





- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.)

**Part III Financial Information**

<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	6667887	8177419
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	6667887	8177419
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	339631	
<b>(2)</b> Participants .....	<b>8a(2)</b>	402905	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	40320	
<b>b</b> Other income (loss) .....	<b>8b</b>	775515	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		1558371
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	48839	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>		
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		48839
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		1509532
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
2A 2L
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>		X	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>		X	



**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below..... ☐ Yes ☒ No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..... ☐ Yes ☐ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year ..... **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year ..... **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? ..... ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ..... ☐ Yes ☒ No

**c** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)



Filing Authorization for Form 5500 or 5500-SF

Name of Plan: Friends of KEXP 403 Defined Contribution Retirement Plan

EIN / PN: 91-2061474 / 001

Plan Year Ending: December 31, 2020

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Jacobson Jarvis & Co, PLLC ("JJCo") to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority:

- I/we must manually sign and date page 1 of Form 5500 or page 2 of the Form 5500-SF and provide a signed copy of the return's first two pages to JJCo before the electronic filing can be initiated;
- JJCo will retain a copy of this written authorization in its records;
- JJCo will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on Form 5500 or Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- JJCo shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: Rebecca Jank Date: 09.29.2020

Employer/Plan Sponsor  
(if not the Plan Administrator): \_\_\_\_\_ Date: \_\_\_\_\_

PART II Acknowledgement of Receipt of Authorization

On behalf of JJCo, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For JJCo: [Signature] Date: 9/30/21  
(signature and title)

The designated service provider must retain this authorization.  
Do not submit this form to the DOL unless requested to do so.



Annual Registration Statement Identifying Separated  
Participants With Deferred Vested BenefitsThis form is required to be filed under section 6057 of the Internal Revenue Code.  
Go to [www.irs.gov/Form8955SSA](http://www.irs.gov/Form8955SSA) for instructions and the latest information.

OMB No. 1545-2187

2020

This Form Is NOT Open  
to Public Inspection

<b>PART I Annual Statement Identification Information</b>			
For the plan year beginning		01/01/2020, and ending 12/31/2020	
A <input type="checkbox"/> Check here if plan is a government, church, or other plan that elects to voluntarily file Form 8955-SSA. (See instructions.)			
B <input type="checkbox"/> Check here if this is an amended registration statement.			
C Check the appropriate box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> Automatic extension <input type="checkbox"/> Special extension (enter description)			
<b>PART II Basic Plan Information - enter all requested information</b>			
1a Name of plan		1b Plan Number (PN)	
FRIENDS OF KEXP 403 DEFINED CONTRIBUTION RETIREMENT PLAN		001	
Plan Sponsor Information			
2a Plan sponsor's name		2b Employer identification number (EIN)	
FRIENDS OF KEXP		91-2061474	
2c Trade name (if different from plan sponsor name)		2d Plan sponsor's phone number	
		206-520-5818	
2e In care of name			
REBECCA DENK			
2f Mailing address (room, apt., suite no. and street, or P.O. box)		2g City	2h State
472 1ST AVE N		SEATTLE	WA
2i ZIP code		2j Foreign postal code	
98109-4721			
2k Foreign province (or state)		2l Foreign country	
Plan Administrator Information			
3a Plan administrator's name (if other than plan sponsor)		3b Employer identification number (EIN)	
SAME			
3c In care of name		3d Plan administrator's phone number	
3e Mailing address (room, apt., suite no. and street, or P.O. box)		3f City	3g State
3h ZIP code		3i Foreign postal code	
3j Foreign province (or state)		3k Foreign country	
4 If the name or EIN of the plan administrator has changed since the last return filed for this plan, enter the name and EIN from the last filed return:			
Plan administrator's name		EIN	
5 If the name or EIN of the plan sponsor has changed since the last return filed for this plan, enter the name, EIN, and plan number from that return:			
Plan sponsor's name		EIN	Plan Number (PN)
6a Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA		6a	3
b Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA in the same year as the separation occurred		6b	
7 Total number of participants reported on lines 6a and 6b		7	3
8 Did the plan administrator provide an individual statement to each participant required to receive a statement?			
Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Sign Here	Signature of plan sponsor	Date signed	Signature of plan administrator
	Rebecca Denk	9.29.2020	



<b>Form 5500-SF</b> Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b> This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089 <b>2020</b> This Form Is Open to Public Inspection
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2020 or fiscal plan year beginning <b>01/01/2020</b>	and ending <b>12/31/2020</b>
<b>A</b> This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
<b>B</b> This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)	

  

<b>Part II Basic Plan Information - enter all requested information</b>													
<b>1a</b> Name of plan <b>FRIENDS OF KEXP 403 DEFINED CONTRIBUTION RETIREMENT PLAN</b>	<b>1b</b> Three-digit plan number (PN) <b>001</b>												
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instr.) <b>FRIENDS OF KEXP</b> <b>472 1ST AVE N</b>  <b>SEATTLE WA 98109-4721</b>	<b>1c</b> Effective date of plan <b>08/01/2002</b> <b>2b</b> Employer identification Number (EIN) <b>91-2061474</b> <b>2c</b> Sponsor's telephone number <b>206-520-5818</b> <b>2d</b> Business code (see instructions) <b>515100</b>												
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number												
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN												
<b>5a</b> Total number of participants at the beginning of the plan year <b>b</b> Total number of participants at the end of the plan year <b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) <b>d (1)</b> Total number of active participants at the beginning of the plan year <b>d (2)</b> Total number of active participants at the end of the plan year <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>5a</b></td> <td style="width: 90%; text-align: right;"><b>88</b></td> </tr> <tr> <td><b>5b</b></td> <td style="text-align: right;"><b>94</b></td> </tr> <tr> <td><b>5c</b></td> <td style="text-align: right;"><b>94</b></td> </tr> <tr> <td><b>5d(1)</b></td> <td style="text-align: right;"><b>59</b></td> </tr> <tr> <td><b>5d(2)</b></td> <td style="text-align: right;"><b>60</b></td> </tr> <tr> <td><b>5e</b></td> <td style="text-align: right;"><b>0</b></td> </tr> </table>	<b>5a</b>	<b>88</b>	<b>5b</b>	<b>94</b>	<b>5c</b>	<b>94</b>	<b>5d(1)</b>	<b>59</b>	<b>5d(2)</b>	<b>60</b>	<b>5e</b>	<b>0</b>
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<b>5d(1)</b>	<b>59</b>												
<b>5d(2)</b>	<b>60</b>												
<b>5e</b>	<b>0</b>												

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	<i>Rebecca Denk</i>	<b>9 29 2021</b>	<b>REBECCA DENK</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor