Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

B Check if applicable: C Name of organization D Employer identification	n number
applicanie.	
Address change ZUMIX, INC.	
Name change Doing business as 04-3132674	
Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 617 - 568 - 977	17
return/ termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$	1,984,386.
Mended — a — a — a — a — a — a — a — a — a —	
Annillan	
nending I I	
Periodic Programmer 260 SUMNER ST., EAST BOSTON, MA 02128 H(b) Are all subordinates included	
<u>I</u> Tax-exempt status: <u>X</u> 501(c)(3)	
J Website: WWW.ZUMIX.ORG H(c) Group exemption num	
K Form of organization: X Corporation Trust Association Other L Year of formation: 1991 M Stat	te of legal domicile: MA
1 Briefly describe the organization's mission or most significant activities: YOUTH AND COMMUNITY DEVE	LOPMENT
THROUGH MUSIC AND RELATED ARTS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b)	
Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
δ 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	24
6 Total number of volunteers (estimate if necessary)	25
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Prior Year	Current Year
2 015 777	1,564,357.
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 186,771.	284,549.
0	29,550.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,648.	-1,358.
0.450.540	
	1,877,098.
to shall all a shall a	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 927, 964.	1,069,331.
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 31d, 11d, 11f, 24e) 18 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 19 17, 340.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	E0E 606
Tr Other expenses (Fart IX, Column (A), lines Tra-Tru, Tri-24e)	797,686.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,517,116.	1,867,017.
19 Revenue less expenses. Subtract line 18 from line 12 1,661,403.	10,081.
Beginning of Current Year	End of Year
Beginning of Current Year 20 Total assets (Part X, line 16) 5,117,381. 21 Total liabilities (Part X, line 26) 281,417.	4,998,401.
	153,189.
22 Net assets or fund balances. Subtract line 21 from line 20 4,835,964.	4,845,212.
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	vledge and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Signature of officer Date	
Here MADELEINE STECZYNSKI, EXECUTIVE DIRECTOR	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check X	PTIN
Paid EDWARD TAYLOR EDWARD TAYLOR 10/05/23 self-employed F	200299025
	2979611
Use Only Firm's address 24 HARTWELL AVE	
LEXINGTON, MA 02420 Phone no. (781)	862-6833
	X Yes No

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including grants of \$

1,504,664.

Total program service expenses

Other program services (Describe on Schedule O.)

) (Revenue \$

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Form 990 (2022) ZUMIX, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1,7
	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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	, ,	12b	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		21	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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	<u> </u>
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
	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		x
		_		

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Form **990** (2022)

Form 990 (2022) 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> X</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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		х
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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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?	000		
-	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		х
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	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С			7.7	
	(gambling) winnings to prize winners?	1c	X	(2022)

For	n 990 (2022) ZUMIX, INC. 04-3132	674	Р	age 5
P	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 24			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
	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).	_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	o If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		
		7e		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		Х
14	0 717	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х
	excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N.	15		-23
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	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	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				
			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse				Х
6	Did the organization have members or stockholders?				Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app				
	more members of the governing body?		7а		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?	,	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code)	•		•
		·····		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	1	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
	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 body	before filing the forr	n? 11 a	X	
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		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				
	on Schedule O how this was done	<i>'</i>	120	X	
13	Did the organization have a written whistleblower policy?		13	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 approval				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization				Х
	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 arrangement	ent with a			
	taxable entity during the year?		16a	1	X
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 organiz	zation's			
	exempt status with respect to such arrangements?		16b)	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 501	(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		•		
	Own website X Another's website X Upon request Other (explain of	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	,	y, and fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's book	s and records			
	MADELEINE STECZYNSKI - (617) 568-9777				
	260 SUMNER ST., EAST BOSTON, MA 02128				

Form **990** (2022)

Form 990 (2022) ZUMIX, INC. 04-3132674 Page 7

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of 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)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MADELEINE STECZYNSKI EXECUTIVE DIRECTOR	40.00			х				89,945.	0.	7,680.
(2) RICHARD BOUCHARD	2.00					\vdash		09,943.	0.	7,000.
BOARD MEMBER	2.00	х						0.	0.	0.
(3) JOHNNY GIRALDO	2.00	21						•	0.	•
BOARD MEMBER	2.00	х						0.	0.	0.
(4) JESSE EDSELL-VETTER	2.00								•	
CLERK		Х		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		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) ANTHONY HERRERA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) GABRIELA PERRY	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) ANDREW SECKER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ALYSSA MORIN	2.00									
BOARD MEMBER	2 22	Х				_		0.	0.	0.
(16) BRYAN ZULUAGA	2.00	,							_	_
BOARD MEMBER		Х				_		0.	0.	0.
		-								
-	l						<u> </u>	<u> </u>		Form 990 (2022)

Form **990** (2022)

Form 990 (2022)

ZUMIX, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(R) (C) (D) (E) 04-3132674 Page 8

	(A) Name and title	Average hours per week	box	not ch unles	Pos neck i ss per	more rson i	than of the state	n an	Reportable compensation from	(E) Reportable compensatior from related	Estimated amount of other		of	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)	- 1	compensation from the organization and related organizations		
											_			
	0.11.1.1								89,945.		0.		7 6	80.
	Total from continuation sheets to Part VI								0.		0.		7,0	0.
_d	Total (add lines 1b and 1c)								89,945.		0.	•	7,6	80.
2	Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,													X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		_
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		[4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com									dual for services		5		Х
Sec	tion B. Independent Contractors	piete Scriedule	2 J 10	or su	ICH L	oers	OII .	••••				<u> </u>		
1	Complete this table for your five highest co										ensat	ion fro	m	
	the organization. Report compensation for (A)	<u>ine caiendar ye</u>	ear e	nain	ig w	ith C	or wi	<u>tnin</u>	the organization's tax y	ear.		(C	;)	
	Name and business	address	NC	NE	3				Description of s	services	C	ompei	nsatio	n
2	Total number of independent contractors (ii	ncluding but no	ot lin	nited	l to 1	thos	se lis	ted	above) who received me	ore than				
	\$100,000 of compensation from the organization				- '	(,				202	
												Form ¹	99U ((2022)

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			IX, I	NC.				04-3132	674 Page 9
Ра	rt VII								
		Check if Schedule O	contains a	response	or note to any lin				
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	from tax under
									sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
ran	b	Membership dues		1b					
G, E	С	Fundraising events		1c	181,761.				
ifts ar A	d			1d					
nig High	е	Government grants (contri		1e	465,274.				
Sis	f	All other contributions, gifts,			•				
her	-	similar amounts not included		1f	917,322.				
育	g			1g \$	23,562.				
Contributions, Gifts, Grants and Other Similar Amounts	ย h	Total. Add lines 1a-1f		<u>'9</u> Ψ		1,564,357.			
<u> </u>		Totall Add Infoot fa 11			Business Code	700-700-1			
a)	2 a	CONTRACT SERV	ICES		711130	151,126.	151,126.		
<u>ķ</u>	2 a	OT 3 CC & TIODIC		EES	711130	122,464.	122,464.		
Ser	C	MICKEM CALEC			711130	10,959.	10,959.		
Program Service Revenue	d								
gra	·								
Pro	f	All other program service	revenue						
_	•	Total. Add lines 2a-2f				284,549.			
	3	Investment income (include				201,313.			
	3	•	•	•	•	29,381.			29,381.
	4	other similar amounts) Income from investment of tax-exempt bond p				23,301.			23/3011
	5			ipt borid p	roceeus				
	3	Royalties		i) Real	(ii) Personal				
	6 0	16 047		(ii) i croonar					
		Gross rents Less: rental expenses	6b	0.					
	D O	Rental income or (loss)		,847.					
	ا			,017.		16,847.			16,847.
	d	Gross amount from sales of		ecurities	(ii) Other	10,047			10,047
	ı a	assets other than inventory		,903.	(ii) Other				
	L	•	1a / =	, , , , , , ,					
ø)	D	Less: cost or other basis	7.	,734.					
enne		and sales expenses		169.					
eve	C	Gain or (loss)	70			169.			169.
Other Rev		Net gain or (loss)			<u> </u>	103.			103.
the	8 a	Gross income from fundraising							
0		including \$181							
		contributions reported on	-		13,600.				
		Part IV, line 18			32,554.				
					32,334.	10 05/			10 05/
		Net income or (loss) from				-18,954.			-18,954.
	9 a	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from							
	10 a	Gross sales of inventory, I							
		and allowances							
		Less: cost of goods sold			1				
	С	Net income or (loss) from	sales of in	ventory	Business Ord				
SI					Business Code 711130	749.	749.		
eous ue	11 a	OTHER REVENUE			111130	/43•	/43•		

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d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

285,298.

749. 1,877,098.

Form 990 (2022) ZUMIX, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 067	82,011.	10 747	16 200
_	trustees, and key employees	109,067.	02,011.	10,747.	16,309
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	802,235.	628,955.	59,610.	113,670
7	Other salaries and wages	004,433.	040,333.	JJ, U1U•	113,070
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	87,851.	43,426.	33,689.	10,736
9 10	Other employee benefits	70,178.	55,839.	3,626.	10,713
10 11	Payroll taxes	70,170.	33,033.	3,020.	10,713
a b	Management				
C		20,436.		19,636.	800
	Lobbying	20, 450.		13,030.	000
e	B () ()				
f	Investment management fees	5,793.		5,793.	
	Other. (If line 11g amount exceeds 10% of line 25,	37.200			
9	column (A), amount, list line 11g expenses on Sch O.)	367,340.	352,269.	7,816.	7,255
12	Advertising and promotion	3,490.	3,025.	105.	360
13	Office expenses	49,760.	40,226.	7,315.	2,219
14	Information technology			·	•
15	Royalties				
16	Occupancy	104,103.	96,469.	3,676.	3,958
17	Travel	1,274.	938.	330.	6
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,207.	19,645.	6,733.	4,829
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,513.	58,220.	2,769.	524
23	Insurance	32,403.	30,301.	1,442.	660
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 O.)				
а	DEDATE C MATAMENTANCE	50,399.	40,671.	8,263.	1,465
b	TOTT DATE DESIGNAT	38,450.	36,775.	1,276.	399
C	DANK C DAVDOLL BEEG	18,546.	9,369.	7,630.	1,547
d	DDTMETMO	12,226.	6,475.	48.	5,703
e		746.	50.	696.	- 7
25 25	Total functional expenses. Add lines 1 through 24e	1,867,017.	1,504,664.	181,200.	181,153
<u> </u>	Joint costs. Complete this line only if the organization		, , , , , ,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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ZUMIX, INC.

Form 990 (2022) Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			53,910.	1	57,689
	2	Savings and temporary cash investments			2,166,152.	2	1,118,610
	3	Pledges and grants receivable, net			371,420.	3	253,378
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			12,797.	9	43,605
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D		803,007. 620,853.			
	b	Less: accumulated depreciation			166,697.	10c	182,154 1,017,788
	11	Investments - publicly traded securities				11	1,017,788
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			0 046 405	14	0 005 455
	15	Other assets. See Part IV, line 11			2,346,405.	15	2,325,177
	16	Total assets. Add lines 1 through 15 (must e			5,117,381.	16	4,998,401
	17	Accounts payable and accrued expenses			140,101.	17	80,474
	18	Grants payable			47 272	18	
	19	Deferred revenue			47,373.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su		·		00	
E	00	controlled entity or family member of any of t	-	······		22	
	23	Secured mortgages and notes payable to un				24	
	24 25	Unsecured notes and loans payable to unrela Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on li					
		(0			93,943.	25	72,715
	26	Total liabilities. Add lines 17 through 25			281,417.	26	153,189
	20	Organizations that follow FASB ASC 958, o	heck here	X	202/12/1	20	255,255
es		and complete lines 27, 28, 32, and 33.					
S	27	• , , ,			4,460,258.	27	4,673,581
3al	28				375,706.	28	4,673,581 171,631
٦		Organizations that do not follow FASB ASG			•		,
ᆵ		and complete lines 29 through 33.					
þ	29	Capital stock or trust principal, or current fun	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				4,835,964.	32	4,845,212
_	33	Total liabilities and net assets/fund balances			5,117,381.	33	4,998,401

Form **990** (2022)

Form 990 (2022) ZUMIX, INC. 04-3132674 Page 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	1,87		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,86		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,83	5,9	64.
5	Net unrealized gains (losses) on investments	5		-8	<u>33.</u>
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	4,84	5,2	12.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			1
	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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

Inspection

OMB No. 1545-0047

Name of the organization

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

INC. 04-3132674 ZUMIX Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 ZUMIX , INC . 04-3132 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
	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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on lin	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circle	umstances test. Th	e organization qua	alifies as a publicly	y supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instructions	<u> </u>
						Schedule A	(Form 990) 2022

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.)

Sed	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1528507.	1121783.	1415426.	3015777.	1564357.	8645850.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	36,674.	29,628.	2,020.	2,667.	28,705.	99,694.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1565181.	1151411.	1417446.	3018444.	1593062.	8745544.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons					5,688.	5,688.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b					5,688.	5,688.
8	Public support. (Subtract line 7c from line 6.)						8739856.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	1565181.	1151411.	1417446.	3018444.	1593062. 29,381.	29,381.
	and income from similar sources Unrelated business taxable income					29,301.	29,301.
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					29,381.	29,381.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	159,923.	22,419.	91,517.	188,926.	287,040.	749,825.
	Total support. (Add lines 9, 10c, 11, and 12.)	1725104.	1173830.	1508963.	3207370.	1909483.	9524750.
14	First 5 years. If the Form 990 is for the	J	, , ,	,		(,(,)	on,
Sec	check this box and stop here ction C. Computation of Public	c Support Per					
	Public support percentage for 2022 (li			olumn (fl)		15	91.76 %
	Public support percentage for 2022 (iii Public support percentage from 2021		•			16	91.76 %
	ction D. Computation of Inves		· ·			19	2 3 3 3 3 70
	Investment income percentage for 20			ne 13, column (f))		17	.31 %
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box an	d stop here. The	organization qualif	ies as a publicly su	upported organizat	ion	X
b	33 1/3% support tests - 2021. If the						nd
20	line 18 is not more than 33 1/3%, chec			•		· ·	

04-3132674 Page 4

Schedule A (Form 990) 2022

ZUMIX, INC.

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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 disqualified 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	_		
	4c		
	5a		
	Eh		
	5b 5c		
	50		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
_	10b	000	2000

3b

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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 integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

ZUMIX, INC. 04-3132674

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
NIKKI STEWART	0.	0.	0.	0.	5,688.
Total to Schedule A, Part III, Line 7a					5,688.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ZUMIX, INC.

Employer identification number 04-3132674

Pai	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iir		ilar Funds or Ac	counts. Complete if the
	organization answered Tes On Form 990, Fait IV, III	(a) Donor advised fu	unds ((b) Funds and other accounts
1	Total number at end of year	(-)	,	
2	Aggregate value of contributions to (during year)			
3				
4	Aggregate value of grants from (during year) Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held i	n donor advised fund	Ne
3	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
Ü	for charitable purposes and not for the benefit of the donor of			
	· ·			
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea		reservation of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space		reservation or a seri	nea motorio straotare
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution	on in the form of a co	nservation easement on the last
_	day of the tax year.	nou consorvation continuatio		Held at the End of the Tax Year
а				2a
b				2b
c	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
-				2d
3	Number of conservation easements modified, transferred, rel			
	year	3	, 3	3
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		, handling of	
	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforce	cing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements o	f section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue	and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's fin	ancial statements tha	at describes the
Б.	organization's accounting for conservation easements.	(A .) 12		
Pai	rt III Organizations Maintaining Collections of		ures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·		nce of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or re-	search in furtherance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			<u> </u>
_				
2	If the organization received or held works of art, historical tre		- · · ·	provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>		·		-
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.		Schedule D (Form 990) 2022

232051 09-01-22

	dule D (Form 990) 2022 ZUMIX,							04-31	3267	4 Pa	age 2
Pai	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the f	following that	make sig	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition		d	Loan or exc	hange progra	ım					
b	Scholarly research	•	e	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit	or receive donations	of art, his	storical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be m	aintained as part of t	he orgar	nization's co	llection?				Yes		No
Pai	t IV Escrow and Custodial Arran	igements. Compl	ete if the	organizatio	n answered "	Yes" on I	Form 99	D, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for o	contributions	s or other ass	ets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Part	IV, line 10	0.				
		(a) Current year	(b) F	rior year	(c) Two year	s back ((d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1	g, column (a))) held as:	•					
а	Board designated or quasi-endowment	•	%		•						
b	Permanent endowment		_								
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held ar	nd administer	ed for the	•				
	organization by:	_								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the									•	
Pai	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	ed "Yes" on Form 990	D, Part IV	/, line 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulat	ed	(d) Boo	k value	<u>——</u>
		basis (investi			(other)		reciation		. ,		
1a	Land										
	Buildings										
С	Leasehold improvements			25	5,848.	1	54,9	12.	10	0,93	36.
d	Equipment				9,712.		13,4			6,28	
_,	1 1			_	7 447		<u> </u>	1 4		4 0	2 2

Schedule D (Form 990) 2022

34,933.

182,154.

52,514.

e Other

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

87,447.

Schedule D (Form 990) 2022 ZUMIX, INC.		04	-3132674 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
- <u></u>	(b) Book value	(c) metred of valuation. Seek of one	or your market value
(2)			
(3)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(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 000 Part IV line	11d Soc Form 990 Part V line 15	
	Description	Tru. See Form 930, Fart X, line 13.	(b) Book value
	<u> </u>	DEUOIICE INC	166,000.
	OF ZUMIX FI	KEHOUSE, INC.	49,615.
	INC.		2,109,562.
	INC.		2,109,302.
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			2 225 177
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		2,325,177.
Complete if the organization answered "Yes"	on Form 000 Port IV line	110 or 11f Coo Form 000 Port V line 25	
(a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	TO		02 100
	NC.		23,100.
(3) AMOUNTS HELD FOR OTHERS			49,615.
(5)			
(7)			l

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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) 2022

72,715.

(8)

iche	edule D (Form 990) 2022 ZUMIX, INC.			04-3	3132674	Page
Pai	rt XI Reconciliation of Revenue per Audited Financial State	ments With R	evenue per Re	eturn.		
	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	1,920,	,672
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-833.			
	Donated services and use of facilities		17,646.			
С	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)	1	32,554.			
е	Add lines 2a through 2d			2e	49,	, 367
3	Subtract line 2e from line 1			3	1,871,	, 305
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	5,793.			
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	<u> </u>		4c	5,	793
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,877	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per l	Returr	١.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total expenses and losses per audited financial statements			1	1,911,	, 424
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	17,646.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	32,554.			
е	Add lines 2a through 2d			2e	50,	,200
3	Subtract line 2e from line 1			3	1,861,	, 224
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	5,793.			
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c	5,	,793
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,867,	,017
Pa	rt XIII Supplemental Information.					
rov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b a	nd 2b; Part V, line	1; Part X	(, line 2; Part X	Ί,
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informa	ation.			
_	OT 17 T T T T T T T T T T T T T T T T T T					
	NO 17 T TATE O					

PART X, LINE 2:

MANAGEMENT EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY GAAP. AS OF MARCH 31, 2023, MANAGEMENT DOES NOT BELIEVE THAT IT HAS TAKEN ANY TAX POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY FOR OPEN TAX YEARS THROUGH MARCH 31, 2023, NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE 32,554

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number 04-3132674 ZUMIX, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

	art II Fundraising Events. Complete if of fundraising event contributions and g	the organization answered		t IV, line 18, or reported	
		(a) Event #1 ANNUAL GALA	(b) Event #2 WALK FOR MUSIC	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	(event type) 120 , 373 .	(event type) 74,988.	(total number)	195,361.
Ä	2 Less: Contributions		74,988.		181,761.
	3 Gross income (line 1 minus line 2)				13,600.
	4 Cash prizes				
S	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	11,380.			11,380.
	7 Food and beverages	4,619.	2,503.		7,122.
	8 Entertainment 9 Other direct expenses	7,611.	6,441.		14,052.
Pa	10 Direct expense summary. Add lines 4 throu 11 Net income summary. Subtract line 10 from art III Gaming. Complete if the organization	ı line 3, column (d)	1 990. Part IV. line 19. or r		32,554. -18,954.
	\$15,000 on Form 990-EZ, line 6a.		, , ,		
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1 Gross revenue				
ses	2 Cash prizes				
rect Expenses	3 Noncash prizes				
Direc	4 Rent/facility costs				
\dashv	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes % No	Yes % No	
	7 Direct expense summary. Add lines 2 throu	gh 5 in column (d)			
	8 Net gaming income summary. Subtract line	7 from line 1, column (d)			
а	Enter the state(s) in which the organization cond a Is the organization licensed to conduct gaming b If "No," explain:	activities in each of these	states?		Yes No
	Were any of the organization's gaming licenses o If "Yes," explain:		erminated during the tax y	ear?	Yes No

Schedule G (Form 990) 2022 ZUMIX, INC.	04-3132674 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events book	
THE Effect the flame and address of the person who prepares the organization's gaming/special events book	s and records.
News	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming re	evenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
c ii Tes, enter name and address of the tilld party.	
News	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
<u> </u>	
Description of services provided	
District of the second of the	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organization	ns or spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column	s (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (Form 990) Z Part IV Supplemental Informa	UMIX, INC.	04-3132674	Page 4
Part IV Supplemental Informa	tion (continued)		<u> </u>
	·		

SCHEDULE O (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ZUMIX, INC.	04-3132674
FORM 990, PART VI, SECTION B, LINE 11B:	
CIRCULATED IN DRAFT FORM TO BOARD OF DIRECTORS FOR COMMENT	'S.
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD AND STAFF MUST ANNUALLY COMPLETE A WRITTEN CONFL	ICT OF INTEREST
DISCLOSURE/NON-DISCLOSURE STATEMENT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE ORGAN	IZATION'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 TH	E ORGANIZATION'S
GOVERNING DOCUMENTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS MADE AVAILABLE	E TO THE PUBLIC
UPON REQUEST.	
	_
FORM 990, PART IX, LINE 11G, OTHER FEES:	_
AIM TEACHING ARTISTS:	_
PROGRAM SERVICE EXPENSES	288,663.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	239.
TOTAL EXPENSES	288,902.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** ZUMIX, INC. 04 - 3132674OTHER CONSULTING: PROGRAM SERVICE EXPENSES 63,606. 7,816. MANAGEMENT AND GENERAL EXPENSES 7,016. FUNDRAISING EXPENSES 78,438. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 367,340.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the 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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ZUMIX, INC.						04 - 31326	74	
Part I Identification of Disregarded Entities. Comp	olete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) Or Total inco	me End-of-yea		ets Direct controlling entity		g
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ect controlling entity	cont	g) 512(b)(13) trolled tity?
ZUMIX FIREHOUSE, INC 26-2779233 260 SUMNER ST. EAST BOSTON, MA 02128	OWNS LAND AND BUILDING WHICH IT RENTS TO ZUMIX, INC.	MASSACHUSETTS	501(C)(3)	LINE 12B, II	TIMTY	TNG	Yes	No X
ERST DOSTON, PR 02120		MADDACHUDEIID	201(0)(3)	PINE 12B, 11	LUMIA,	INC.		_ A

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

Schedule R (Form 990) 2022

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.

		,	ı	•							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

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

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

Page 2

1a

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 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	Gift, grant, or capital contribution to related organization(s)				_1b		_ A_
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
					1d	Х	
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1 <u>j</u>		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
	n Performance of services or membership or fundraising solicitations by related organ						X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization						X
0	Sharing of paid employees with related organization(s)				10		X
	Reimbursement paid to related organization(s) for expenses				1 p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on whether the second seco	ho must complete th	nis line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved		
1)	ZUMIX FIREHOUSE, INC.	D	1,979,562.	FACE VALUE OF NOTE			
2)	ZUMIX FIREHOUSE, INC.	D	130,000.	AMOUNT ADVANCED			
3)	l de la companya de						
3)							
4)	l de la companya de						
•/							
5)	l de la companya de						
-,							
6)	l de la companya de						
	33 09-14-22	•		Schedul	e R (For	m 990) 2022
					-		

Schedule R (Form 990) 2022 ZUMIX, INC. 04-3132674 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									