIN FROM DISCUSSION AND LEAVE THE ROOM DURING VOTING.  THE EXECUTIVE DIRECTOR. THAT THEY HAVE READ AND UNDERSTAND THE POLICY. IF ISSUES ARISE BEFORE THE BOARD THAT INVOLVE A DIRECTOR, THAT DIRECTOR IS ASKED THE EXECUTIVE DIRECTOR. THAT THEY HAVE READ AND UNDERSTAND THE POLICY. IF ISSUES ARISE BEFORE THE BOARD THAT INVOLVE A DIRECTOR, THAT DIRECTOR IS ASKED THE EXECUTIVE DIRECTOR. THAT THEY HAVE READ AND UNDERSTAND THE POLICY. IF ISSUES ARISE BEFORE THE BOARD THAT INVOLVE A DIRECTOR, THAT DIRECTOR IS ASKED THE EXECUTIVE DIRECTOR. THERE ARE NO OTHER KEY STAFF MEMBERS OR PAID OFFICERS, BUT THE FINANCE COMMITTEES REVIEW COMPARABLE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THERE ARE NO OTHER KEY STAFF MEMBERS OR PAID OFFICERS, BUT THE FINANCE COMMITTEES REVIEW TOTAL PROPOSED COMPENSATION FOR A	Department of the Treasury Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instruction at www.irs.gov/form990.	s is	Open to Public Inspection
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Schedule J (Form 990) 2016 TEXAS SELF STORAGE ASSOCIATION, INC 74-2427590

Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title  GINNY SUTTON (I)  EXECUTIVE DIRECTOR (II)  (II)  (II)  (III)	0	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Returement and other deferred compensation	(D) Nontaxable benefits	<u>159,043</u> 0	(F) Compensation in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2016

TEXAS SELF STORAGE ASSOCIATION, INC.

74-2427590

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Partilla Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2016

BAA