Form **990**

Return of Organization Exempt From Income Tax

2018

OMB No 1545-0047

			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (c			s) <u>40 10</u>				
Don	artmont o	f the Treasury	▶ Do not enter social security numbers on this form as it ma	y be made p	oublic.	Open to Public				
Inter	nal Rever	nue Service	► Go to www.irs.gov/Form990 for instructions and the late	est informat	ion. 🖔 🦞	Inspection				
A	For the	2018 cale	ndar year, or tax year beginning , 2018, and er	ding		, 20				
В	Check if	applicable	C Name of organization TEXAS SELF STORAGE ASSOCIATION,	INC.	D Employ	er identification number				
	Address	change	Doing business as		74-2	427590				
	Name cl	hange	Number and street (or P O box if mail is not delivered to street address) Room	n/suite	E Telepho	ne number				
	Initial ref	turn	595 ROUND ROCK WEST DRIVE 503	1	(512	374-9089				
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	d return	ROUND ROCK, TX 78681		G Gross re	eceipts \$ 2,002,761.				
	Applicat	ion pending	F Name and address of principal officer	/ H(a) Is t	his a group return for	group return for subordinates? Yes X No				
				8681 H(b) A	re all subordinate	s included? Yes No				
ı	Tax-exe	mpt status	□ 501(c)(3)		If "No," attach a	a list. (see instructions)				
J	Website		WW.TXSSA.ORG	H(c) G	Group exemption	number ►				
K	Form of	organization	X Corporation ☐ Trust ☐ Association ☐ Other ►	mation]	1986 M State	of legal domicile TX				
Р	art I	Summ	ary							
	1	Briefly de	escribe the organization's mission or most significant activities: TO	PROMOTE	E PUBLIC	INFORMATION				
ė		-	ARENESS OF THE SELF STORAGE INDUSTRY WITHIN T							
Governance				••••						
ern	2	Check th	is box ▶☐ if the organization discontinued its operations or dispose	ed of more	than 25% of	its net assets.				
Š	3		of voting members of the governing body (Part VI, line 1a)		з	13				
æ	4		of independent voting members of the governing body (Part VI, line	1b) .	4	13				
es	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	8				
Activities &	6		nber of volunteers (estimate if necessary)		6	35				
Ş	7a		elated business revenue from Part VIII, column (C), line 12		7a	199,499.				
•	ь		ated business taxable income from Form 990 Tangan		. 7b	90,201.				
	<u> </u>		DECENTUL	Pn	or Year	Current Year				
	8	Contribut	tions and grants (Part VIII, line 1h) . REO 12							
Revenue	9	Program	service revenue (Part VIII line 26)	916,526.	1,958,454.					
Ş.	10	Investme	nt income (Part VIII, column (A), lines 3, 4) and 70		16,488.	28,743.				
æ	11	Other rev	renue (Part VIII, column (A), lines 4, 50, 8c, 9c, 10c, and 11e)		11,134.	5,831.				
	12		enue-add lines 8 through 11 (must equat (12 V) 5 (mag 4), fine 12)	1.	944,148.	1,993,028.				
	13	Grants ar	nd similar amounts paid (Part IX, column (1) in es 1-3)		94,408.	59,073.				
	14		paid to or for members (Part IX, column (A), line 4)		<u> </u>	337073.				
10	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		575,833.	626,449.				
Expenses	16a		anal fundraising fees (Part IX, column (A), line 11e)		3,3,033.	020/119.				
ben	ь		draising expenses (Part IX, column (D), line 25) ▶							
ᄍ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	033,828.	1,143,318.				
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		704,069.	1,828,840.				
	19		less expenses. Subtract line 18 from line 12		240,079.	164,188.				
- s		Ticvenue	less expenses, outstude into to from line 12	Beginning	of Current Year	End of Year				
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)	2	737,596.	2,914,035.				
Asse	21		ilities (Part X, line 26)		581,267.	598,641.				
E E	22		ts or fund balances. Subtract line 21 from line 20	2.	156,329.	2,315,394.				
	art II		ture Block		200,0221					
_			I declare that I have examined this return, including accompanying schedules and s	tatements and	d to the best of r	ny knowledge, and belief it is				
tru	e, correc	t, and copipl	ete Declaration of preparer (other than officer) is based on all information of which prep	arer has any k	nowledge.	ny kilowicogo and bellot, k lo				
		 \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \)			10/12	5/15				
Sig	ın	Sign:	ature of difficer		Date	41.3				
He		10	()							
110	10		RIN YOUNG, PRESIDENT or print name and title							
		1700	pe preparer's name Preparer's signature	Date		PTIN				
Pa	id				Check Check	if				
Pro	epare	reter	L. Allman, CPA	09/25/2		ployed P00648533				
Us	e Onl	Firm's n	ame ►Allman & Associates inc.	mv 0000		46-2979080				
		irm's a	ddress ▶ 9600 Great Hills Trail, Suite 150W, Austin,	TX 78759	Phone no (5					
Ma	y the IF	≺≾ <u>∑e</u> nscuss	s this return with the preparer shown above? (see instructions)			🗙 Yes 🗌 No				

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

Form **990** (2018)

REV 05/20/19 PRO

Part	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:
•	TO PROMOTE PUBLIC INFORMATION AND AWARENESS OF THE SELF STORAGE
	INDUSTRY WITHIN TEXAS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$including grants of \$) (Revenue \$)
	THE ORGANIZATION HOLDS AN ANNUAL THREE DAY CONVENTION, FEATURING
	SEMINARS, A MEMBERSHIP LUNCHEON, KEYNOTE AND GENERAL SESSIONS, ALONG
	WITH A TRADE SHOW. THE PURPOSE OF THE EVENT IS TO PROVIDE MEMBERS AN
	OPPORTUNITY TO LEARN ABOUT THE INDUSTRY AND ITS LATEST DEVELOPMENTS
	AND ADVANCES. APPROXIMATELY 550 MEMBERS ARE SERVED BY THIS EVENT.
	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	THE ORGANIZATION PUBLISHES A MAGAZINE SIX TIMES A YEAR. THE MAGAZINE
	IS SENT TO ALL MEMBERS AND THE FACILITIES THEY OPERATE. IT FEATURES
	ARTICLES ON VARIOUS TOPICS TO EDUCATE MEMBERS ON THE MOST PRESSING LEGAL AND OPERATIONAL ISSUES IN THE INDUSTRY. IT ALSO INCLUDES
	ADVERTISEMENTS FOR INDUSTRY VENDORS. ALL MEMBERS (APPROXIMATELY 2,700)
	AND MANY OF THEIR EMPLOYEES ARE SERVED BY THIS PUBLICATION.
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
40	THE ORGANIZATION PRINTS EIGHT OFFICIAL LEGAL FORMS, INCLUDING THE
	POPULAR TSSA RENTAL AGREEMENT FOR PURCHASE BY MEMBERS, ALONG WITH
	APPROXIMATELY 80 FORMS THAT ARE AVAILABLE TO MEMBERS FOR FREE. AN
	ESTIMATED 2,100 OR MORE OF THE OWNER AND MANAGEMENT COMPANY MEMBERS
	USE THE OFFICIAL FORMS. ADDITIONALLY, THE ORGANIZATION PRINTS AND
	PUBLISHES A 400 PAGE LEGAL MANUAL (GOLDBOOK) WHICH IS DISTRIBUTED
	TO THE MEMBERSHIP FREE OF CHARGE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Form 99	nò (2018)	7	ı	Page 3
Part		_		-3-
			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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
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	×	
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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		×
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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		<u> </u>
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
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		×
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		×
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		×
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		×
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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? In the street of the source of the street of the stre	21	×	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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	×	
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├-
С .	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<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		
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		
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," complete Schedule L, Part II	26		×
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		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part '				
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Mart	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
	Should seemble of seembles and seemble Should Should State and Total I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	}		ļ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	20	×	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?		×	
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	×	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	0.0		
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a	_ X _	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			İ
_	gifts were not tax deductible?	6b	_×	ļ <u>-</u>
7	Organizations that may receive deductible contributions under section 170(c).			}
а	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?	 7а		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," 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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$-\!\!+\!\!\!\!-$	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-	-	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	$\neg \neg$	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		ĺ	
11	Section 501(c)(12) organizations. Enter:	Ì		
	Gross income from members or shareholders	ļ		
b	Gross income from other sources (Do not net amounts due or paid to other sources	J	}	
12a	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Ī	,
	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\neg \neg$	
	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	Į	ļ	
	the organization is licensed to issue qualified health plans	ļ		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-	į	
	excess parachute payment(s) during the year?	15	\dashv	×
	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		٦
10	If "Yes," complete Form 4720, Schedule O.	10		<u> </u>
	ii 100, Complete I offit 1720, Concedito C.			

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	<u> </u>	<u> </u>	×
Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 13]
	If there are material differences in voting rights among members of the governing body, or		i		
	if the governing body delegated broad authority to an executive committee or similar				l
	committee, explain in Schedule O.	46			
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business in	elationship with	_		
2	any other officer, director, trustee, or key employee?		2	X	
. 3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 95	•	4		×
5	Did the organization become aware during the year of a significant diversion of the organization		5		×
6	Did the organization have members or stockholders?		6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			-
	one or more members of the governing body?		7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval		76		
_	stockholders, or persons other than the governing body?		7b	×	
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
а	The governing body?		 8a	×	
b	Each committee with authority to act on behalf of the governing body?		8b	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	ŀ	×
Section	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue Co	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		_ <u>×</u> _
þ	If "Yes," did the organization have written policies and procedures governing the activities of		[[
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the Copy of this Form 990 to all members of its governing body before the Copy of the Copy of this Form 990 to all members of its governing body before the Copy of this Form 990 to all members of its governing body before the Copy of this Form 990 to all members of its governing body before the Copy of this Form 990 to all members of its governing body before the Copy of this Form 990 to all members of its governing body before the Copy of this Form 990 to all members of its governing body before the Copy of this Form 990 to all members of its governing body before the Copy of this Form 990 to all members of its governing body before the Copy of t	re filing the form?	11a	<u> </u>	 7
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	 	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12b	×	
c	Did the organization regularly and consistently monitor and enforce compliance with the p		120	$\widehat{}$	
·	describe in Schedule O how this was done	olicy: II res,	12c	×	
13	Did the organization have a written whistleblower policy?		13	×	
14	Did the organization have a written document retention and destruction policy?		14	×	
15	Did the process for determining compensation of the following persons include a review a	nd approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b		<u>×</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		-	İ	ŀ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?	_	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				<u> </u>
•	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Section	on C. Disclosure				
17					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable		(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all tha				
40	Own website Another's website Upon request Other (explain in Sch	•		,	
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	nts, conflict of inte	erest p	olicy.	, and
20	State the name, address, and telephone number of the person who possesses the organization	n's books and rec	orde	-	
	CINNY SUTTON 595 ROUND ROCK WEST DR. ROUND ROCK. TX 78681 (512		U3	-	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Fart VII **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII .

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.

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 related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)				organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) APRIL YOUNG	1.00									
PRESIDENT		×		×				0.	0.	0.
(2) CHRIS MARTIN VICE PRESIDENT	1.00	×		×				0.	0.	0.
(3) MATT JANES TREASURER	1.00	×		×				0.	0.	0.
(4) JEANNE DUBE SECRETARY	1.00	×		×				0.	0.	0.
(5) CLINT WYNN IMMED. PAST PRES	1.00	×		×				0.	0.	0.
(6) DAVIS DEADMAN DIRECTOR	1.00	×					_	0.	0.	0.
(7) ROBB DEJEAN DIRECTOR	1.00	×						0.	0.	0.
(8) JILL HOLBROOK DIRECTOR	1.00	×						0.	0.	0.
(9) ROBERT LOEB DIRECTOR	1.00	×						0.	0.	0.
(10) JOHN MANES DIRECTOR	1.00	×						0.	0.	0.
(11) CLAY CULLINS VENDOR REPRESENTATIVE	1.00	×						0.	0.	0.
(12) PAUL GLOVER EX-OFFICIO DIRECTOR	1.00	×						0.	0.	0.
(13) AMY NOLAN EX-OFFICIO DIRECTOR	1.00	×						0.	0.	0.
(14) GINNY SUTTON EXECUTIVE DIRECTOR	40.00			×				171,728.	0.	16,080. Form 990 (2018)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
						C)						
	(A)	(B)	(do n	ot ch		tion	e than e	one	(D)	(E)		(F)
	Name and title	Average	(do not check more than of box, unless person is both			h an Reportable Rep				Estimated		
		hours per week (list any	officer and a director/trust					, 	compensation from	compensation related	ı from	amount of other
		hours for	Highes employ Key en Officer Institut				en H	Former	the	organizatio		compensation
		related	d vid	itut	eq.	em	hest	를	organization (W-2/1099-MISC)	(W-2/1099-M	IISC)	from the
		organizations below dotted	호를	ona		Key employee	8 6		(44-2/1099-10130)	•		organization and related
		line)	Individual trustee or director	institutional trustee		ee	npe				1	organizations
			e	stee			Highest compensated employee	ł	ļ			
							8	ļ				
(15)											ľ	
						<u> </u>		L-				····································
(16)									•			
						ļ		<u> </u>	ļ			
(17)		ļ									1	
				_		_		-				
(18)												
	<u> </u>					ļ		<u> </u>		_		
(19)												
(00)		-				┝						
(20)												
(04)												· · · · · · · · · · · · · · · · · · ·
(21)												
(22)						-		-			-	
(22)												
(23)												
123/												
(24)			-								- 	
32.77												
(25)								-				
3												
1b	Sub-total			•	•				171,728.		0.	16,080.
С	Total from continuation sheets to Part	VII, Sectio	n A					▶				· · · · · · · · · · · · · · · · · · ·
d	Total (add lines 1b and 1c)							•	171,728.		0.	16,080.
2	Total number of individuals (including but							e) w	ho received mo	ore than \$10	00,000	of
	reportable compensation from the organi						1					
												Yes No
3	Did the organization list any former of	ficer, direct	tor, o	r tr	uste	е,	key e	emp	loyee, or high	est comper	nsated	
	employee on line 1a? If "Yes," complete \$	Schedule J	for su	ıch .	ındı	vidu	ıal					3 ×
4	For any individual listed on line 1a, is the	sum of rep	oortat	ole d	com	per	nsatio	n a	nd other comp	ensation fro	om the	
	organization and related organizations											
	ındıvıdual											4 x
5	Did any person listed on line 1a receive o									ation or ind	ıvıdual	
	for services rendered to the organization?	If "Yes," c	ompl	ete .	Sch	edu	ile J f	or s	uch person	·	<u> </u>	5 X
Section	on B. Independent Contractors											
1	Complete this table for your five highest of											
	compensation from the organization. Rep	ort compei	nsatio	n fo	or th	ne c	alend	ar y	ear ending wit	h or within t	he orga	anization's tax
	year.									1		
	(A) Name and business add	ress							(B) Description of se	ervices	r	(C) compensation
	rvaine and outsitess addi								222			
								<u> </u>				
								<u> </u>				
								├			······	
	Tatal number of independent controls	ro Inolitation	,a h	+ ~	o+ !	.m.+	od +-		ose listed sha	,,,o) ,,,p=		
2	Total number of independent contracto							, in	ose usted abo	ve) wno		
	received more than \$100,000 of compensations	auon mom t	ne or	yaiil	احطاا	ווטו	_					

Fart VIII		Check if Schedule O contains a response or note to any line in this Part VIII								
	,	Oneok ii Gonoddie G	o contains a rec	ponse of flore t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514		
Cortributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	s 1a							
ara Jour	b	Membership dues .	1b]					
S, (С	Fundraising events .	<u>1c</u>							
Giff lar	d	Related organizations			1	į				
ns,	е	Government grants (cor			<u> </u>			;		
er S	f	All other contributions, g								
흎		and similar amounts not inc	L	<u> </u>						
r p	g	Noncash contributions include	•			ļ				
	<u>h</u>	Total. Add lines 1a-1	<u>f</u>							
ä		V-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	_	Business Code	027.414	007 474				
Şe Ke	2a	MEMBERSHIP DUE	S	900099	837,414.	837,414.	0.	0.		
99	b	ADVERTISING		541800	199,499.	0. 162,328.	199,499. 0.	0.		
Š	d d	DOCUMENT SALES CONVENTION/TRA		323100 611430	162,328.	0.	0.	638,537.		
Š	e	SEMINARS/TRAIN		611430	112,476.	112,476.	0.	0.00,337.		
Program Service Revenue	f	All other program ser		011430	8,200.	0.	0.	8,200.		
P	g	Total. Add lines 2a-2			1,958,454.			1		
	3	Investment income								
		and other similar amo	ounts)	•	28,743.	0.	0.	28,743.		
	4	Income from investmen	t of tax-exempt b	ond proceeds ▶						
	5	Royalties		<u>, , , , </u>	1,409.	0.	0.	1,409.		
			(i) Real	(ii) Personal]					
	6a	Gross rents	14,155.							
	Ь	Less: rental expenses	9,733.]					
	С	Rental income or (loss)	4,422.	<u> </u>						
	d	Net rental income or	(IOSS)	▶ (ii) Other	4,422.	0.	0.	4,422.		
	7a	Gross amount from sales of	(i) Securities	(ii) Other						
		assets other than inventory	ļ	<u> </u>	1					
	ь	Less cost or other basis			1					
	c	and sales expenses . Gain or (loss)		 	-					
	d	Net gain or (loss) .								
une		Gross income from fu								
leven		events (not including \$ of contributions reported								
Other Reve		See Part IV, line 18 .	· · · · a							
ŏ		Less direct expenses								
		Net income or (loss) f Gross income from ga See Part IV, line 19	aming activities.			****				
	h	Less: direct expenses	_							
	l.	Net income or (loss) f								
		Gross sales of in			†					
		returns and allowance								
	b	Less cost of goods s	old b		1					
	C	Net income or (loss) f		entory ▶				······································		
		Miscellaneous R		Business Code						
	11a									
	b									
	С									
	d	All other revenue .								
	е	Total. Add lines 11a-								
	40	Total rayonus Sasur	actriicae		11 002 020	1 112 210 1	700 400	601 211		

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			ns must complete col	umn (A).
	Check if Schedule O contains a respons		ne in this Part IX .	<u> </u>	
	ot include amounts reported on lines 6b, 7b, o, 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	59,073.			
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	187,808.			
6	Compensation not included above, to disqualified	Ĭ			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages	308,245.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
_	· · · · · · · · · · · · · · · · · · ·	22,033.			
9	Other employee benefits	71,826.			
10	Payroll taxes	36,537.			····-
11 a	Fees for services (non-employees): Management				
a b	Legal	84,000.			
c	Accounting	8,800.			
ď	Lobbying	46,261.			
e	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 Schedule O.)	50,786.			
12	Advertising and promotion	813.			
13	Office expenses	83,052.			
14	Information technology	72,596.			
15	Royalties				
16	Occupancy	25,043.			
17 18	Travel	18,646.			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	441,560.			······································
20	Interest	1127555			······································
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	11,122.			
23	Insurance	4,526.			
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.)				
a	TAXES	22,730.			
b	PUBLICATIONS	273,383.			
c d				-	
a e	All other expenses				
25	All other expenses Total functional expenses. Add lines 1 through 24e	1,828,840.			
<u>26</u>	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)				

Pa	art X	Balance Sheet			Page I
		Check if Schedule O contains a response or note to any line in this P			<u>.</u> [
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	245,005.	1	_308,627
ı	2	Savings and temporary cash investments	2,146,722.	2	2,251,298
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,050.	4	19,272
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
s	6	Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	***************************************
Š	8	Inventories for sale or use	5,167.	8	12,970
	9	Prepaid expenses and deferred charges	2,288.	9	2,470
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 597, 060.	2,2301		2,1,0
	ь	Less: accumulated depreciation 10b 277,662.	330,364.	10c	319,398
-	11	Investments—publicly traded securities	330/3311	11	317/370
- 1	12	Investments—other securities. See Part IV, line 11		12	
- 1	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	<u> </u>		15	
		Other assets. See Part IV, line 11	2,737,596.	16	2,914,035
_	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	163,709.	17	
- 1		Accounts payable and accrued expenses	163,709.		163,768
- 1	18	Grants payable	416,363.	18	422 470
- 1	19	Deferred revenue	410,303.	19	433,478
	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	<u> </u>	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
2		·		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schodule D.		_	4 205
	00	of Schedule D	1,195.	25	1,395
-	26	Total liabilities. Add lines 17 through 25	581,267.	26	598,641
בנים בנים		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	2,156,329.	27	2,305,394
2	28	Temporarily restricted net assets		28	10,000
2 │	29	Permanently restricted net assets		29	
Net Assets of Fulld Dalatices		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		3b	
200	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ξ.	32	Retained earnings, endowment, accumulated income, or other funds.		32	
	33	Total net assets or fund balances	2,156,329.	33	2,315,394
	34	Total liabilities and net assets/fund balances	2,737,596.	34	2,914,035

	Check it Schedule O contains a response or note to any line in this Part XI		<u> </u>			Щ	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	993	, 02	8.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	828	, 84	0.	
3	Revenue less expenses. Subtract line 2 from line 1	3		164	,18	8.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Net unrealized gains (losses) on investments	5		<u>- 5</u>	,12	3.	
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	2,	315	, 39	4.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u>			
				Ye	s	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın ı	n	1			
	Schedule O.			_ _	_ _		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	L	_ _	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both		- 1				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_	[_		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<u> </u>	<		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a			j	
	separate basis, consolidated basis, or both:			-			
	Separate basis 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 ov	ersigh	nt				
	of the audit, review, or compilation of its financial statements and selection of an independent accou			<u> </u>	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ı	n		- 1		
	Schedule O.			_	-		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n				
	the Single Audit Act and OMB Circular A-133?		. 3a	4	\perp	<u>×</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	e	- [
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	udits.	3b				
			Fo	orm 9 9	9 0 (2	2018)	

REV 05/20/19 PRO

Form 990 (2018)

Part XI Reconciliation of Net Assets

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
	of organization	· · · · · · · · · · · · · · · · · · ·	·····	Employer idea	ntification number
TEXA	AS SELF STORAGE AS	SOCIATION, INC.		74-24275	590
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527	organization.
1		f the organization's direct and in-			
2		ty expenditures (see instructions) .			3
3		cal campaign activities (see instruc			
Part		e organization is exempt und			***************************************
1		excise tax incurred by the organiza			3
2	Enter the amount of any	excise tax incurred by organization	managers under	r section 4955 🕨 🧐	S
3		ed a section 4955 tax, did it file For			
4a	Was a correction made?				🗌 Yes 🔲 No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz	ation for section		
2	Enter the amount of the 527 exempt function acti	filing organization's funds contribitions	outed to other org	ganizations for section	
3	Total exempt function of line 17b	expenditures. Add lines 1 and 2.	Enter here and	l on Form 1120-POL, ▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year	7		🗌 Yes 🗌 No
5	organization made paymethe amount of political co	ses and employer identification nur ents. For each organization listed, on ontributions received that were pro I fund or a political action committe	enter the amount mptly and directly	paid from the filing organ y delivered to a separate p	ization's funds. Also ente political organization, such
-	(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)					

	_
D	-
Page	•

1-76	art II-A	Complete if the organization section 501(h)).	on is exempt	under section 5	01(c)(3) and file	ed Form 5768 (ele	ction under
A	Check ►	If the filing organization below				filiated group membe	er's name,
_	05I- 5	address, EIN, expenses, and					
<u>R</u>	<u>Cneck</u> ►	if the filing organization chec			rovisions apply.	1	
		(The term "expenditures" n	bying Expendi		1	(a) Filing organization's totals	(b) Affiliated group totals
	a Total I	obbying expenditures to influence					
		obbying expenditures to influence	•				
		obbying expenditures (add lines	-	• .			
		exempt purpose expenditures .	•				
		exempt purpose expenditures (ad					
		ing nontaxable amount. Enter		•		`	
	colum	•	THE AIRCUIT				
		mount on line 1e, column (a) or (b) is	: The lobbying	g nontaxable amoun	it is:		
		r \$500,000		mount on line 1e.			
		00,000 but not over \$1,000,000		is 15% of the excess			
		,000,000 but not over \$1,500,000		is 10% of the excess			
		,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000		
		7,000,000	\$1,000,000.			ļ	
		oots nontaxable amount (enter 2					
		ct line 1g from line 1a. If zero or l					
		ct line 1f from line 1c. If zero or le	•			(1 5 4700	<u> </u>
		e is an amount other than zero				1	Yes No
	reporti	ng section 4911 tax for this year				· · · · · · L	
	(Som	e organizations that made a se	ection 501(h) e	Period Under Sec lection do not hav tructions for lines	e to complete all	l of the five column	s below.
		Lobbyin	g Expenditure	s During 4-Year A	veraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	a Lobby	ng nontaxable amount					
		ng ceiling amount of line 2a, column (e))					
	c Total lo	obbying expenditures					
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))					
	f Grassr	oots lobbying expenditures					
	 BAA			REV 11/14/18 PRO		Schedule C (Form	990 or 990-EZ) 2018

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT fit (election under section 501(h)).	led l	Form	5768		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
		Yes	No	A	moun	t
1	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, through the use of.				-2-"	
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					_
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
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	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), c	or se	ction		
					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		×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p			3	×	
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members	. [1	8	37,4	14.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
а	Current year		2a		46,2	61.
b	Carryover from last year	.	2b		40,2	11.
C	Total	<u>, , , , , , , , , , , , , , , , , , , </u>	2c		86,4	72.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		<u>25,1</u>	22.
4	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	ng				
_	and political expenditure next year?		4		61,3	50.
_5	Taxable amount of lobbying and political expenditures (see instructions)	·	5			0.
	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	o list); Par	t II-A, I	nes 1	and

Schedule C (Forr	orm 990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	
	•	
		·····
-		
•		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Maille 01	nie organization		Linbiox	ei idenuncation number
TEXA	S SELF STORAGE ASSOCIATION, INC.			2427590
Part	•			Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		1	
2	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year) .			
	Aggregate value at end of year			
	Did the organization inform all donors and dono	or advisors in writing that the assets h	neld in o	donor advised
	unds are the organization's property, subject to t	he organization's exclusive legal contr	ol?	· · · ·
6	Old the organization inform all grantees, donors,	and donor advisors in writing that gra	nt funds	s can be used
	only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			
Part				
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recrea		of a histo	orically important land area
Ī	Protection of natural habitat	·		fied historic structure
[Preservation of open space			
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the	e form of a conservation
	easement on the last day of the tax year.		ſ	Held at the End of the Tax Year
a ·	otal number of conservation easements		1	2a
b .	otal acreage restricted by conservation easemer	nts	1	2b
	Number of conservation easements on a certified			2c
	Number of conservation easements included in	· , ,		
			1	2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or teri	minated	by the organization during the
1	ax year ▶	_		-
4	Number of states where property subject to cons	ervation easement is located ►		
5	Does the organization have a written policy re	egarding the periodic monitoring, ins	pection	, handling of
,	violations, and enforcement of the conservation e	asements it holds?		· · · · 🗌 Yes 🗎 No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcin	g conse	rvation easements during the year
ı	>		•	.
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conserv	ration easements during the year
	\$			
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	f section	n 170(h)(4)(B)(ı)
;	and section 170(h)(4)(B)(ii)?			· · · · 🔲 Yes 🗌 No
9	n Part XIII, describe how the organization reports	conservation easements in its revenue	and ex	pense statement, and
1	palance sheet, and include, if applicable, the text	of the footnote to the organization's fir	nancial s	statements that describes the
•	organization's accounting for conservation easem	nents.		
Part l	II Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other	Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.		
	f the organization elected, as permitted under SI			
	vorks of art, historical treasures, or other simila			
I	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	it descri	bes these items.
	f the organization elected, as permitted under s			
	vorks of art, historical treasures, or other simila		ducation	n, or research in furtherance of
	public service, provide the following amounts rela	_		
+	i) Revenue included on Form 990, Part VIII, line 1	1		. > \$
+	ii) Assets included in Form 990, Part X			. ▶ \$
	f the organization received or held works of an			for financial gain, provide the
1	ollowing amounts required to be reported under S	SFAS 116 (ASC 958) relating to these it	tems	
а	Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	Assets included in Form 990. Part X			• •

' Par	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	, or Ot	her Similar A	ssets	(conti	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follov	ving that are a	signific	ant us	se of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je progi	rams			
b	Scholarly research		е	Other	r					
C	Preservation for future generations	;								
4	Provide a description of the organizat XIII.	ion's collections a	and expla	ain how t	hey further	the org	anızatıon's exe	mpt pu	ırpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donation	s of art, part of the	historical tr e organizati	easure: on's co	s, or other simi	lar	Yes	☐ No
Par	IV Escrow and Custodial Arra						•			
	Complete if the organization 990, Part X, line 21.								on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?		.						Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able:		· · · · · · · · · · · · · · · · · · ·	A		
								Amoun		
С	Beginning balance					1c				
d	Additions during the year					1d		·		
е	Distributions during the year					1e				
f	Ending balance					1 <u>f</u>	_1			
2a	Did the organization include an amour									_
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	kplanatio	n has been	provide	ed on Part XIII		<u> </u>	<u> </u>
Par	Endowment Funds.	. 1 437 1		- 000 [5 - 4 D.C. B	- 40				
	Complete if the organization						(d) Three years ba	10) (0) (Faurvos	ars back
	_ , ,	(a) Current year	(0) Pri	or year	(c) Two year	S Dack	(d) Tillee years ba	-x (e)	our yea	115 Dack
1a	Beginning of year balance									
b	Contributions					.				
С	Net investment earnings, gains, and losses									
d	Grants or scholarships						<u></u>			
е	Other expenditures for facilities and	i								
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the		id balanc	e (line 1g	i, column (a)) held a	as:			
а	Board designated or quasi-endowmer	nt 🕨	%							
b	Permanent endowment	[%]								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e possession of th	ie organi	zation tha	at are held	and adi	ministered for t	he		
	organization by							<u> </u>	Ye	s No
	(i) unrelated organizations							3a		\bot
	(ii) related organizations								<u>(ii)</u>	\bot
b	If "Yes" on line 3a(ii), are the related or							3	b	Д
4	Describe in Part XIII the intended uses		on's endo	owment fu	unds.					
Par			_							
	Complete if the organization	answered "Yes"	" on For							
	Description of property	(a) Cost or ot (investm			or other basis ther)		Accumulated epreciation	(d)	Book va	
1a	Land		0.		52,805.				52	,805.
b	Buildings			3	70,530.		141,090.		229	,440.
С	Leasehold improvements				76,767.		41,247.		35	,520.
d	Equipment				96,958.		95,325.		1	,633.
e	Other									
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part)	K, column	(B), line 10)c.) .	▶		319	,398.

Part VII	Investments—Other Securitie Complete if the organization an		m 990 Part IV lin	e 11h See Form	1 000 Part X line 12
	(a) Description of security or category		(b) Book value		thod of valuation
	(including name of security)	,	(=, = = = = = = = = = = = = = = = = = =		l-of-year market value
(1) Financial	derivatives				
	held equity interests				
(3) Other					
(A)		***************************************			·····
(B)				<u> </u>	
(C) (D)			···	·	
(E)					
(F)					
(G)					
(H)	·····				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) >				
Part VIII	Investments-Program Relate		· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization an	swered "Yes" on For	m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
(1)					
(2)	·				
(3)					
(4)					
(5)					
(6)					
(7)					-
(8)					
	b) must equal Form 990, Part X, col (B) line 13)	· · · · · · · · · · · · · · · · · · ·			
Part IX	Other Assets.			<u></u>	
	Complete if the organization and	swered "Yes" on For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
<u>(3)</u>					
(4)					T
(5)					
(6)					
(7) (8)				·· ···	<u> </u>
(9)					
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)			- , , , , , , , , , , , , , , , , , , ,
Part X	Other Liabilities.				
	Complete if the organization and	swered "Yes" on For	m 990, Part IV, line	e 11e or 11f. See	e Form 990, Part X,
	line 25	<u></u>			-
1.	(a) Description of liability	(b) Book value			
(1) Federal in					
(2) SECURI	TY DEPOSIT	1,3	95.		
(3)		 	[
(5)					
(6)		· · · · · · · · · · · · · · · · · · ·			
(7)		+			
(8)					
(9)		 			
	b) must equal Form 990, Part X, col (B) line 25)	1,3	95.		
2. Liability for	uncertain tax positions. In Part XIII, pro-	vide the text of the footno	ote to the organization		
organization's	s liability for uncertain tax positions unde	er FIN 48 (ASC 740). Chei	ck here if the text of th	e footnote has bee	n provided in Part XIII 🔲

Pag	e	4

Par	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Returr	1.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,997,638.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains (losses) on investments	2a	-5,123.]	
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c]]	
d	Other (Describe in Part XIII.)	2d	9,733.		
е	Add lines 2a through 2d			2e	4,610.
3	Subtract line 2e from line 1	; .		_3	1,993,028.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	į		} }	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	<u> </u>		
С	Add lines 4a and 4b			4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,993,028.
Part	XII Reconciliation of Expenses per Audited Financial Stater			r Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.	,	
1	Total expenses and losses per audited financial statements			1	<u>1,838,573.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	ı		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	9,733.		
е	Add lines 2a through 2d			2e	9,733.
3	Subtract line 2e from line 1	· ·	. <i>.</i>	3	1,828,840.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III Supplemental Information.	ie 18.)		5	1,828,840.
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	I, Line 2d: RENTAL EXPENSES				
Pt X	II, Line 2d: RENTAL EXPENSES				
		•			

Schedule D (For	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
	•	
·		
		•••••
- 		

SCHEDULE 1 (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.

2018 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization								tion number		
TEXAS SELF STORAGE ASSOCIATION, INC.								74-2427590		
Part I General Information	on Grants and	Assistance								
1 Does the organization maintage			unt of the grants o	r assistance, the		-	-			
the selection criteria used to							2	⊠Yes □No		
2 Describe in Part IV the organ		_				(the eventual		"		
Part II Grants and Other A								as on Form 990		
1 (a) Name and address of organization or government	(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 noncash assista		Purpose of grant or assistance		
(1) SHRINERS HOSPITAL FOR CHILDREN 815 MARKET STREET GALVESTON TX 77550	36-2193608	501(c)(3)	59,073				CONTR	IBUTION		
(2)										
(3)										
(4)										
(5)						· ·				
(6)		<u> </u>								
<u>(7)</u>										
(8)										
(9)					· · · · · · · · · · · · · · · · · · ·					
(10)										
(11)										
(12)										
2 Enter total number of section	501(c)(3) and go	 vemment organiza	tions listed in the l	ine 1 table .	<u> </u>	· · · · · ·	. •	1		
3 Enter total number of other of	organizations listed	in the line 1 table	<u> </u>	<u> </u>	<u> </u>	<u> </u>	▶	0		

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

Schedule I (Form 990) (2018)

Schedule I (F	Form 990) (2018)					Page 2
Part III	Grants and Other Assistance to Part III can be duplicated if additi	Domestic Individua onal space is needed	als. Complete if the	e organization answ	vered "Yes" on Form 990,	Part IV, line 22.
	(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
1						u —
2						
_3				_		
4						
_5			· · · · · · · · · · · · · · · · · · ·			
6	 			-		
7 Part IV	Supplemental Information. Prov	ide the information re	equired in Part I, Ii	ne 2, Part III, colum	n (b); and any other additi	onal information.
Pt I L	ine 2. THE ORGANIZATION REF					
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
••••						

					· · · · · · · · · · · · · · · · · · ·	
BAA		REV 11/06/18 PI	RO			Schedule I (Form 990) (2018)

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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS SELF STORAGE ASSOCIATION, INC.

Employer identification number

74-2427590

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information 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			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)	•	}	}
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	expfain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		<u> </u>		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract	Į.,		
	☐ Independent compensation consultant ☐ Compensation survey or study]		
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		×
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:)		
а	The organization?	5a		
	Any related organization?	5b		
-	If "Yes" on line 5a or 5b, describe in Part III.			
	<u>.</u>			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
,	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	 ' -		
3	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
·	Regulations section 53.4958-6(c)?	اها		

Page 2

Part II 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 aren't listed on Form 990, Part VII

	(B) Breakdown o	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
GINNY SUTTON	(i)	140,228	31,500.	0	6,580.	9,500	187,808	0	
1 EXECUTIVE DIRECTOR	(ii)	0	0.	0.	0.	0	0	0.	
	(1)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(1)							_	
5	(ii)								
	(i)								
6	(ii)								
	(i)					-	_		
7	(ii)	_							
	(1)								
8	(ii)								
	(i)								
9	(ii)								
-	(i)								
٥	(ii)								
	(i)								
1	(ii)								
	(1)	, , , , , , , , , , , , , , , , , , , ,							
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mation ation, 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

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.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

TEXAS SELF STORAGE ASSOCIATION, INC 74-2427590 Pt VI, Line 2: ROBERT LOEB HAS A BUSINESS RELATIONSHIP WITH JILL HOLBROOK. Pt VI, Line 6: THE ASSOCIATION'S MEMBERSHIP IS MADE UP OF SELF STORAGE OWNERS AND OPERATORS IN TEXAS. Pt VI, Line 7a: 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. Pt VI, Line 7b: 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. Pt VI, Line 11b: 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 WHETHER OR NOT TO APPROVE THE RETURN. THE ENTIRE BOARD SUBSEQUENTLY REVIEWS THE RETURN AND WILL VOTE FOR APPROVAL AT A BOARD MEETING BEFORE FILING. Pt VI, Line 12c: 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 TO ABSTAIN FROM DISCUSSION AND LEAVE THE ROOM DURING VOTING. Pt VI, Line 15a: THE EXECUTIVE AND FINANCE COMMITTEES REVIEW COMPARABLE COMPENSATION DATA AND MAKE A RECOMMENDATION TO THE FULL BOARD REGARDING COMPENSATION FOR THE EXECUTIVE DIRECTOR. THERE ARE NO OTHER KEY STAFF MEMBERS OR PAID OFFICERS, BUT THE FINANCE COMMITTEE REVIEWS TOTAL PROPOSED COMPENSATION FOR ALL EXEMPT STAFF BEFORE PRESENTING THE ANNUAL BUDGET FOR APPROVAL BY THE BOARD. THE EXECUTIVE DIRECTOR DETERMINES THE SALARY FOR EACH EMPLOYEE. Pt VI, Line 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

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