



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

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.

Date and place	TYPE or PRINT Name
	X
	Applicant signature

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