		~ ~	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Fo	rm g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (s) 2010
	—	uary 2020)	Do not enter social security numbers on this form as it may		LUIJ
Dep	artment o	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the lat		Open to Public Inspection
				MAR 31, 2020	
	Check if		organization	D Employer identific	ation number
	applicabl	le:	organization	B Employer lacitation	
Г	Addre chang		X, INC.		
F	Name		usiness as	04-313267	74
F	Initial return		and street (or P.O. box if mail is not delivered to street address) Room/si		
F	Final	260	SUMNER STREET		
	lreturn, termin ated	ý-	bwn, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,334,820.
Г	Amen	ded EXCIN	BOSTON, MA 02128	H(a) Is this a group re	
F	Applic		nd address of principal officer: MADELEINE STECZYNSKI	for subordinates	
	pendir		UMNER ST., EAST BOSTON, MA 02128	H(b) Are all subordinates in	
ī	Tax-ex	empt status:			list. (see instructions)
			ZUMIX.ORG	H(c) Group exemption	
				rear of formation: 1991 N	
	art I	Summary			• otato or logar dormono,
	1	Briefly describ	e the organization's mission or most significant activities: YOUTH AN	D COMMUNITY DE	VELOPMENT
e C	3		MUSIC AND RELATED ARTS.		
Governance	2		x if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	ets.
ver	3	Number of vot	12		
			ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)		12
2 1	5 5			37	
Activities &	6		of individuals employed in calendar year 2019 (Part V, line 2a)		166
į	7a		d business revenue from Part VIII, column (C), line 12		0.
Ā	b		business taxable income from Form 990-T, line 39		0.
			,,	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,528,809.	1,121,783.
Revenue	9		ce revenue (Part VIII, line 2g)	155,806.	178,876.
	3 10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	4,117.	4,533.
à	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,674.	29,628.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,725,406.	1,334,820.
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			o or for members (Part IX, column (A), line 4)	0.	0.
u	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	831,576.	911,002.
Fxnenses	2 16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
ā	b b	Total fundraisi	ng expenses (Part IX, column (D), line 25)		
ú	¹ 17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	624,678.	608,006.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,456,254.	1,519,008.
	19	Revenue less	expenses. Subtract line 18 from line 12	269,152.	-184,188.
or	Ces			Beginning of Current Year	End of Year
Net Assets or	uer 20	Total assets (F	Part X, line 16)	3,305,258.	3,179,969.
As	ମୁ 21		(Part X, line 26)	130,478.	189,377.
Net	22	Net assets or	fund balances. Subtract line 21 from line 20	3,174,780.	2,990,592.
Ρ	art II	Signature	Block		
Un	der pena	alties of perjury, I	declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my	knowledge and belief, it is
true	e, correc	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge.	

Sign	Signature of officer			Date
Here	MADELEINE STECZYNSKI,	EXECUTIVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN
Paid	EDWARD TAYLOR	EDWARD TAYLOR	11/06	/20 self-employed P00299025
Preparer	Firm's name 🕒 NARDELLA & TAYLO	DR, LLP		Firm's EIN 🕨 04-2979611
Use Only	Firm's address 24 HARTWELL AVE			
	LEXINGTON, MA 02	420		Phone no. (781) 862-6833
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2019)
		0.0		

Form	990 (2019) ZUMIX, INC. 04-3132674 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF ZUMIX, INC. IS TO EMPLOYER YOUNG PEOPLE TO BUILD
	SUCCESSFUL FUTURES FOR THEMSELVES, TRANSFORMING LIVES AND COMMUNITY
	THROUGH MUSIC, TECHNOLOGY, AND CREATIVE EMPLOYMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 856,527. including grants of \$) (Revenue \$ 164,599. HANDS-ON - YOUTH DEVELOPMENT PROGRAMS:
	HANDS ON ICOIN DEVELOIMENT INCOMMENT. HANDS-ON OFFERS GROUP AND INDIVIDUAL PROGRAMMING FOR YOUTH AGES 12-18
	IN FOUR CORE AREAS: SONGWRITING AND PERFORMANCE, INSTRUMENTAL MUSIC,
	CREATIVE TECHNOLOGY, AND COMMUNITY RADIO. WE OFFER SPROUTS PROGRAMMING
	FOR YOUTH AGES 7-11 FOCUSING ON MUSIC, THEATER, AND DANCE. OUR PROGRAMS
	ARE DESIGNED TO FOSTER AND EVALUATE OUTCOMES IN THE AREAS OF PERSONAL
	DEVELOPMENT, ARTISTIC GROWTH, COMMUNITY ENGAGEMENT, AND WORK/LIFE
	SKILLS.
4b	(Code:) (Expenses \$234,511. including grants of \$) (Revenue \$14,277.)
	COMMUNITY ARTS - YOUTH IN ACTION:
	COMMUNITY ARTS PROGRAMMING HAS ENABLED ZUMIX TO TAKE A LEADERSHIP ROLE
	IN MAKING ARTS AND CULTURE A MORE ACCESSIBLE AND VITAL PART OF LOCAL
	LIFE WHILE PROVIDING OUR YOUTH WITH OPPORTUNITIES TO MASTER AND APPLY
	THEIR TALENTS IN REAL-LIFE SETTINGS. ENGAGING IN LOCAL EVENTS PROVIDES
	A CONTEXT FOR OUR WORK WITH YOUNG PEOPLE, HELPING THEM CONNECT WITH
	LOCAL ARTISTS, ACTIVISTS, BUSINESS LEADERS, NONPROFIT AGENCIES, AND
	LOCAL RESIDENTS, AND TO SERVE AS ASSETS FOR THE COMMUNITY.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,091,038.
	Form 990 (2019
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	<u>990 (2019)</u> ZUMIX, INC. 04-3132	674	Р	_{age} 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1 2	X X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	_A	
3	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		х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
h	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	116		х
•	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		<u></u>
C		11c		х
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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 12, if "Vea", complete Schodule I, Parte I, and II.	21		x
020000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II		990	<u>A</u> (2019)
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Form 990 (2019) ZUMIX, INC.
Part IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24C 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	v	X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
24	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
•••	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a12			
b				
С		4.5	х	
00000	(gambling) winnings to prize winners?	1c		<u> </u> (2019)
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	990 (2019) ZUMIX, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		04-3132	674	P	_{age} 5					
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)										
•		1			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	•	37								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)										
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-	4-		х					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	υ <i>?</i>	4a		<u>_</u>					
a	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac										
۶o				5a		х					
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5a 5b		X					
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50							
ou				6a		х					
h	any contributions that were not tax deductible as charitable contributions?			u							
	were not tax deductible?		-	6b							
7	Organizations that may receive deductible contributions under section 170(c).			0.0							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the pavor?	7a		х					
				7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa										
•	to file Form 8282?	01090		7c		х					
b	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g							
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8											
	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							
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417		12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1									
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand	13c				37					
14a				14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			. –		77					
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.					v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X					
	If "Yes," complete Form 4720, Schedule O.				000						

932005 01-20-20

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 1a 12			
Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing	<u> </u>		□ च न
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing 1a 12			
1a Enter the number of voting members of the governing body at the end of the tax year 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing 1a 12			X
If there are material differences in voting rights among members of the governing body, or if the governing			Γ
If there are material differences in voting rights among members of the governing body, or if the governing		Yes	N
	-		
	,		
	-		
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?			X
	2		
			X
of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			л Х
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 2 Did the organization become aware during the year of a significant diversion of the organization's assets? 	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			Ι.
more members of the governing body?	7a	<u> </u>	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		ĺ	
persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	<u>8a</u>	X	┢
b Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
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 on Schedule O	9	L	X
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		Yes	-
10a Did the organization have local chapters, branches, or affiliates?	10a	 	Σ
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		ĺ	
and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	L	⊢
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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		⊢
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	\vdash
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		ĺ	
in Schedule O how this was done	12c	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	Х	
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
exempt status with respect to such arrangements?	16b		
Section C. Disclosure			·
17 List the states with which a copy of this Form 990 is required to be filed ►MA			
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
for public inspection. Indicate how you made these available. Check all that apply.	e e,)	arana	
Own website X Another's website X Upon request Other (explain on Schedule O)			
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	1 manc	Jai	
statements available to the public during the tax year.			
20 State the name, address, and telephone number of the person who possesses the organization's books and records			
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►			
20 State the name, address, and telephone number of the person who possesses the organization's books and records MADELEINE STECZYNSKI - (617) 568-9777 260 SUMNER ST., EAST BOSTON, MA 02128	Form	990	(20)
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►	Form	990	(20

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Form 990 (2019)		INC.			04-3132674	Page 7					
Part VII Compens	ation of Officers	s, Directors, Trustees,	Key Employees	s, Highest Compen	sated						
Employees, and Independent Contractors											
Check if Sch	edule O contains a r	esponse or note to any line ir	n this Part VII								
Section A. Officers, Di	irectors, Trustees, k	Key Employees, and Highes	t Compensated Em	ployees							
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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	Average Pos						(D)	(E)	(F)
Name and title	Average hours per week	box	(do not check more box, unless person officer and a directo				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD BOUCHARD	2.00								0	0
BOARD MEMBER (2) JOHNNY GIRALDO	2.00	Х						0.	0.	0.
(2) JOHNNY GIRALDO BOARD MEMBER	2.00	x						0.	0.	0
(3) JESSE EDSELL-VETTER	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(4) DOUG BRENHOUSE	2.00							Ŭ.		
BOARD MEMBER		х						0.	0.	0.
(5) MICHAEL COHEN	2.00									•••
BOARD MEMBER		х						0.	0.	0.
(6) VERNON THOMAS	2.00									
BOARD MEMBER		х						0.	0.	0.
(7) NIKKI STEWART	2.00									
INCOMING PRESIDENT		Х		Х				0.	0.	0.
(8) STAN TRECKER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) STEVEN SNYDER	2.00									
BOARD PRESIDENT		Х		Х				0.	0.	0.
(10) ADAM KLEIN	2.00									
BOARD CLERK		Х		Х				0.	0.	0.
(11) CINDY LOPEZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) GABBY PERRY	2.00									
BOARD TREASURER	40.00	х		Х				0.	0.	0.
(13) MADELEINE STECZYNSKI	40.00	-							0	
EXECUTIVE DIRECTOR	0.50	<u> </u>		Х				71,417.	0.	6,265.
		<u> </u>								
		1								
		1								
932007 01-20-20	ł							1	1	Form 990 (2019)

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	990 (2019) ZUMIX, IN									04-32	132	674	P	age 8
Par	Jection A. Onicers, Directors, Trus		oloy	ees,			ghes	st C		· /			(F)	
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n 1		ed of		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fi org an	pensa rom th anizat d relat anizati	e ion ed
	Subtotal Total from continuation sheets to Part VI								71,417.		0.			
	Total (add lines 1b and 1c)								71,417.		0.	6,265.		
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	ove) wn	o re	eceived more than \$100,	000 of reportable	,			0
3	Did the organization list any former officer,	director trust	oo k		amol		e or	hia	hest compensated emp	lovee on	I		Yes	No
U	line 1a? If "Yes," complete Schedule J for si			-	•			Ŭ		•		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	accrue compen	Isati	on fr	rom	any	unre	elate	ed organization or individ	lual for services				
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	ıch ı	oers	on .				<u></u>	5		X
1	Complete this table for your five highest co	•	•							· ·	bensat	tion fro	om	
	the organization. Report compensation for t (A)	ine calendar ye	<u>ear ending with or withir</u>					tnin	(B)			(0)	
	Name and business	address	NC	ONE	3			_	Description of s	ervices	C	ompe	nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos (ted	above) who received mo	ore than				
												Form	990 (2019)

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		ZUMIX, INC.				04-3132	674 Page 9
Pa	rt V						
		Check if Schedule O contains a response or I	note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 : 	f All other contributions, gifts, grants, and similar amounts not included above If 1,0 g Noncash contributions included in lines 1a-1f Ig 5	83,426. 38,357. 43,372.	1 101 700			
<u>0</u> a			Business Code	1,121,783.			
Program Service Revenue			711130	178,876.	178,876.		
ogr		e					
P	1	f All other program service revenue					
		g Total. Add lines 2a-2f		178,876.			
	3 4	Investment income (including dividends, interest, other similar amounts) Income from investment of tax-exempt bond proc	►	4,533.	4,533.		
	5 6 ;		(ii) Personal				
		c Rental income or (loss) 6c 29,157.					
		d Net rental income or (loss)		29,157.			29,157.
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
venue		assets other than inventory 7a b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c					
		d Net gain or (loss)	►				
Other Re		a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9 :	a Gross income from gaming activities. See					
		Part IV, line 19 9a b Less: direct expenses 9b					
		b Less: direct expenses 9b c Net income or (loss) from gaming activities	•				
		a Gross sales of inventory, less returns	F				
		and allowances 10a					
		b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11 :	a REIMBURSEMENTS	711130	471.	471.		
ilan vent		b					
sce		d All other revenue					
Ϊ		e Total. Add lines 11a-11d		471.			
	12	Total revenue. See instructions		1,334,820.	183,880.	0.	29,157.
93200	9 01-2		···· F 1	·			Form 990 (2019)

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	80,264.	57,054.	12,882.	10,328.
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	675,129.	509,720.	77,236.	88,173.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	05 047	26 592		1 01 5
9	Other employee benefits	95,847. 59,762.	26,573.	<u>64,359.</u> 6,833.	<u>4,915.</u> 7,900.
10	Payroll taxes	59,702.	45,029.	0,033.	7,900.
11	Fees for services (nonemployees):				
	Management				
		20,554.	16,310.	2,548.	1,696.
	Accounting	20,334.	10,510.	2,540.	1,090.
	Lobbying Professional fundraising services. See Part IV, line 17				
f	· · · · · · · · · · · · · · · · · · ·				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	248,295.	197,029.	30,779.	20.487.
12	Advertising and promotion	13,612.	4,747.	1,417.	20,487. 7,448. 14,161.
13	Office expenses	81,754.	62,529.	5,064.	14,161.
14	Information technology				/
15	Royalties				
16	Occupancy	147,877.	108,706.	12,658.	26,513.
17	Travel	5,763.	3,578.	1,799.	386.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,019.	4,625.	4,863.	531.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,772.	29,597.	3,175.	
23	Insurance	26,106.	19,196.	4,212.	2,698.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	14 041	1 0 0 4	0.462	2 214
a	BANK & PAYROLL FEES	14,041.	1,264.	9,463.	<u> </u>
b	PROFESSIONAL DEVELOPMEN	<u>8,064</u> . -851.	<u>4,991.</u> 90.	2,727.	340.
c	OTHER	• 160-	90.	-941.	
d	All other expanses				
	All other expenses	1,519,008.	1,091,038.	239,074.	188,896.
<u>25</u> 26	Joint costs. Complete this line only if the organization	<u> </u>	<u> </u>	235,0710	100,000
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

ZUMIX, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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Form **990** (2019)

Form 990 (2019)
Part X	Balance Sheet

ZUMIX, INC.

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			26,153.	1	73,383.
	2	Savings and temporary cash investments			588,164.	2	474,802
	3	Pledges and grants receivable, net			277,945.	3	185,447
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,100.	8	0
¥	9	Prepaid expenses and deferred charges			21,507.	9	26,088
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	530,002.			
	b	Less: accumulated depreciation	10b	493,838.	56,268.	10c	36,164.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	2,331,121.	15	2,384,085		
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	3,305,258.	16	3,179,969
	17	Accounts payable and accrued expenses			51,819.	17	57,754
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	ner office	er, director,			
litie		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted thire	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			78,659.	25	131,623.
	26	Total liabilities. Add lines 17 through 25			130,478.	26	189,377
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			2,950,371.	27	2,813,448
Ba	28	Net assets with donor restrictions			224,409.	28	177,144
pur		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 📃			
Net Assets or Fund Balances		and complete lines 29 through 33.					
000	29	Capital stock or trust principal, or current funds		L		29	
set	30	Paid-in or capital surplus, or land, building, or ea	quipmen	t fund		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			3,174,780.	32	2,990,592.
	33	Total liabilities and net assets/fund balances			3,305,258.	33	3,179,969. Form 990 (2019

Form 990 (2019)

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Form	990 (2019) ZUMIX, INC.	04-31	32674	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,334		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,519		
3	Revenue less expenses. Subtract line 2 from line 1	3	-184		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,174	,78	<u> </u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,990	, 5	<u>92.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a	_	X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	

Form **990** (2019)

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(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2019
Open to Public

Department of the Treasury Internal Revenue Service			►		Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Name of the organization			on						Employer	identification number
				X, INC.						4-3132674
Pa	art I	Reason	for Public (Charity Status	All organizations must co	omplete th	is part.) Se	e instructions	3.	
The	organ	ization is not a	a private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	l)(A)(i).		
2					Attach Schedule E (Form					
3		=	=		anization described in se			-		
4			-	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and stat								
5					llege or university owned	or operat	ed by a go	vernmental u	nit describe	a In
6				Complete Part II.)	nontal unit described in	anation 1	70/6//4//4/	(.)		
6 7				-	nental unit described in a				o goporal r	while described in
'				omplete Part II.)	ntial part of its support fr	on a gove	ennentai		ie general p	
8					(1)(A)(vi). (Complete Par	+ II)				
9	H	-			in section 170(b)(1)(A)(i		ed in coniu	inction with a	land-grant	college
-		0		·	ulture (see instructions).				Ŭ,	
		university:			, , , , , , , , , , , , , , , , , , ,		, ,	,	0	
10	X	An organizati	on that norma	lly receives: (1) more	than 33 1/3% of its supp	port from a	contributio	ns, membersl	nip fees, an	d gross receipts from
		activities rela	ted to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11		-	-	-	ively to test for public sat	•				
12		-	-	-	ively for the benefit of, to				•	
					ed in section 509(a)(1) o					check the box in
		7	•	•••	f supporting organization		-		-	-1
a				-	supervised, or controlled	• • •	-			
			-	complete Part IV, Se	gularly appoint or elect a	majority c				pporting
k		¬ -		-	or controlled in connect	tion with it	s sunnorte	d organizatio	n(s) by hav	ina
				-	anization vested in the sa			-		-
			-	t complete Part IV,		anne peree			ge me eapp	
c	:				g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
			-). You must complete I				, ,	
c	1] Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	eness
		requiremer	nt (see instructi	ions). You must coi	mplete Part IV, Sections	A and D,	and Part	V .		
e		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
					nally integrated supporting					[]
f			of supported c	•						
		i) Name of supp		about the supporte	d organization(s).	(iv) Is the org	anization listed	(v) Amount o	monetarv	(vi) Amount of other
		organizatior		((described on lines 1-10	in your governi Yes	ng document?	support (see ir	-	support (see instructions)
					above (see instructions))					
Tot	ai									

Schedule A (Form 990 or 990-EZ) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 32

Schedule A (Form 990 or 990-EZ) 2019 ZUMIX, INC. Part II Support Schedule for Organizations I

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4			(),==:::	(1)=====		
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	· ·						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
						12	
	Gross receipts from related activities, First five years. If the Form 990 is for		,	d fourth or fifth to		· · · ·	
13	-				2		
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			olumn (f))		14	%
	Public support percentage from 2018		•			15	% %
	33 1/3% support test - 2019. If the o						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the o		-		l line 15 is 33 1/3%		
N.	and stop here. The organization qual						
17-							
178	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
1-	meets the "facts-and-circumstances"						
a	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						•
40	organization meets the "facts-and-circ		-		• • • •		
18	Private foundation. If the organization	In dia not check a	box on line 13, 16	a, 100, 17a, or 17t		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ZUMIX, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1069925.	1022166.	1088232.	1528507.	1121783.	5830613.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24,905.	34,682.	31,512.	36,674.	29,628.	157,401.
3	Gross receipts from activities that	21/3031	51/0021	51/5120			10//1010
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1094830.	1056848.	1119744.	1565181.	1151411.	5988014.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
~	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5988014.
Sec	ction B. Total Support				I		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1094830.	1056848.	1119744.	1565181.	1151411.	5988014.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	187,773.	156,255.	126,468.	159,923.	1151411	630,419.
	Total support. (Add lines 9, 10c, 11, and 12.)	1282603.	1213103.	1246212.	1725104.	1151411.	6618433.
14	First five years. If the Form 990 is for	0					
Ser	check this box and stop here	c Support Per			<u></u>		P
	•			(f))		45	90.47 %
	Public support percentage for 2019 (I		•			15 16	0 - 0 0
	Public support percentage from 2018 ction D. Computation of Invest					10	87.38 %
	Investment income percentage for 20		•			17	.00 %
	Investment income percentage from a					18	<u> </u>
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						► X
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-19					edule A (Form 990	or 990-EZ) 2019
			34				

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10b

Schedule A (Form 990 or 990-EZ) 2019

Yes No

Schedule A (Form 990 or 990-EZ) 2019 ZUMIX, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)	_	
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019 ZUMIX, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	(D) Current Veer
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		\····/	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI Supplemental Inform	nation	
Schedule A (Form 990 or 990-EZ) 2019	ZUMIX,	INC.

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	Section E, lines 1c, 2a, 2b, 3a, and 3 n E, lines 2, 5, and 6. Also complete th	t IV, Section B, lines 1 and 2; Part IV, Section C, b; Part V, line 1; Part V, Section B, line 1e; Part V, is part for any additional information.

SCHEDULE I	D
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Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Employer identification number

nam	ZUMIX, INC.				-31326	
Par		d Funds or Other Similar Funds	or Accou			
	organization answered "Yes" on Form 990, Part IV, lin					
		(a) Donor advised funds	(b) Fu	inds and c	ther accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?		[Yes	No No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring			
	impermissible private benefit?				Yes	No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line	7.		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)				
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historicall	y importar	nt land area	ı
	Protection of natural habitat	Preservation of	a certified h	nistoric str	ucture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	of a conserv	ation ease	ement on th	ie last
	day of the tax year.			Held at t	the End of th	e Tax Year
а	Total number of conservation easements		<u>2a</u>			
b						
	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register					
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organizatio	1 during th	ne tax	
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per	U		Г	\neg	—
•	violations, and enforcement of the conservation easements in				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	ervation eas	ements a	uring the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and opforcing consonvat	ion opsomo	nte durina	the year	
'	Amount of expenses incurred in monitoring, inspecting, nanc	and enorcing conservat	IOIT Easeine	nts during	ine year	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170/k	n)(4)(B)(i)			
U	and section 170(h)(4)(B)(ii)?			Г	Yes	No
9	In Part XIII, describe how the organization reports conservati					
Ū	balance sheet, and include, if applicable, the text of the footr				ć	
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Simila	ar Asse	ts.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement ar	nd balance	sheet worl	KS	
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fu	rtherance of	f public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance shee	et works o	f	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of p	ublic servi	ce,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$		
				\$		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provid	le		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		►	\$		
	Assets included in Form 990, Part X			\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedu	le D (Form	990) 2019
932051	10-02-19					

Sche	dule D (Form 990) 2019 ZUMIX,							04-31			age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following tha	t make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	,	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co			-	-			se in Part	XIII.		
5	During the year, did the organization solicit of					er similar	assets	_	-		-
D	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" or	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod		•						٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing t	able:							
	2 · · · · ·								Amoun	t	
	Beginning balance										
	Additions during the year										
e 4	Distributions during the year						<u>1e</u> 1f				
י 29	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							····· ∟]
Par							10.				<u></u>
		(a) Current year		rior year	(c) Two yea		(d) Three y	/ears back	(e) Fou	r vears	back
1a	Beginning of year balance		(~)	iici jeu		no suon	(,	ouro suon	(0) ! 0	jeure	Juon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1ç	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held ar	nd administe	red for th	ne organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or c basis (investr		. ,	or other (other)		ccumulate preciation	ed	(d) Boo	k value	Э
1a	Land										
	Buildings										
с	Leasehold improvements				5,074.		138,9			6,10	
d	Equipment				<u>5,881.</u>		<u>345,0</u>			0,79	
	Other				9,047.		9,84	41.		9,20	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. colun	nn (B), line 1	0c.)				3	6,10	54.

Schedule D (Form 990) 2019

12101106 742892 1472.0

(a) Description of abarty involving same of security (b) Book value (c) Method of valuation: Cost or end of year market value 2) Closely held equity interests		Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
2) Closely held equity interests	(a)				of-year market value
2) Closely held equity interests	(1)	Financial derivatives			
(A) (A) (B) (A) (B) (A) (C) (A) (B) (A) (C) (A) (B) (B) (C) (B) (B) (B) (C) (C) (B) (B) (C) (C) (B) (C) (C) (C) (C) (C) (B) (C) (C) (C) (B) (C) (C) (C) (B) (C) (C) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (
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(G) (H) (H) (H) Part VIIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part X, line 11. (a) Description of investment (b) Book value (c) (c) Method of valuation: Cost or end of year market value (1) (c) (a) (c) (a) (c) (b) (c) (c) (c) (d) (c) (e) (c) (f) (c) (g) (c) (h) (c) (f) (c) (h) (c) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (g) (f) (g) (f) (f) (f) (f)	(Ξ)			
(H) [H] Idal. (Gol. (b) must equal Form 990, Part X, col. (B) line 12.) > Part VIII Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) (c) (6) (c) (c) (c) (a) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	(=)			
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(8) (9)					
(9)		•			
121 (02					
			25.)	>	131,623.

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

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 ZUMIX, INC.		04-3132674 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Pa	rt 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.

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

Name	of the	organization
1 1001110	01 110	organization

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Employer identification number 04 - 3132674

	ZUMIX,	INC.
Part I	Types of Property	

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (DONATED ITEMS)	X	184	32,200.	ESTIMATED	MARKE	тι	/AL
26	Other (DONATED EQUIP)	X	15	11,172.	ESTIMATED	MARKE	тι	/AL
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes." describe the arrangement in Part II.							

a res, a describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

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

Schedule M (Form 990) 2019

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932141 09-27-19

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Part II	Supplemental	Informatio	on. Provid
Schedule I	M (Form 990) 2019	ZUMIX,	INC.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

932142 09-27-19	Schedule M (Form 990) 2019

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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



Employer identification number 04-3132674

ZUMIX, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

CIRCULATED IN DRAFT FORM TO BOARD OF DIRECTORS FOR COMMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD AND STAFF MUST ANNUALLY COMPLETE A WRITTEN CONFLICT OF INTEREST

DISCLOSURE/NON-DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE ORGANIZATION'S

EXECUTIVE DIRECTOR AND OTHER HIGHLY COMPENSATED EMPLOYEES AND CONSULTANTS

INCLUDES THE FOLLOWING: REVIEW AND APPROVAL BY INDEPENDENT PERSONS;

COMPARABILITY DATA; AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION

AND DECISION. THIS POLICY IS IN WRITING AND INCLUDED IN THE ORGANIZATION'S

GOVERNING DOCUMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

AIM TEACHING ARTISTS:

PROGRAM SERVICE EXPENSES	153,260.
MANAGEMENT AND GENERAL EXPENSES	23,942.
FUNDRAISING EXPENSES	15,936.
TOTAL EXPENSES	193,138.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
ZUMIX, INC.	04-3132674
OTHER CONSULTING:	
PROGRAM SERVICE EXPENSES	43,769.
MANAGEMENT AND GENERAL EXPENSES	6,837.
FUNDRAISING EXPENSES	4,551.
TOTAL EXPENSES	55,157.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	248,295.
932212 09-06-19 Sc 47	hedule O (Form 990 or 990-EZ) (2019)

932161	09-10-19	LHA

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Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Name of the organization

ZUMIX, INC.

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		3) i12(b)(13) olled ity?
				501(c)(3))		Yes	No
ZUMIX FIREHOUSE, INC 26-2779233	OWNS LAND AND BUILDING						
260 SUMNER ST.	WHICH IT RENTS TO ZUMIX,						
EAST BOSTON, MA 02128	INC.	MASSACHUSETTS	501(C)(3)	LINE 12B, II	ZUMIX, INC.		Х
	-						
	-						

Employer identification number 04-3132674

OMB No. 1545-0047 2019

Open to Public Inspection

Schedule R (Form 990) 2019

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule R (Form 990) 2019 ZUMIX, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i	1	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box	partr	er? OWI	rcentage vnership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
											\rightarrow	
	•											
	•											
	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	(i) Section I2(b)(13) ontrolled entity?	
		country)						Yes	No	

Schedule R (Form 990) 2019 ZUMIX, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			-
f Dividends from related organization(s)			+
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	1j		╉
Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			\downarrow
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ZUMIX FIREHOUSE, INC.	D	1,979,562.	FACE VALUE OF NOTE
(2) ZUMIX FIREHOUSE, INC.	D	130,000.	AMOUNT ADVANCED
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 ZUMIX, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e Are partne 501(i org Yes	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior alloca Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	(k) or Percenta ng ownersh	age hip

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

932165 09-10-19

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FORM 990 REASONABLE CAUSE FOR LATE FILING STATEMENT 5

DUE TO THE ONGOING COVID PANDEMIC AND THE SHIFTING DEADLINES OF THE FEDERAL AND STATE RETURNS FOR THE ORGANIZATION, ZUMIX DID NOT REQUEST AN EXTENSION BEFORE 8/15/2020 WHEN THE RETURN WAS DUE. THIS REPRESENTS THE FIRST TIME SUCH AN ERROR HAS OCCURRED WITH ZUMIX INC. ONCE THE ANNUAL AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS WERE COMPLETED, THE INFORMATIONAL RETURN WERE PREPARED AND FILED AS SOON IT WAS POSSIBLE TO FILE A COMPLETE AND ACCURATE RETURN. THIS WAS COMPLETED BEFORE WHAT WOULD HAVE BEEN THE FIRST EXTENDED DUE DATE OF 11/15/2020.