



## Cemetery Endowment Care Fund Annual Report Addendum for Total Return

This form must be included with the Endowment Care Fund Annual Report.

Upload a scanned copy online: [dol.wa.gov/business/funeralcemetery](http://dol.wa.gov/business/funeralcemetery)

Or mail completed form to: **Funeral and Cemetery Licensing  
Department of Licensing  
PO Box 9012  
Olympia, WA 98507-9012**



For questions or language help call: 360-664-1822

### Cemetery

TYPE or PRINT Name of cemetery

### Calculations

	2 years prior	1 year prior	Current year
Beginning market value for each year listed			
	+	+	+
Deposits to trust			
	-	-	-
Extraordinary distributions			
	=	=	=
Fair market value			

### Average fair market value

Answer the following

1. Total amount distributed during report period? . . . . . \$ \_\_\_\_\_
2. For the next fiscal year, are there any changes to your investment and distribution policy? . . . Yes No  
If yes, please explain:

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*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
TYPE or PRINT Name

**X**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date and place (city or county) signed

**Providing any false information in this application may be cause for denial, suspension, or revocation  
of your professional license in the state of Washington.**