



## 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/professional-licenses](http://dol.wa.gov/professional-licenses)

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: 360.664.1555

### 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:

---

---

---

---

*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

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