			EXTENDED TO FEBRUARY 15,			
	Ω	00	Return of Organization Exempt Fr	rom Ir	ncome Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			» <b>2021</b>
Dene			Do not enter social security numbers on this form as	s it may be	e made public.	Open to Public
Interr	al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the second seco		Inspection	
AF	or th	e 2021 calend	ar year, or tax year beginning $ { m APR} 1$ , $ 2021 $ and er	nding M	AR 31, 2022	
Bc	heck if oplicab	C Name o	organization		D Employer identification	ation number
	⊃Addre					
	chang	ge ZUML	X, INC.			
	_chang	ge Doing b	usiness as		04-313267	4
	_return ]Final	Number	( )	oom/suite	E Telephone number	
	return_ termir	0_	SUMNER STREET		617-568-9	
	ated ] Amen		own, state or province, country, and ZIP or foreign postal code BOSTON, MA 02128		G Gross receipts \$	3,221,274.
	_lreturn ]Applie		nd address of principal officer: MADELEINE STECZYNSKI	г	H(a) Is this a group ret	
	_tion pendi		UMNER ST., EAST BOSTON, MA 02128	L	for subordinates? <b>H(b)</b> Are all subordinates inc	····· = =
	·2V-0V		<b>X</b> 501(c)(3) $\_$ 501(c) ( ) ◀ (insert no.) $\_$ 4947(a)(1) or	527		st. See instructions
				JZ1	H(c) Group exemption	
			X Corporation Trust Association Other	I Year (		State of legal domicile: MA
	rt I	Summary				otato or logar dormono,
	1	Briefly describ	e the organization's mission or most significant activities: YOUTH	AND	COMMUNITY DE	VELOPMENT
Governance			MUSIC AND RELATED ARTS.			
nar	2	Check this bo	x      if the organization discontinued its operations or disposed	d of more	than 25% of its net asse	ets.
Nel	3	Number of vo	ing members of the governing body (Part VI, line 1a)			14
	4	Number of inc	14			
es 8	5	Total number	22			
Activities &				32		
Acti			d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		1,415,426.	<u>3,015,777.</u> 186,771.
Revenue	9	•	ce revenue (Part VIII, line 2g)		88,396. 3,121.	1,648.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		2,632.	-25,677.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,509,575.	3,178,519.
	12 13		<ul> <li>add lines 8 through 11 (must equal Part VIII, column (A), line 12)</li> <li>milar amounts paid (Part IX, column (A), lines 1-3)</li> </ul>		0.	0.
			to or for members (Part IX, column (A), line 4)		0.	0.
			compensation, employee benefits (Part IX, column (A), lines 5-10)		860,780.	927,964.
ses			undraising fees (Part IX, column (A), line 11e)		0.	11,340.
Expenses			ng expenses (Part IX, column (D), line 25)   161,023	3.		
Ă			es (Part IX, column (A), lines 11a-11d, 11f-24e)		464,826.	577,812.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,325,606.	1,517,116.
	19		expenses. Subtract line 18 from line 12		183,969.	1,661,403.
or				Beg	ginning of Current Year	End of Year
Net Assets or - und Balances	20	Total assets (F	Part X, line 16)		3,441,010.	5,117,381.
ASS	21	Total liabilities	(Part X, line 26)		266,449.	281,417.
Fun	22		fund balances. Subtract line 21 from line 20		3,174,561.	4,835,964.
	rt II	•				
			I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
			a of officer		Dota	
Sig	۱	, -		-	Date	
Her	е	MADE	LEINE STECZYNSKI, EXECUTIVE DIRECTO	R		

	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check X PTIN								
Paid	EDWARD TAYLOR	EDWARD TAYLOR	10/14/22 self-employed P00299025								
Preparer	Firm's name <b>NARDELLA &amp; TAYLO</b>	Firm's EIN ▶ 04-2979611									
Use Only	Firm's address 24 HARTWELL AVE										
	LEXINGTON, MA 02	Phone no. (781) 862-6833									
May the I	May the IRS discuss this return with the preparer shown above? See instructions										

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	n 990 (2021) ZUMIX, INC.	04-3132674	Page <b>2</b>
	art III Statement of Program Service Accomplishments		1 ugo
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	BUILD	
	SUCCESSFUL FUTURES FOR THEMSELVES, TRANSFORMING LIVES ANI		
	THROUGH MUSIC, TECHNOLOGY, AND CREATIVE EMPLOYMENT.	J COMMONITI	
	INKOUGH MUSIC, IECHNOLOGI, AND CREATIVE EMPLOIMENT.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			XNo
	prior Form 990 or 990-EZ?		
~	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	A NO
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported.	100	<u> </u>
4a		.e\$196,	<b>674.</b> )
	HANDS-ON - YOUTH DEVELOPMENT PROGRAMS:		
	HANDS-ON OFFERS GROUP AND INDIVIDUAL PROGRAMMING FOR YOU'		8
	IN FOUR CORE AREAS: SONGWRITING AND PERFORMANCE, INSTRUM		
	CREATIVE TECHNOLOGY, AND COMMUNITY RADIO. WE OFFER SPROU		
	FOR YOUTH AGES 7-11 FOCUSING ON MUSIC, THEATER, AND DANCI		
	ARE DESIGNED TO FOSTER AND EVALUATE OUTCOMES IN THE AREAS		L
	DEVELOPMENT, ARTISTIC GROWTH, COMMUNITY ENGAGEMENT, AND V	WORK/LIFE	
	SKILLS.		
4b		ie \$	)
	COMMUNITY ARTS - YOUTH IN ACTION:		
	COMMUNITY ARTS PROGRAMMING HAS ENABLED ZUMIX TO TAKE A LI		LE
	IN MAKING ARTS AND CULTURE A MORE ACCESSIBLE AND VITAL PA	ART OF LOCAL	
	LIFE WHILE PROVIDING OUR YOUTH WITH OPPORTUNITIES TO MAS		
	THEIR TALENTS IN REAL-LIFE SETTINGS. ENGAGING IN LOCAL EV	VENTS PROVID	ES
	A CONTEXT FOR OUR WORK WITH YOUNG PEOPLE, HELPING THEM CO	ONNECT WITH	
	LOCAL ARTISTS, ACTIVISTS, BUSINESS LEADERS, NONPROFIT AG	ENCIES, AND	
	LOCAL RESIDENTS, AND TO SERVE AS ASSETS FOR THE COMMUNITY	Y.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	le\$	)
4d	Other program services (Describe on Schedule O.)		
10	(Expenses \$ including grants of \$ ) (Revenue \$	١	
4e		)	
-70		Form	90 (2021)
10000			2021)
132002	02 12-09-21 C		

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Form	990 (2021) ZUMIX, INC. 04-3132	674	Р	age <b>3</b>
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)?		37	
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<b>-</b>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
L	Schedule D, Parts XI and XII	<u>12a</u>		
b		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 11	х
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	1.10		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	00-	Х
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Form 990 (2021) 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		<u> </u>
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	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		х
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		х
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 the 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		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
01	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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 on Schedule O for Part VI, lines 11b and 19?			
	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	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	A A A A	(2021)
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orm	990 (2021) ZUMIX, INC. 0	4-3132	674	P	age <b>5</b>						
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
_		ſ		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	22									
h	filed for the calendar year ending with or within the year covered by this return 2a   If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х							
D	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.										
2a											
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х						
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF	R).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided t	o the payor?	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				37						
_	to file Form 8282?		7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year		_								
			7e								
t			7f								
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re		7g 7h								
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	11090-07	7h								
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8								
9	sponsoring organization have excess business holdings at any time during the year?		0								
а			9a								
	Did the sponsoring organization make any taxable distributions under section 4966?		9b								
0	Section 501(c)(7) organizations. Enter:		0.5								
	Initiation fees and capital contributions included on Part VIII, line 12										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
1	Section 501(c)(12) organizations. Enter:										
	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.)										
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
3	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										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand 13c										
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b								
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?		15		X						
_	If "Yes," see the instructions and file Form 4720, Schedule N.				v						
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X						
_	If "Yes," complete Form 4720, Schedule O.										
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any		<i></i>								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
007	If "Yes," complete Form 6069. 12-09-21 6		Form	990	(202.						
	14 742892 1472.0 2021.04030 ZUMIX, INC.				72.						

-	1990 (2021) ZUMIX, INC.	04-313			'ag
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 in the law describes the simulation of the law describes		ra "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C				[
800	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		
Sec	alon A. Governing body and management			Vac	Т
19	Enter the number of voting members of the governing body at the end of the tax year	1a   1	4	Yes	t
14	If there are material differences in voting rights among members of the governing body, or if the governing		-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		-		
-	officer, director, trustee, or key employee?		2		Г
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			t
-			3		
4	Did the organization make any significant changes to its governing documents since the prior Form		·		T
5	Did the organization become aware during the year of a significant diversion of the organization's as				t
6	Did the organization have members or stockholders?				T
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				T
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				T
2	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				T
а	The governing body?		8a	х	Ε
b	Each committee with authority to act on behalf of the governing body?			Х	T
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				Γ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х	L
b	Describe on 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		<u>12a</u>	X	╞
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		. <b>12b</b>	X	╞
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	,			
	on Schedule O how this was done		12c	X	╞
13	Did the organization have a written whistleblower policy?			X	╞
14	Did the organization have a written document retention and destruction policy?		. 14	X	╞
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37	E
а	The organization's CEO, Executive Director, or top management official			X	╀
b	Other officers or key employees of the organization		15b		┢
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				
_	taxable entity during the year?		16a		┢
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		10		ł
800	exempt status with respect to such arrangements?		16b		L
17 10	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	Ind 990-1 (Section 501(c)(	3)s only)	avalla	D
	for public inspection. Indicate how you made these available. Check all that apply.				
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	n on Schedule O)	nd finan	cial	
19	statements available to the public during the tax year.	ormer or interest policy, a	nu iirian	udi	
20	State the name, address, and telephone number of the person who possesses the organization's bo				
20	MADELEINE STECZYNSKI - (617) 568-9777				-
	260 SUMNER ST., EAST BOSTON, MA 02128				-
3200	6 12-09-21		Form	ז <b>990</b>	(2
	7				<u>ر</u> د
710	014 742892 1472.0 2021.04030 ZUMIX, I	NC.		14	.7

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Form 990 (2021		04-3132674 Page 7								
Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, High	nest Compensated								
En	Employees, and Independent Contractors									
Che	eck if Schedule O contains a response or note to any line in this Part VII									
Section A. Of	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees	5								
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Position not check more than one				Reportable	Reportable	Estimated
	hours per	box	ox, unless pers			rson is both an lirector/trustee)		compensation	compensation	amount of
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MADELEINE STECZYNSKI	40.00	_	_			<u> </u>				
EXECUTIVE DIRECTOR	0.50			х				78,192.	0.	7,228.
(2) RICHARD BOUCHARD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(3) JOHNNY GIRALDO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) JESSE EDSELL-VETTER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) ERIKA ABBAS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CHRISTIAN KOMECKI	2.00									
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(7) NIKKI STEWART	2.00									
BOARD CHAIR & CLERK		Х		Х				0.	0.	0.
(8) STAN TRECKER	2.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(9) STEVEN SNYDER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ADAM KLEIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) CINDY LOPEZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) CHRISTOPHER ROLAND	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MARIA SERVELLON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) BRYAN ZULUAGA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ALYSSA MORIN	2.00									
BOARD MEMBER		х						0.	0.	0.
		-								
		1								
	1	I		I		-	I			<b>000</b> (0001)

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	UMIX, INC.								04-31	<u>.326</u>	574	Pa	age <b>8</b>
Part VII Section A. Officers, D	Directors, Trustees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	<b>(D)</b> Reportable compensation from	(E) Reportable compensatio from related	ion an		(F) timate tount o other	
	(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/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	ations con 9-MISC/ f NEC) org			e ion ed
								70,100					
1b Subtotal c Total from continuation she d Total (add lines 1b and 1c)						ļ		78,192. 0. 78,192.		0.0.0.		7,22 7,22	0.
2 Total number of individuals (i compensation from the orga	including but not limited to th						o re		000 of reportable				0
3 Did the organization list any line 1a? If "Yes," complete S	, ,	,			,	,	0		5		3	Yes	No X
4 For any individual listed on li and related organizations gre	ne 1a, is the sum of reportab eater than \$150,000? <i>If</i> "Yes	ole co s," <i>col</i>	mpe <i>mple</i>	ensa ete S	tion Sche	and edule	oth J f	ner compensation from the form	ne organization		4		X
5 Did any person listed on line rendered to the organization Section B. Independent Contract	? If "Yes." complete Schedu										5		Х
Complete this table for your the organization. Report com	five highest compensated in								, 1	ensat	ion fro	m	
	(A) e and business address		ONE					(B) Description of s		С	(C omper		ı
							_						
2 Total number of independent	t contractors (including but r	 not lin	nited	t to t	thos	e list	ed	above) who received mo	pre than				
\$100,000 of compensation fi	· •				(		-	, <u>.</u> ,			Form	<b>990</b> (2	2021)

	990 (2 t VIII	ZUMIX, INC.				04-3132	674 Page
		Check if Schedule O contains a respo	onse or note to any lir	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue exclud from tax unde sections 512 - 5
ŝ	1 a	Federated campaigns					
uno	b	Membership dues 1b					
Ĕ	с	Fundraising events 1c	120,466.				
ar /	d	Related organizations 1d					
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	е	Government grants (contributions) 1e	423,708.				
Š	f	All other contributions, gifts, grants, and					
Ę		similar amounts not included above If	2,471,603.	-			
p	•	Noncash contributions included in lines 1a-1f					
ar	h	Total. Add lines 1a-1f		3,015,777.			
		CIACC & MORKGHOD EEEC	Business Code	116 125	116 125		
		CLASS & WORKSHOP FEES CONTRACT SERVICES	711130	<u>116,135.</u> 70,185.	<u>116,135.</u> 70,185.		
ue		TICKET SALES	711130	451.	451.		
Reven	c d	TICKET BALLD					
	a e						
		All other program service revenue					
		Total. Add lines 2a-2f		186,771.			
	3	Investment income (including dividends, i					
		other similar amounts)		1,648.	1,648.		
	4	Income from investment of tax-exempt bo					
	5	Royalties					
		(i) Rea	()	-			
	6 a	Gross rents		4			
		Less: rental expenses 6b	0.	-			
		Rental income or (loss) 6c 2,66		0.66			
		Net rental income or (loss)		2,667.			2,66'
	7 a	Gross amount from sales of (i) Securit	ties (ii) Other	-			
		assets other than inventory <b>7a</b>		-			
,	a	Less: cost or other basis					
	~	and sales expenses 7b Gain or (loss) 7c					
		Net gain or (loss)					
5		Gross income from fundraising events (not					
	0 4	including \$ 120,466. of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 13,904.				
	b	Less: direct expenses	8b 42,755.				
		Net income or (loss) from fundraising even	nts ►	-28,851.			-28,853
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	9a	-			
		Less: direct expenses	9b				
		Net income or (loss) from gaming activitie	s				
	10 a	Gross sales of inventory, less returns	10-				
	ь.	and allowances		-			
		Less: cost of goods sold					
+	C	The income of (1055) from Sales of Invento	Business Code				
	11 a	OTHER REVENUE	453000	507.	507.		
Revenue	b						
eve	c						
Revenue		All other revenue					
		Total. Add lines 11a-11d	►	507.			
	12	Total revenue. See instructions		3,178,519.	188,926.	0.	-26,184

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	93,908.	74,783.	7,287.	11,838.
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	690,813.	557,042.	53,398.	80,373.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	80,781.	65,671.	2,085.	13,025. 7,513.
10	Payroll taxes	62,462.	49,966.	4,983.	7,513.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10.016	10.000		
С	Accounting	18,316.	12,060.	5,716.	540.
d	,	11 242			11 210
е	Professional fundraising services. See Part IV, line 17	11,340.			11,340.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			15 240	2 002
	column (A), amount, list line 11g expenses on Sch O.)	280,609.	262,268.	15,249.	3,092. 5,282.
12	Advertising and promotion	7,262.	1,980.	2 5 2 2	
13	Office expenses	29,210.	20,700.	3,533.	4,977.
14	Information technology				
15	Royalties	75,964.	64,968.	3,607.	7 200
16		65.	243.	-353.	<u>7,389.</u> 175.
17	Travel	0.5.	243.	-555.	1/5.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	10,075.	5,634.	4,091.	350.
19 20		10,073.	5,0540		
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,523.	25,801.	1,722.	
22	Insurance	11,156.	9,417.	723.	1,016.
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.)				
а	REPAIRS & MAINTENANCE	48,031.	34,585.	10,212.	3,234.
b	EQUIPMENT RENTAL	27,199.	22,091.	3,993.	1,115.
с	PROVISION OF UNCOLLECTI	18,000.	0.	18,000.	0.
d	BANK & PAYROLL FEES	17,185.	4,895.	7,409.	4,881.
е	All other expenses	7,217.	1,294.	1,040.	4,883.
25	Total functional expenses. Add lines 1 through 24e	1,517,116.	1,213,398.	142,695.	161,023.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

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

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

X

132010 12-09-21

Form 990 (2021)

Form 990 (		
Part X	Balance	Sheet

ZUMIX, INC.

		Check if Schedule O contains a response or note	to any lin	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			66,850.	1	53,910.
	2	Savings and temporary cash investments	915,123.	2	2,166,152.		
	3	Pledges and grants receivable, net			71,783.	3	371,420.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	persons			5	
	6	Loans and other receivables from other disqualifie	d person	s (as defined			
		under section 4958(f)(1)), and persons described i	4958(c)(3)(B)		6		
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9				10,179.	9	12,797.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	726,039.			
	b	Less: accumulated depreciation		559,342.	50,189.	10c	166,697.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1		Г		13	
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11			2,326,886.	15	2,346,405.
	16	Total assets. Add lines 1 through 15 (must equal	3,441,010.	16	5,117,381.		
	17	Accounts payable and accrued expenses			57,745.	17	140,101.
	18	Grants payable				18	
	19	Deferred revenue				19	47,373.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Pa				21	
<i>(</i> 0	22	Loans and other payables to any current or forme					
tie		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelate		Γ		23	
	24	Unsecured notes and loans payable to unrelated			134,280.	24	0.
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1					
		of Schedule D	,	·	74,424.	25	93,943.
	26	Total liabilities. Add lines 17 through 25			266,449.	26	281,417.
		Organizations that follow FASB ASC 958, chec			,		
es		and complete lines 27, 28, 32, and 33.					
anc	27				3,114,057.	27	4,460,258.
3al;	28	Net assets with donor restrictions		Г	60,504.	28	375,706.
Б Б		Organizations that do not follow FASB ASC 956					
Ъ		and complete lines 29 through 33.	,				
ç	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,174,561.	32	4,835,964.
z	33	Total liabilities and net assets/fund balances			3,441,010.	33	5,117,381.
	50				=,===,0=0.	- 55	Form <b>990</b> (2021

Form **990** (2021)

132011 12-09-21

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Form	990 (2021) ZUMIX, INC.	04-31	32674	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,178		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,517		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,661		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,174	, 56	61.
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	4,835	,96	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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 on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		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?		<b>2</b> 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 Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			<u> </u>

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **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.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Van	ne of t	he organization	V TNO						identification number
Da	rt I		X, INC.	(All					4-3132674
		Reason for Public (					ee instruction	S.	
	organ	ization is not a private found		•		,			
1		A church, convention of chu				n 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	ו 990).)				
3		A hospital or a cooperative							
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section &	509(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte						ly integrate	ed with,
		its supported organization		-					
d		<b>Type III non-functionally</b>	• •					°,	
		that is not functionally int			•		-	an attentiv	/eness
	_	requirement (see instructi		-					
е		Check this box if the orga					Type I, Type	II, Type III	
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			
t		er the number of supported o	J						
g		vide the following information i) Name of supported	i about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	``	organization	()	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)
				above (see instructions))	103				
Fota	al								

	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If the	organization
Sol	ction A. Public Support			,			
		(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	(0 Taba)
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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)						
	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support			-	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	ic Support Per	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020	) Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	Ŭ	
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circi				• •		
18	Private foundation. If the organization						

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

ZUMIX, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

#### Schedule A (Form 990) 2021

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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2019 (d) 2020 (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1088232 1528507. 1121783. 1415426. 3015777. 8169725. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 29,628. 2,020. 102,501. 31,512. 36,674. 2,667. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization'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 1417446. 1119744. 1565181. 1151411. 3018444. 8272226. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 0 8272226. Public support. (Subtract line 7c from line 6.) Section B. Total Support (e) 2021 Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (f) Total 9 Amounts from line 6 1119744 1151411 1417446. 3018444 8272226. 1565181 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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 589,253. 126,468. 159,923. 22,419. 91,517. 188,926. assets (Explain in Part VI.) 1246212. 1725104. 1173830. 1508963. 3207370. 8861479. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and **stop here** ► Section C. Computation of Public Support Percentage 93.35 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 91.90 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) % 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

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1

Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on 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 disgualified person (as defined on 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 line 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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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Schedule A				
Part IV	Suppor	tina	Organizations (co)	ntinuen

1

1 4		<del></del>	
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	ion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
Sec	ion C. Type II Supporting Organizations		
		Yes	No
			4

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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).

Section 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 on line 2, above, 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		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	l to satisfy the	e Integral Part Test d	uring the year	see instructions).
-					

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? *If* "Yes" or "No" provide details in **Part VI.** 

**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.* 

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Schedule A (Form 990) 2021

Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations mu			
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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-function	ally integrated	Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 ZUMIX, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

_	dule A (Form 990) 2021 ZUMIX, INC.			4-3132674 Page 7
Par		a)(3) Supporting Orga	nizations (continued)	1
Secti	on D - Distributions		I	Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	ZUMIX,	INC.			04-3132674	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	<b>mation.</b> Prov 2, 3b, 3c, 4b, lines 2 and 3; F	vide the explanation: 4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lin	, 11a, 11b, and 11c; es 1c, 2a, 2b, 3a, ar	Part IV, Section B, lines 1 1d 3b; Part V, line 1; Part V	<sup>,</sup> 17b; Part III, line 12; and 2; Part IV, Section /, Section B, line 1e; Par	C,
132028 01-04-2	2			01		Schedule A (Form 9	90) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**202**<sup>-</sup>

Employer identification number

Z	UMIX, INC.	04-3132674
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

	B (Form 990) (2021)			Page <b>2</b>
Name of o	rganization		Emplo	yer identification number
ZUMIX	, INC.		04	-3132674
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
<u>    1</u>	THE BOSTON FOUNDATION 75 ARLINGTON ST # 1000 BOSTON, MA 02116	\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2	KLARMAN FAMILY FOUNDATION P.O. BOX 171627 BOSTON, MA 02117	\$105,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3	EAST BOSTON FOUNDATION 245 SUMNER STREET, SUITE 110 EAST BOSTON, MA 02128	\$25,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4	SARAH & JAMES ROLLINS TRUST <u>32 WINTER ST.</u> <u>WESTON, MA 02493</u>	\$20,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5	THE EDOUARD FOUNDATION C/O FOURPOINTS ASSET MGMT, INC.,ONE PENN PLAZA, STE 1628 NEW YORK, NY 10119	\$15,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
<u> </u>	EDVESTORS 140 CLARENDON ST, STE 305 BOSTON, MA 02116	\$14,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B	(Form	990)	(2021)
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Name of organization

ZUMIX, INC.

Employer identification number

04-3132674

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LINCOLN AND THERESE FILENE FOUNDATION, INC. TRUST DEPT, SEAPORT WEST, 155 SEAPORT BLVD BOSTON, MA 02110	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MACKENZIE SCOTT 260 SUMNER ST. EAST BOSTON, MA 02128	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	THOMAS ANTHONY PAPPAS CHARITABLE       FOUNDATION       P.O. BOX 463       BELMONT, MA 02478	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	LIBERTY MUTUAL FOUNDATION, INC. 175 BERKELEY ST BOSTON, MA 02116	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	LINDE FAMILY FOUNDATION C/O MOTT PHILANTHROPIC LLC, 800 BOYLSTON STREET, SUITE 1560 BOSTON, MA 02199	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
			(
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Type of contribution     Person   X     Payroll      Noncash
No.	Name, address, and ZIP + 4         ROBERT TIMMINS         PO BOX 390746         CAMBRIDGE, MA 02139	Total contributions	Type of contribution       Person     X       Payroll

#### Schedule B (Form 990) (2021)

Name of organization

ZUMIX, INC.

04-3132674

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DEBORAH MUNROE NOONAN MEMORIAL FUND MA1-225-04-02, PO BOX 55850 BOSTON, MA 02205	\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	NBT II FOUNDATION       50 CONGRESS ST       BOSTON, MA 02109	\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	PARKER CLARE FAMILY FUND C/O GMA FOUNDATIONS, 2 LIBERTY SQUARE BOSTON, MA 02109	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	AMELIA PEABODY FOUNDATION ONE HOLLIS ST, STE 215 WELLESLEY, MA 02482	\$ <u>50,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	PETER GLICK 6 DONNELL ST CAMBRIDGE, MA 02138	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	ANONYMOUS NORTHERN TRUST 600 BRICKELL AVE. STE. 2400 MIAMI, FL 33131	\$ <u>5,000.</u>	Person X Payroll (Complete Part II for noncash contributions.)
123452 11-1		l	Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ZUMIX, INC.

04-3132674

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	ANNA B. STEARNS CHARITABLE FOUNDATION, INC. ATTN: GMA FOUNDATIONS, 2 LIBERTY SQUARE BOSTON, MA 02109	\$24,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u>	WILLIAM E. SCHRAFFT & BERTHA E. SCHRAFFT CHARITABLE TRUST PO BOX 961449 BOSTON, MA 02196	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	STATE STREET FOUNDATION STATE STREET FINANCIAL CENTER, ONE LINCOLN STREET BOSTON, MA 02111	\$22,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	ROSLYN WATSON 25 BRADDOCK PARK BOSTON, MA 02116	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TORRES FAMILY DONOR ADVISED FUND 41 LEICESTER ROAD BELMONT, MA 02478	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	THE LEWIS PRIZE <u>4000 PONCE DE LEON BLVD SUITE 510</u> <u>CORAL GABLES, FL 33146</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	B (Form 990) (2021)		E	Page 2
Name of o	rganization		Employ	yer identification number
ZUMIX	, INC.		04	-3132674
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
25_	JOHN HANCOCK FINANCIAL SERVICES			Person X Payroll
	197 CLARENDON ST.	\$16,2	00.	Noncash (Complete Part II for
	BOSTON, MA 02116			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
26	NEW ENGLAND FOUNDATION FOR THE ARTS			Person X
	145 TREMONT ST. FLOOR 7	\$8,0	00.	Payroll Noncash (Complete Part II for
	BOSTON, MA 02111			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	nc	(d) Type of contribution
27_	RUBENSTEIN FOUNDATION C/O RIDGEWAY PTRS LLC 10 POST OFFICE SQUARE BOSTON, MA 02109	\$60,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
28	EAST BOSTON NEIGHBORHOOD HEALTH CENTER 10 GOVE ST EAST BOSTON, MA 02128	\$24,2	<u>65.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
29_	FOUNDATION TO BE NAMED LATER			Person X
	4 JERSEY WAY	\$25,0	00.	Payroll Noncash (Complete Part II for
	BOSTON, MA 02215			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
30_	IZOTOPE, INC.			Person X Payroll
	60 HAMPSHIRE ST	\$16,6	65.	Noncash (Complete Part II for
	CAMBRIDGE, MA 02139			noncash contributions.)
123452 11-11	1-21			Schedule B (Form 990) (2021)

	B (Form 990) (2021) rganization		Employ	Page <b>2</b> ver identification number
				-
	, INC.		04	-3132674
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional			I
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
31_	NEFA FUND FOR THE ARTS			Person X
	145 TREMONT ST.	\$10,0	00.	Payroll Noncash (Complete Part II for
	BOSTON, MA 02111			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
32	HARMON FAMILY FOUNDATION			Person X
	<u>397 SOUTH ST.</u>	\$25,0	00.	Payroll Noncash
	NEEDHAM, MA 02494			(Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributio		(d)
<u>No.</u>	Name, address, and ZIP + 4		ns	Type of contribution
33	BOSTON CULTURAL COUNCIL			Person X Payroll
	BOSTON CITY HALL - ONE CITY HALL PLAZA	\$7,0	00.	Noncash (Complete Part II for
	BOSTON, MA 02210			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
34	CAMPBELL AND HALL CHARITY FUND			Person X
	75 STATE ST.	\$10,0	00.	Payroll Noncash
	BOSTON, MA 02109			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
35	CITY REALTY PROPERTY CORP.			Person X
	320 WASHINGTON ST.	\$5,0	00.	Payroll Noncash
	BROOKLINE, MA 02445			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
36	CITY OF BOSTON			Person X
	1 CITY HALL SQUARE	\$70,5	06.	Payroll Noncash
	BOSTON, MA 02109			(Complete Part II for noncash contributions.)
123452 11-11	I-21			Schedule B (Form 990) (2021)

	B (Form 990) (2021)		<b>F</b> armela	Page 2
Name of o	rganization		Emplo	yer identification number
ZUMIX	, INC.		04	-3132674
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
37	EAST BOSTON SAVINGS BANK			Person X
	10 MERIDIAN ST.	\$6,0	00.	Payroll Noncash
	EAST BOSTON, MA 02128			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
38_	MARK ETHIER			Person X Pavroll
	60 WRIGHT ST.	\$16,0	00.	Noncash
	ARLINGTON, MA 02474			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio		(d) Type of contribution
			113	
<u>    39  </u>	MABEL LOUISE RILEY FOUNDATION 77 SUMMER ST. FLOOR C	\$ 50,0	0.0	Person X Payroll Noncash
	BOSTON, MA 02110	\$ <u></u>	<u></u>	(Complete Part II for noncash contributions.)
(0)	(b)	(c)		(d)
(a) No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
40	MASSACHUSETTS CULTURAL COUNCIL			Person X Payroll
	10 SAINT JAMES AVE 3RD FL	\$15,6	00.	Noncash
	BOSTON, MA 02116			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
41	MASSPORT			Person X
	1 HARBORSIDE DR. STE 200S	\$5,0	00.	Payroll Noncash
	EAST BOSTON, MA 02128			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
42	JARED BARTOCK			Person X
	275 HALE ST.	\$10,0	00.	Payroll Noncash
	BEVERLY , MA 01915			(Complete Part II for noncash contributions.)
123452 11-11	-21			Schedule B (Form 990) (2021)

#### Schedule B (Form 990) (2021)

Name of organization

ZUMIX	, INC.	04	-3132674
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ADELARD A. & VALEDA LEA ROY FOUNDATION C/O NANCY S SMITH 2676 WAKEFIELD RD SANBORNVILLE , NH 03872	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	REDGATE 265 FRANKLIN ST. 6TH FL BOSTON, MA 02110	\$5,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	THE DAVIS COMPANIES 125 HIGH ST SUITE 2111 BOSTON, MA 02110	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	ZUMIX FIREHOUSE INC. 260 SUMNER ST. EAST BOSTON, MA 02128	\$28,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	BOSTON REDEVELOPMENT AUTHORITY BOSTON CITY HALL - ONE CITY HALL PLAZA BOSTON, MA 02210	\$6,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>48</u> 123452 11-11	CONVERSE ONE LOVEJOY WHARF BOSTON, MA 02114	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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30 2021.04030 ZUMIX, INC.

	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization		Employer identification number
ZUMIX	, INC.		04-3132674
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
<u>49</u>	FISH FAMILY FOUNDATION		Person X Payroll
	75 STATE ST. FLOOR 21 BOSTON, MA 02109	\$50,0	00. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
50	HAMILTON COMPANY CHARITABLE FOUNDATION 39 BRIGHTON AVENUE BOSTON, MA 02134	\$10,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
	PLYMOUTH ROCK FOUNDATION 695 ATLANTIC AVE. BOSTON, MA 02111	\$10,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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123452 11-11-21

Part 1	ame of or	ganization		Employer identification numb
Part II       Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.         (a) No. from Part I       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date receive (See instructions.)         (a) No. from Part I       (c) (c) FMV (or estimate) (See instructions.)       (d) Date receive (See instructions.)         (a) No. from Part I       (c) (c) FMV (or estimate) (See instructions.)       (d) Date receive (See instructions.)         (b) Part I       (c) FMV (or estimate) (See instructions.)       (d) Date receive (See instructions.)         (b) Part I       (c) FMV (or estimate) (See instructions.)       (d) Date receive (See instructions.)         (a) No. from Part I       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date receive (See instructions.)         (a) No. from Part I       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date receive (See instructions.)         (a) Part I       Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date receive (See instructions.)	UMIX,	INC.		04-3132674
No. from Part1     (c) Description of noncesh property given     (c) FWV (or estimate) (See instructions.)     (c) Data receive       (a) No. from Part1     (b) Description of noncesh property given     (c) FWV (or estimate) (See instructions.)     (c) Data receive       (a) No. from Part1     (b) Description of noncesh property given     (c) FWV (or estimate) (See instructions.)     (c) Data receive       (a) No. from Part1     (b) Description of noncesh property given     (c) FWV (or estimate) (See instructions.)     (d) Data receive       (a) No. from Part1     (b) Description of noncesh property given     (c) FWV (or estimate) (See instructions.)     (d) Data receive       (a) No. from part1     (b) Description of noncesh property given     (c) FWV (or estimate) (See instructions.)     (c) Data receive       (a) No. from part1     (b) Description of noncesh property given     (c) FWV (or estimate) (See instructions.)     (c) Data receive       (a) No. from part1     (b) Description of noncesh property given     (c) FWV (or estimate) (See instructions.)     (c) Data receive       (a) No. from part1     (b) Description of noncesh property given     (c) FWV (or estimate) (See instructions.)     (c) Data receive	Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a)       (b)       (c)       (d)         from       Description of noncash property given       (e)       (f)         (a)       (b)       (c)       (f)         (a)       (b)       (c)       (f)         (b)       (c)       (f)       (f)         (a)       (b)       (c)       (f)         (b)       Description of noncash property given       (c)       (f)         (a)       Description of noncash property given       (c)       (f)         (b)       Tom       Description of noncash property given       (c)       (f)         (a)       No.       (b)       (c)       (c)       Date receive         (a)       No.       (b)       (c)       FMV (or esti	No. from		FMV (or estimate)	Data received
No. from Part1     (b) Description of noncash property given     FM (or estimate) (See instructions.)     (d) Date receive       (a) No. from from Part1     (b) (b) Description of noncash property given     \$			\$	
(a)     No.     (b)     (c)     (d)       Part I     Description of noncash property given     (c)     (d)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     (c)       (b)     (c)     (c)     (c)       (a)     (b)     (c)     (d)       Description of noncash property given     (c)     (d)       Part I     Description of noncash property given     (c)       (a)     (b)     (c)     (d)       (a)     (b)     (c)     (d)       No.     (b)     (c)     (d)       (a)     (b)     (c)     (d)       Part I     Description of noncash property given     (c)       (a)     (b)     (c)     (d)       Part I     Description of noncash property given     (c)       (a)     (b)     (c)     (c)       (b)     (b)     (c)     (c)       (a)     (b)     (c)     (c)       (b)     (c)     (c)     (c)       (a)     (b)     (c)     (c)       (b)     Description of noncash property given     (c)       (b)     (c)     (c) <t< td=""><td>No. from</td><td></td><td>FMV (or estimate)</td><td>Data received</td></t<>	No. from		FMV (or estimate)	Data received
No. from Part 1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from Part 1     (b) Description of noncash property given     \$			\$	
(a) No. From     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive (See instructions.)       (a) No. from     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive (d) Date receive       (a) No. from     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive	No. from		FMV (or estimate)	Data received
No. from Part I     (c) PMV (or estimate) (See instructions.)     (d) Date receive (See instructions.)       (a) No. from Part I     (b) (b) from Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive (d) Date receive (See instructions.)       (a) No. from Part I     (b) (See instructions.)     (c) FMV (or estimate) (See instructions.)     (d) Date receive (See instructions.)       (a) No. from     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive			\$	
(a) No. from       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date receive         (a) No. from       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date receive	No. from		FMV (or estimate)	Data received
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive       (a) No. from     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date receive			\$	
(a) No. (b) from Description of noncash property given (c) (c) FMV (or estimate) (See instructions.) Date received	No. from		FMV (or estimate)	Data received
No.     (b)     (c)     (d)       from     Description of noncash property given     See instructions.)     Date received			\$	
	No. from		FMV (or estimate)	Data received

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Schedule B (Form 990) (2021)

Name of or	ganization		Employer identification number			
ZUMIX,	INC.		04-3132674			
Part III	Exclusively religious, charitable, etc., contributor	a) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
  -		(e) Transfer of gift				
_	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
123454 11-11-	21		Schedule B (Form 990) (202 <sup>-</sup>			

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Department of the Treasury

Internal Revenue Service Name of the organization

(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

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	ZUMIX, INC.		04-3132674
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		( )
_	Aggregate value of contributions to (during year)		
2			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		el 6 verele
5	Did the organization inform all donors and donor advisors in w		
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		-
	for charitable purposes and not for the benefit of the donor or		
De			
Par			art IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structur	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ►		6 6
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri		
-	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ŭ			valori casoriorito adirilg tro you
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	on essements during the year
'	Amount of expenses incurred in monitoring, inspecting, nandi \$	ing of violations, and emorcing conservation	on easements during the year
0	Does each conservation easement reported on line 2(d) above	actisfy the requirements of eaction 170/h	
8			
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statemer	its that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	or Similar Assots
1 41	Complete if the organization answered "Yes" on Form		ici olimidi Assets.
1a	If the organization elected, as permitted under FASB ASC 958	· ·	
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		• • •
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021
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Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization acquisition, accession, and other records, check any of the following that make significant use of its conductive at that apply:       a         a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other         c       Previde acception of thore organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Diring the year, did the organization's collection?       Yes       No         Part I Escrow and Custoclial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 5, or reported an anount on Form 900, Part X, line 21.       Yes       No         b       If the organization and part, further, custoclial an or other intermediaty for contributions or other assets not included on Form 900, Part X, line 21.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: table the organization and table the organization	Sche	dule D (Form 990) 2021 ZUMIX,							04-31			age <b>2</b>
collection terms (check all that apply):       a       b <th>Pa</th> <th>t III   Organizations Maintaining C</th> <th>Collections of Ar</th> <th>t, Hist</th> <th>orical Tre</th> <th>easures, o</th> <th>r Othe</th> <th>r Simila</th> <th>r Assets</th> <th>(contin</th> <th>ued)</th> <th></th>	Pa	t III   Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	ued)	
a       Public exhibition       d       Clean or exchange program         b       Scholary research       e       Other	3	Using the organization's acquisition, access	ion, and other record	s, check	any of the t	following tha	t make si	ignificant ι	use of its			
b       Scholary research       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part X, line 9, or responded an anound to nor form 980, Part X, line 21.         13       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, line 21.       Amount         c       Beginning balance       Intermediary for contributions or other assets not included on form 980, Part X, line 21.       No         b       If Yes", explain the arrangement in Part XIII and complete the tollowing table:       Amount       Intermediary for contributions or other assets not included on form 980, Part X, line 21.       No         b       If Yes' explain the arrangement in Part XIII.       Check here if the explanation has been provided on Part XIII       Yes       No         b       If Yes' explain the arrangement in Part XIII.       Check here if the explanation has been provided on Part XIII       Provide the estimated part of the explanation has been provided on Part XIII.         d and programs       Inter years back (e) four years back (e) four years back (e) four years back in the respenditures for facilititis and programs.       Inter years ba		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solution or receive donations of art, historical trassues, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 900, Part K, line 9, or reported an amount on Form 900, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X2     be if 'Yes', explain the arrangement in Part XIII and complete the following table:	а	Public exhibition	d									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2     Is defined as a part of the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X2     Distributions during the year     tell     tell     tell     Distributions	b	Scholarly research	e		Other							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solit to raise funds rather than to be maintained as part of the organization is collection?     Part W Escrow and Cutstodial Arrangements. Complete if the organization answered "Yes" on Form 190, Part V, line 9, or     reported an amount on Form 190, Part X, line 21.     Is the organization angement in Part XIII and complete the following table:	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 9.       In is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       In include an anount on Form 990, Part X, line 21.       In include an anount on Form 990, Part X, line 21, for escrow or custodial account liability?       Im is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Im is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Im is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Im is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Im is the organization include an amount on Form 990, Part X, line 21.       Im is the organization include an amount on Form 990, Part X, line 21.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Im of the organization answered 'Yes' on Form 990, Part X, line 10.       Im of the organization answered 'Yes' on Form 990, Part X, line 10.       Im of the organization answered	4				•	-			se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X (line 21).         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (line 21).       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intervent in the explanation and thexplanatis and the explanation and the explanation an	5								_	-		-
reported an amount on Form 930, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       1e         c       Beginning balance       11d       1e       1e         d       Additions during the year       1e       1e       1e         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the escraparization answered 'Yes'' on Form 980, Part IV, line 10.       Image: Stack (e) Four years back for antity expenditures for facilities         and programs	Dee					llection?				_		No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complet	Pa											
on Form 990, Part X?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: State in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         1a Beginning of year balance       (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back in the complexity of the state in the arrangement in Part XIII. Imit and the state is and programs.       Image: State is and programs.         c Ontributions		•										
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a											1
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Check here if the explanation naws been provided on Part XIII.         6       Control wear scholarships       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the organization naws endow here if the organization naws endownent if the organization naws endownent if the organization that are held and administered for the organization for the organizations is endownent funds.       Image: Check here if the organization is endownent funds.         9       A che there endowment if the organizations is endownent funds.       Image: Check here if the organization answered 'Yes' on Form 990, Part X, line									L	_ Yes		] NO
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If '''esc'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       G arrats or scholarships       1       1       1       1       1         e       Other expenditures for facilities       1       1       1       1       1         a drants or scholarships       1	a	It "Yes," explain the arrangement in Part XIII	and complete the fol	liowing t	able:					Amount	•	
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dif 'Yes' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII       Pert V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Aratis or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance       (a) Current year end balance (line 1g, column (a) held as:       as board designated or quasi-endowment ▶	-	Designing belongs						10		Amoun	<u> </u>	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (d) Current year       (e) Two years back       (e) Four years back         c       Not the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a         a       Board designated or quasi-endowment ▶												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete in the organization answered "Yes" on Form 990, Part V, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Crito year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Cher exponditures for facilities       (a) Current year end balance (line 1g, column (a)) held as:       (a) Column (a)       (a) Column (a)       (b) Permanent endowment \scalable       (c) Two years back       (c) Two years back         g       End of year balance       %       %       (b) Permanent endowment \scalable       (c) Column (a)       (b) Column (a)         g       End of year balance       %       %       (c) The percentages on lines	-											
b       If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (a) Other expenditures for facilities       (a)										Yes		No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (c) Two systems       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back         d       Grants or scholarships       (c) Two years back       (d) Three years back         e       Other expenditures for facilities       (c) Two years back       (d) Thee years back         a       Administrative expenses       (c) Administrative expenses       (c) Two years back       (c) Two years back         g       End of year balance       (c) Administrative expenses       (c) Administrative expenses       (c) Administrative expenses         g       End of year balance       (c) Part N       (c) Part N       (c) Formannet howement howement howement howem		-						• • • • • • • • • • • • • • • • • • • •				1
(a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance	_											
b       Contributions			(a) Current year	<b>(b)</b> F	rior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Four	years	back
c       Net investment earnings, gains, and losses	1a	Beginning of year balance										
c       Net investment earnings, gains, and losses	b	Contributions										
e       Other expenditures for facilities and programs	с											
and programs	d	Grants or scholarships										
f       Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment Iunds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li><b>Part VI</b></li> <li><b>Land, Buildings, and Equipment.</b></li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li><b>Description of property</b></li> <li>(a) Cost or other</li> <li>basis (other)</li> <li>depreciation</li> </ul> <ul> <li><b>Land</b></li> <li><b>Land</b></li> <li><b>Land</b></li> <li><b>Land</b></li> <li><b>Land</b></li> <li><b>Buildings</b></li> <li><b>Land</b></li> <li><b>Buildings</b></li> <li><b>Lasshold improvements</b></li> <li><b>220</b>, 713 . 1466, 367 . 74 , 346 .</li> <li< th=""><th>f</th><th>Administrative expenses</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li<></ul>	f	Administrative expenses										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         d Percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization         by:       (i) Unrelated organizations         (ii) Related organizations       3a(i)3         b If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	g											
b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> </ul> <ul> <li>(i) Unrelated organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>(iii) Additions, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation depreciation depreciation</li> <li>(d) Book value basis (investment)</li> <li>(d) Cost or other basis (other)</li> <li>(d) Book value basis (investment)</li> <li>(d) Book value basis (other)</li>             &lt;</ul>	2	Provide the estimated percentage of the cur	rent year end balance	e (line 1ç	g, column (a	)) held as:						
c       Term endowment ▶       _%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> </ul> <li>(ii) Unrelated organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Unrelated organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Are the related organization's endowment funds.</li> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other depreciation</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Land, Buildings</li> <li>(f) Book value</li> <li>(g) Cost or other depreciation</li> <li>(g) Cost or other</li> <li>(h) Cost or other</li> <li>(h) Cost or other<th>а</th><th></th><th></th><th>_%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li>	а			_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li><b>Yes</b> No</li> <li><b>3a</b>(i)</li> <li><b>3b</b>(i)</li> <li><b>3b</b>(i)</li> <li><b>3b</b>(i)</li> <li><b>3c</b>(i)<th>b</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li></ul>	b											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)	С											
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost (c) Accumulated (c)												
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	3a		ession of the organiza	ation tha	t are held ar	nd administer	red for th	ie organiza	ation	ſ	Vaa	No
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		Sy.										
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land												
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	h	(II) Related organizations	ationa listad on requir	od on S	obodulo D2							
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	U A									30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Landb Buildingsc Leasehold improvements220,713.146,367.74,346.d Equipment433,879.379,515.54,364.e Other71,447.33,460.37,987.	Pa		ŭ	wittent i	unus.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land				), Part IV	, line 11a. S	ee Form 990	), Part X,	line 10.				
1a Land			(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	ed	( <b>d)</b> Bool	< value	•
b Buildings         220,713.         146,367.         74,346.           c Leasehold improvements         433,879.         379,515.         54,364.           e Other         71,447.         33,460.         37,987.	<b>1</b> a	Land		,		. ,						
c Leasehold improvements       220,713.       146,367.       74,346.         d Equipment       433,879.       379,515.       54,364.         e Other       71,447.       33,460.       37,987.												
d Equipment         433,879.         379,515.         54,364.           e Other         71,447.         33,460.         37,987.					22	0,713.	:	146,30	67.	74	1,34	16.
e Other												
				X. colun	nn (B), line 1	0c.)						

Schedule D (Form 990) 2021

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Complete if the organization answered "Yes"			
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) INTEREST IN THE NET ASSET	S OF ZUMIX FI	REHOUSE, INC.	166,000.
(2) AMOUNTS HELD FOR OTHERS		, , ,	70,843.
(3) DUE FROM ZUMIX FIREHOUSE,	INC.		2,109,562
(4)	21101		2,200,002
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
	- 15 \		2,346,405.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		2,540,405
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightlity			(b) Book value
(1) Federal income taxes (2) DUE TO ZUMIX FIREHOUSE, II			22 100
	NC.		23,100.
(3) AMOUNTS HELD FOR OTHERS			70,843.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>ə 25.)</u>		93,943.

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) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 ZUMIX, INC.			04-3	3132674	Page <b>4</b>	
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	3,221	,274.	
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.)		42,755.				
е	Add lines 2a through 2d			2e	42	<u>,755.</u>	
3	Subtract line 2e from line 1			3	3,178	<u>,519.</u>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b			4c		0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,178	<u>,519.</u>	
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	1,559	<u>,871.</u>	
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	42,755.				
е	Add lines 2a through 2d			2e		<u>,755.</u>	
3	Subtract line 2e from line 1			3	1,517	<u>,116.</u>	
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			4c		0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,517	,116.	
Pa	t 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.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

## SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

## SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE

132054 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021
Department of the Treasury Internal Revenue Service	► G	► Attach to Form 990 to www.irs.gov/Form990 for instru				on		Open to Public Inspection
Name of the organization	n			5 8110		011.		entification number
Part I Fundrais	ZUMIX, sing Activities.	<b>INC</b> . Complete if the organization answe	red "V	as" or	Form 990 Part IV I	ine 1	04 - 3132	
required to	complete this par	t.						
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions l email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	Ye:	
(i) Name and addres or entity (fund		(ii) Activity	fùndi have c	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is e	exempt from re	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form 9	90 or	990-E	Z.		Schedul	e G (Form 990) 2021

132081 10-21-21

ZUMIX, INC.

04-3132674 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
שבאבווחב	1	Gross receipts	134,370.			134,370
1		Less: Contributions	120,466.			120,466
		Gross income (line 1 minus line 2)	13,904.			13,904
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	18,757.			18,757
	7	Food and beverages	1,000.			1,000
1	8	Entertainment				
	9	Other direct expenses	22,998.			22,998
		Direct expense summary. Add lines 4 throug	( )			42,755
	11 rt I	Net income summary. Subtract line 10 from <b>II Gaming.</b> Complete if the organization				-28,851
Т		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1	Gross revenue				
ß	2	Cash prizes				
		Noncash prizes				
	3					
	3 4	Noncash prizes				
	3 4 5	Noncash prizes Rent/facility costs		Yes % No	└── Yes % └── No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses	└── Yes % └── No		No	
	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		□ No	No No	
	3 4 5 7 8	Noncash prizes	Yes %           No           h 5 in column (d)           7 from line 1, column (d)	<u>No</u>	<u>No</u> ►	
	3 4 5 7 8 Ent	Noncash prizes	h 5 in column (d)	<u>No</u>	No	
a	3 4 5 6 7 8 Ent	Noncash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s	No No	No	
ab	3 4 5 6 7 8 Ent Is tl If "I	Noncash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ictivities in each of these s	No No	No	Yes N
ab	3 4 5 6 7 8 Ent	Noncash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s	states?	No	Yes N

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Sch	edule G (Form 990) 2021	ZUMIX,	INC.	04-3132674 Page 3
11	Does the organization conduct ga	ming activities	with nonmembers?	Yes No
12	Is the organization a grantor, bene	ficiary or trust	e of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?			
13	Indicate the percentage of gaming	αctivity condι	cted in:	
а	The organization's facility			
b	An outside facility			<b>13b</b> %
14	Enter the name and address of the	e person who p	repares the organization's gaming/special events books and reco	ds:
	Name			
	Address 🕨			
15a	Does the organization have a cont	tract with a thir	d party from whom the organization receives gaming revenue? $\dots$	Yes No
b			eived by the organization <b>&gt;</b> \$ and the arr	ount
_	of gaming revenue retained by the			
с	If "Yes," enter name and address	of the third par	y:	
	Name 🕨			
16	Gaming manager information:			
	Mana N			
	Name			
	Gaming manager compensation	► \$		
	Description of services provided	▶		
	Director/officer	Employe	Independent contractor	
	Mandatory distributions:			
а		state law to m	ake charitable distributions from the gaming proceeds to	
b	organization's own exempt activiti	•	state law to be distributed to other exempt organizations or spent	in the
Pa			ide the explanations required by Part I, line 2b, columns (iii) and (v	); and Part III, lines 9, 9b, 10b,
			o provide any additional information. See instructions.	,, a. a. i a. i, i e e e, e e, i e e,
13208	33 10-21-21		10	Schedule G (Form 990) 2021

	i (Form 990)	ZUMIX,	
Part IV	Supplemental	Information (cor	ntinued)

 (containada)	
	Schedule G (Form 990)

132084 11-18-21

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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.

2021 **Open to Public** Inspection

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►

INC.

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

Employer identification number
04-3132674

Nan ZUMIX,

Par	rt I Types of Property						
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts
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 $_{\dots}$						
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		100				
25	Other ( DONATED GOODS )	X	172 22		FAIR VALUE		
26	Other ( DONATED EQUIP )	X	22	11,000.	FAIR VALUE		
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	-					
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement 29		Ver	
20-	During the year did the exception receive h			artad in Dart L lines 1 through	b 00 that it	Tes	<u>s No</u>
30a	During the year, did the organization receive by must hold for at least three years from the date	-	•••••				
	-					20.0	X
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	۲				30a	
ы 31	Does the organization have a gift acceptance	onliny that re	ouires the review	of any nonstandard contribut	ions?	31	X
	Does the organization have a girt acceptance p Does the organization hire or use third parties					31	
<b>J</b> 2a			•			32a	x
h	If "Yes," describe in Part II.					JLu	
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is cheo	:ked.		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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ZUMIX, INC. Schedule M (Form 990) 2021

Page **2** Part II 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.

<u>SCHEDULE M, PART I,</u> COLUMN (B):

FOR DONATED EQUIPMENT - 22 LAPTOPS VALUED AT \$500 EACH

FOR DONATED GOODS - 8 HOCKEY TICKETS, 2 PARKING PASSES, 103 PAIRS OF

SHOES, 32 CONCERT TICKETS, 6 BALL GAME TICKETS, 12 GIFT CARDS AND

VARIOUS OTHER ITEMS

Schedule M (Form 990) 2021

04-3132674

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SCHEDULE O (Form 990)

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 Form 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

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

AIM TEACHING ARTISTS:

PROGRAM SERVICE EXPENSES	243,156.
MANAGEMENT AND GENERAL EXPENSES	-37.
FUNDRAISING EXPENSES	250.
TOTAL EXPENSES	243,369.

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

Schedule O (Form 990) 2021

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44 2021.04030 ZUMIX, INC.

Schedule O (Form 990) 2021 Name of the organization ZUMIX, INC.	Page 2 Employer identification number 04-3132674
OTHER CONSULTING:	
PROGRAM SERVICE EXPENSES	19,112.
MANAGEMENT AND GENERAL EXPENSES	15,286.
FUNDRAISING EXPENSES	2,842.
TOTAL EXPENSES	37,240.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	280,609.
132212 11-11-21 <b>4</b> 5	Schedule O (Form 990) 2021

132161	11-17-21	LHA
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260 SUMNER ST.

# ZUMIX FIREHOUSE, INC. - 26-2779233 OWNS LAND AND BUILDING WHICH IT RENTS TO ZUMIX, INC. MASSACHUSETTS 501(C)(3)

(b)

Primary activity

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

(a)

Name, address, and EIN

of related organization

### **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.

### (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

		Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
			Employer ide	entification number
ZUMIX,	INC.		04-31	32674

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

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

EAST BOSTON, MA 02128 LINE 12B, II ZUMIX, INC. Х Schedule R (Form 990) 2021

(c)

Legal domicile (state or

foreign country)

(d)

Exempt Code

section

(e)

Public charity

status (if section

501(c)(3))

(f)

Direct controlling

entity

(g) Section 512(b)(13)

controlled

entity?

No

Yes

Open to Public

### Schedule R (Form 990) 2021 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)	()	h)	(i)	(j)	
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 sections 512-514)	Share of total income		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partn	l or Percentage <sup>ing</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
										+	

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	l contr	<b>i)</b> tion b)(13) rolled ity?
		country)		or addy		400010		Yes	

### Schedule R (Form 990) 2021 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			
<b>b</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)	<b>1</b> h		
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)			+
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)	1n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			-
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> 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)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

### Schedule R (Form 990) 2021 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)	(b)	(c)	(d)	1	2)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all	Share of	Share of		• <b>7</b> opor-	Code V-UBI	General	
of entity	T finally activity	(state or foreign	(related, unrelated,	501	c)(3)	total		Dispr tior alloca	nate	amount in box 20	managir	
0. c		country)		Yes		income		Yes		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3000013 0 12 0 14)	Yes	NO			Yes	NO		Yes N	
			1									

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

132165 11-17-21

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