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Form 990-PF

CHANGE OF ACCOUNTING PERIOD Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service For calendar year 2012 or tax year beginning APR 1, 2012 DEC 31, 2012 , and ending Name of foundation A Employer identification number J. FLETCHER CREAMER FOUNDATION 22-2335557 Number and street (or P O box number if mail is not delivered to street address) Boom/suite B Telephone number 101 EAST BROADWAY (201) 488-9800 City or town, state, and ZIP code C If exemption application is pending, check here HACKENSACK, 07601 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 1,415,167. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for charitable purposes (cash basis only) expenses per books income income 450,000. Contributions, gifts, grants, etc., received 2 Check _____ if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 11,254. 11,254. 30,932. 30,932. STATEMENT Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) -14,543. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 103,434. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 477,643. 42,186. 0. 12 Total. Add lines 1 through 11 Compensation of officers, directors trustees etc 0. 13 0. 0. 14 Other employee salaries and wages-(0) 15 Pension plans, employee benefits 16a Legal fees NOV 1 2 2013 œ b Accounting fees c Other professional fees DEN Administrative 17 Interest 18 Taxes STMT 2 127. 50. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings erating and 22 Printing and publications 23 Other expenses STMT 3 110. 60. Ō. 50. 24 Total operating and administrative 237 110. 0. 50. expenses Add lines 13 through 23 388,510. 388,510. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 388,747 110 0 388,560. Add lines 24 and 25 Subtract line 26 from line 12: 88,896 a Excess of revenue over expenses and disbursements 42,076. b Net investment income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

C Adjusted net income (if negative, enter -0-)

223501 12-05-12

Form **990-PF** (2012)

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31 Total liabilities and net assets/fund balances 1,227,204. 1,316,100. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 4 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 0.	ts	l	<u> -</u>			_
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31 Total liabilities and net assets/fund balances 1,227,204. 1,316,100. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 4 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 0.	¥.	l	· · · · · · · · · · · · · · · · · · ·			
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O.	ž	30	Total net assets or fund balances	789,254.	1,167,700	<u>.</u>
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O.			Tabal Pak William and an all and a second an	1 227 204	1 216 100	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► SEE STATEMENT 4 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 0.	_	31			1,316,100	<u>• </u>
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 1 789, 254. 2 88,896. 3 289,550. 4 1,167,700. 5 0.	P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 1 789, 254. 2 88,896. 3 289,550. 4 1,167,700. 5 0.	1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0	<u> </u>	
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5			• •			789 254
3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Decreases not included in line 2 (itemize) 6 O .				•		
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 0.				ርፑፑ ርመአ	. –	
5 Decreases not included in line 2 (itemize) 5 0.				ATC GEC		
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30				umn (h) line 30		
	Ť		The state of the s	unin (u), inio uu	L'	Form 990-PF (2012)

Part IV Capital	Gains a	and Losse	es for Tax on Ir	nvestment	Income							
) of property sold (e.g ommon stock, 200 sh			(b) F	low ac - Purch - Dona	nase	(c) Date a (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)	
1a 1,000 SHS BAC CAPITAL TRUST 11						VARI	ous	VARIOUS	_			
b 1,000 SHS	CHN	GLOBAL	NV					P	VARI	ous	VARIOUS	
c 1,000 SHS	WORL	D FUEL	SERVICES					P	VARI	ous	VARIOUS	_
d	-	-										_
е			-									_
(e) Gross sales pi	rice		eciation allowed allowable)		t or other basis xpense of sale					ain or (loss (f) minus		
a 25	,000.				27,04	4.					-2,044	-
	,944.				42,35	3.					-2,044 1,591	•
c 34	,490.				48,58	0.					-14,090	•
d												
е		·										
Complete only for as:	sets showin	ıg gaın ın colu	mn (h) and owned by	the foundation	оп 12/31/69					ol. (h) gain		
(i) F.M.V. as of 12/3	31/69		djusted basis of 12/31/69		cess of col. (ı) col. (ֈ), ıf any			col.	(k), but r Losses	ot less tha (from col.)	n -0-) or (h))	
a											-2,044	•
b								·			1,591	•
C											-14,090	•
d					•							
<u>e</u>												
2 Capital gain net incom	e or (net ca	ıpıtal loss)	If gain, also ente	r ın Part I, line)- ın Part I, line	7 7	}	2				-14,543	•
3 Net short-term capital	gain or (los	ss) as defined				Í						
If gain, also enter in Pa			300tions 1222(0) a	10 (0).		λl						
If (loss), enter -0- in P	art I, line 8					<u>ال</u>	3			N/A		
Part V Qualific	ation U	nder Sec	tion 4940(e) for	Reduced	Tax on Net	: Inv	estm	ent Inc	ome			
(For optional use by dome	estic private	foundations :	subject to the section	4940(a) tax on	net investment in	icome	.)					
If section 4940(d)(2) app	liac lasva th	nic nart hlank										
11 30011011 4340(U)(Z) app	iies, ieave ti	no part blank.										
Was the foundation liable	for the sect	tion 4942 tax (on the distributable an	nount of any ye	ear in the base pei	rıod?					Yes X No)
If "Yes," the foundation do												
1 Enter the appropriate	amount in e	each column t	or each year; see the i	nstructions be	fore making any e		_				74\	_
(a) Base period	years		(b)	tributions.	Not volve of per	(c)			ļ	Distri	(d) oution ratio	
Calendar year (or tax y	ear beginnii	ng in) /	Adjusted qualifying dis	1	Net value of no	ncnar				(col. (b) dr	rided by col. (c))	_
2011				3,040.				8,657				
2010				4,371.				7,413			.55748	
2009				1,425.				6,253			.41856	
2008			74	7,827.				3,818			1.00539	
2007			83	35,596.			/ 4	7,957	•		1.11717	<u> </u>
0.71111	4.15										2 52004	^
2 Total of line 1, column	` '	c b		! 0 5					2	· · · · · · · · · · · · · · · · · · ·	3.52984	_
3 Average distribution ra				on line 2 by 5,	or by the number	of yea	ars		_		70507	^
the foundation has be	en in existei	nce it less thai	1 5 years						3		.70597	<u>_</u>
4. Fotos the net velve of		.1	for 0040 for an Don't V	r					1 . 1		1 254 624	
4 Enter the net value of	noncharitad	ne-use assets	tor 20 12 from Part X,	line 5					4		1,354,624	÷
F. Marthagha has 4 has been	•								_		056 224	
5 Multiply line 4 by line	3								5	-	956,324	<u>•</u>
0 Falou 40/ of1											101	
6 Enter 1% of net invest	ment incon	ne (1% of Parl	i, line 27b)						6		421	•
7 Add bass 5 : 10									_		056 745	
7 Add lines 5 and 6									7		956,745	<u>•</u>
8 Enter qualifying distrib	outions from	n Part XII, line	4						8		388,560	
If line 8 is equal to or		ı lıne 7, check	the box in Part VI, line	e 1b, and comp	lete that part usin	ng a 19	% tax r	ate.				
See the Part VI instruc	ctions.											

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Form 990-PF (2012) J. FLETCHER CREAMER FOUND	OATION 22-233	:557	ſ	Dogo 4
Form 990-PF (2012) J. FLETCHER CREAMER FOUND Part VI Excise Tax Based on Investment Income (Sect				Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here				
	letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, cher			8	42.
of Part I, line 27b	and dillot to			<u></u>
c All other domestic foundations enter 2% of line 27b. Exempt foreign organization	ns enter 4% of Part I line 12 col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	· · · · · · · · · · · · · · · · · · ·			0.
3 Add lines 1 and 2	3		8	42.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, en			8	42.
6 Credits/Payments:				:
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a 680 •			
b Exempt foreign organizations - tax withheld at source	6b			
c Tax paid with application for extension of time to file (Form 8868)	6c 300.			
d Backup withholding erroneously withheld	64			
7 Total credits and payments. Add lines 6a through 6d	7		9	80.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of	overpaid 10		1	38.
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax	138 ⋅ Refunded ► 11			0.
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, o	r local legislation or did it participate or intervene in	T	Yes	No
any political campaign?		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for poli	tical purposes (see instructions for definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the ac	•			
distributed by the foundation in connection with the activities	, ,			
c Did the foundation file Form 1120-POL for this year?		1c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed	i during the year:			
(1) On the foundation. ▶ \$ 0 • (2) On foundation	*			İ
e Enter the reimbursement (if any) paid by the foundation during the year for politi				l
managers. ► \$ 0.				
2 Has the foundation engaged in any activities that have not previously been repor	ted to the IRS?	2		Х
If "Yes," attach a detailed description of the activities				
3 Has the foundation made any changes, not previously reported to the IRS, in its	governing instrument, articles of incorporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of i	the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more dui	ring the year?	4a		X
b if "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction durin	g the year?	5		X
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945)	satisfied either:			
 By language in the governing instrument, or 				
 By state legislation that effectively amends the governing instrument so that no 	o mandatory directions that conflict with the state law			
remain in the governing instrument?		6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
If "Yes," complete Part II, col (c), and Part XV				
8a Enter the states to which the foundation reports or with which it is registered (se	e instructions) NONE	1		1
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-	-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation SEE STATEMENT 7				
9 Is the foundation claiming status as a private operating foundation within the me	aning of section 4942(j)(3) or 4942(j)(5) for calendar			_
year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)?	If "Yes," complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," att	tach a schedule listing their names and addresses	10		X

1 3

	1 990-PF (2012) J. FLETCHER CREAMER FOUNDATION 22-233	<u> </u>		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ J. FLETCHER CREAMER FOUNDATION Telephone no. ▶ 201-4	38-9	800	
	Located at ► 101 EAST BROADWAY, HACKENSACK, NJ ZIP+4 ►0	7601		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
	country >	ł		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1 7		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			l
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b]	
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2012?	1c		X
: 2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)): -			
i	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2012? Yes X No	1		1
	If "Yes," list the years \blacktriangleright , , ,			
I	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1		
	statement - see instructions.) N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>		ŀ	
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
1	o If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after			İ
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		1	
	Form 4720, to determine if the foundation had excess business holdings in 2012.) N/A	3b	1	
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	1	Х

Form 990-PF (2012) J. FLETCHER CREAMER FOUN		Samulana di .	<u> </u>	5 /	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be F	requirea (contin	ued)	- 1	
5a During the year did the foundation pay or incur any amount to:	40.457.330		[2 2]		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	,		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire			ł	
any voter registration drive?	_		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es 🗶 No	- 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f				
the prevention of cruelty to children or animals?			es 🔀 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		- 1	
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	from the tax because it maintal	ined			
expenditure responsibility for the grant?	N	[/A 🗀 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d)				ĺ
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		<u> </u>		
a personal benefit contract?		Y	es X No		-
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6ь	l x
If "Yes" to 6b, file Form 8870		•			\dagger
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	□ Y	es X No		
b if "Yes," did the foundation receive any proceeds or have any net income attrib			. –	7b	+
Information About Officers Discotors Turned		nagers, Highly			
Part VIII Paid Employees, and Contractors	,	3 , 3 ,	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) E:	xpense nt, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allow	vances
J. FLETCHER CREAMER	TRUSTEE P/T				
101 EAST BROADWAY					
HACKENSACK, NJ 07601	0.00	0.	0.		0.
J. FLETCHER CREAMER, JR.	TRUSTEE P/T			-	
101 EAST BROADWAY	7				
HACKENSACK, NJ 07601	0.00	0.	0.		0.
DALE A. CREAMER	TRUSTEE P/T				
101 EAST BROADWAY	7				
HACKENSACK, NJ 07601	1 0.00	0.	0.		0.
	- -	-	1		
	=				
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."	1		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(a) Composition	(d) Contributions to employee benefit plans	(e) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deterred compensation	allov	vances
NONE					
		1			-
	1	1			
	1	1			
	1				
				· · · · · · ·	
Total number of other employees paid over \$50,000					0

FORM 990-PF (2012) J. FLETCHER CREAMER FOUNDATION		<u> </u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Man Paid Employees, and Contractors (continued)	agers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE	(5) 1) po oi oci 1100	(9) 55	
HOND			
Total number of others receiving over \$50,000 for professional services		>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informati	on such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Sir oddir do tiro	Expenses	
1 N/A			
2			
_ 			
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 <u>N/A</u>			
2			
	-	-	
All other program-related investments. See instructions.			
3			
Total Add lines 1 through 2		· · · · · · · · · · · · · · · · · · ·	0.
Total. Add lines 1 through 3			

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,192,294.
b	Average of monthly cash balances	1b	1,192,294.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,375,253.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,375,253.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	20,629.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,354,624.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	51,030.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	1
1	Minimum investment return from Part X, line 6	1	51,030.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	842.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	50,188.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	50,188.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	50,188.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		200 560
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	388,560.
	Program-related investments - total from Part IX-B	1b	U •
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
4	Cash distribution test (attach the required schedule)	3b	388,560.
5	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	4	300,300.
J	Income. Enter 1% of Part I, line 27b	ا ۽ -	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	5	388,560.
U	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	mote the amount on time of with be used in Fart V, column (b), in subsequent years when calculating whether the foundation q	uaiiiies i	of the section

Form **990-PF** (2012)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7		·		50,188.
2 Undistributed income, if any, as of the end of 2012			· ·	30,100.
a Enter amount for 2011 only			0.	
b Total for prior years:				
1	Br T allry to St	0.		
3 Excess distributions carryover, if any, to 2012:				
aFrom 2007 798,626.				
bFrom 2008 712,432.				
cFrom 2009 257,116.				
dFrom 2010 360,273.				
eFrom 2011 312,784.				
f Total of lines 3a through e	2,441,231.			
4 Qualifying distributions for 2012 from				·
Part XII, line 4: ▶\$ 388,560.				
a Applied to 2011, but not more than line 2a	1		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)	1	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			-
d Applied to 2012 distributable amount				50,188.
e Remaining amount distributed out of corpus	338,372.			<u></u>
Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,779,603.			
b Prior years' undistributed income. Subtract	_, ,			
line 4b from line 2b		0.		
c Enter the amount of prior years'				·
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		<u>-</u>
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	798,626.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	1,980,977.			
10 Analysis of line 9:				
a Excess from 2008 712,432.				
b Excess from 2009 257,116.				
c Excess from 2010 360, 273.				
dExcess from 2011 312,784.				
e Excess from 2012 338,372.				5 000 DE (0040)

	CHER CREAME			22-23	35557 Page 10	
Part XIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A		
1 a If the foundation has received a ruling o	determination letter that	it is a private operating				
foundation, and the ruling is effective for	2012, enter the date of t	he ruling	▶			
b Check box to indicate whether the found	ation is a private operatir	ng foundation described i	n section	4942(j)(3) or 49	42(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		<u> </u>	
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total	
investment return from Part X for						
each year listed						
b 85% of line 2a						
c Qualifying distributions from Part XII,						
line 4 for each year listed					1	
d Amounts included in line 2c not				·		
used directly for active conduct of					İ	
exempt activities					1	
e Qualifying distributions made directly						
for active conduct of exempt activities.					İ	
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the						
alternative test relied upon: a "Assets" alternative test - enter:						
(1) Value of all assets						
(2) Value of assets qualifying		:				
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter			<u> </u>			
2/3 of minimum investment return			1		1	
shown in Part X, line 6 for each year						
listed					 	
c "Support" alternative test - enter:						
(1) Total support other than gross investment income (interest,					İ	
dividends, rents, payments on			•		İ	
securities loans (section					l	
512(a)(5)), or royalties)						
(2) Support from general public and 5 or more exempt						
organizations as provided in						
section 4942(j)(3)(B)(iii)						
(3) Largest amount of support from			:			
an exempt organization					-	
(4) Gross investment income		<u> </u>				
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets	
at any time during t	he year-see insti	ructions.)				
1 Information Regarding Foundation	n Managers:					
a List any managers of the foundation wh			ributions received by the	e foundation before the clos	se of any tax	
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)				
NONE			•			
b List any managers of the foundation wh			or an equaliy large port	ion of the ownership of a pa	artnership or	
other entity) of which the foundation ha	s a 10% or greater interes	st.				
NONE						
2 Information Regarding Contribut	on, Grant, Gift, Loan,	, Scholarship, etc., Pr	ograms:			
Check here 🕨 🔲 if the foundation of	nly makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	ests for funds. If	
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations u	nder other conditions, o	complete items 2a, b, c, and	l d.	
a The name, address, and telephone num	ber or e-mail of the perso	n to whom applications s	should be addressed:			
J. FLETCHER CREAMER,	TRUSTEE, 2	01-488-9800				
101 EAST BROADWAY, H	ACKENSACK,	NJ 07601				
b The form in which applications should be submitted and information and materials they should include:						
NO SPECIAL FORM REQU	<u> </u>					
c Any submission deadlines: NONE						
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	kinds of institutions or	other factors:		
LIMITED ONLY BY THE			30 01 11.0110110110, 01	5.5.7 MOTOLO.		
	_ = = = = = = = = = = = = = = = = = = =					

Page 10

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year SEE SCHEDULE ATTACHED NONE N/A CHARITABLE 98,960. HACKENSACK HEALTH AND HOSPITAL NONE N/A CHARITABLE FOUNDATION 30 PROSPECT AVE 64,550. HACKENSACK, NJ 07601 HOLY NAME HEALTH CARE FOUNDATION NONE N/A CHARITABLE 718 TEANECK ROAD TEANECK, NJ 07666 200,000. NONE CHARITABLE JERSEY SHORE UNIVERSITY MEDICAL N/A CENTER 134 CAMPUS PARKWAY NEPTUNE, NJ 07753 25,000. 388,510. ➤ 3a **b** Approved for future payment SEE SCHEDULE ATTACHED NONE N/A CHARITABLE 148,400. 148,400. Total

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclud	led by section 512, 513, or 514	(a)
enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
С					
a .					
e			 		
1	- 1		† †		
g Fees and contracts from government agencies	 		 		·
2 Membership dues and assessments			 	······	
•			 		
3 Interest on savings and temporary cash			14	11 254	
Investments			14	11,254. 30,932.	
4 Dividends and interest from securities			 4	30,932.	
5 Net rental income or (loss) from real estate:	ļļ.		 		
a Debt-financed property			 		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	-14,543.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					•
11 Other revenue:			1 1		

b	 	 	+ +		·· -
<u> </u>	 				
<u> </u>	 		1 1		
40 Cubbatal Add ashima (b) (d) and (a)	 	0.	1 1	27 642	
12 Subtotal. Add columns (b), (d), and (e)	<u>L</u>	<u> </u>	1	27,643.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	27,643.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	kempi	t Purposes	
			•		
Line No. Explain below how each activity for which inco			contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing tun	ds for such purposes).			
-					
				<u> </u>	
			-		
				<u> </u>	
				<u> </u>	

		TCHER CREAMER			333331	Page 13
Part >	(VII Information Reg Exempt Organiz		and Transactions a	nd Relationships With Nonc	haritable	
1 Did	the organization directly or indirec	ctly engage in any of the followi	ng with any other organization	n described in section 501(c) of	Y	es No
the	Code (other than section 501(c)(3	3) organizations) or in section 5	27, relating to political organiz	zations?		
a Tra	isfers from the reporting foundati	on to a noncharitable exempt or	rganization of:			
	Cash				1a(1)	X
	Other assets				1a(2)	X
	er transactions:				11	\ .
•	Sales of assets to a noncharitable				1b(1)	$\frac{x}{x}$
	Purchases of assets from a nonc				1b(2)	$\frac{\Lambda}{X}$
	Rental of facilities, equipment, or Reimbursement arrangements	Other assets			1b(3) 1b(4)	$\frac{\Lambda}{X}$
	Loans or loan guarantees		1		1b(4)	$\frac{1}{x}$
	Performance of services or mem	herebin or fundraising solicitati	IOUS		1b(6)	$\frac{x}{x}$
	ring of facilities, equipment, maili	,			1c	$\frac{1}{x}$
			• •	ays show the fair market value of the goo		
				e in any transaction or sharing arrangeme		,
	ımn (d) the value of the goods, ot			,	·	
(a)Line n	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions	and sharing arrang	gements
		N/A				
	<u> </u>					
	ļ					
	 			<u> </u>		
	 		_ 			
					 	
	 				·	
	 				<u></u>	
	 					
	 			 		
ın s	ne foundation directly or indirectly ection 501(c) of the Code (other t 'es," complete the following sched	than section 501(c)(3)) or in sectule.	• '	ations described	Yes	X No
	(a) Name of organ	nization	(b) Type of organization	(c) Description of rela	ionship	
	N/A		 			
		 -			 .	
			<u> </u>			
	Under penalties of persury, I declare the	at that examined this return includ	ing accompanying schedules and s	statements and to the best of my knowledge		
Sign Here	and belief, it is true correct and come Signature of officer or trustee	sete Designation of prepare tother th	nan taxpayer) is based on all information to the last of the last	ation of which preparer has any knowledge Title	May the IRS disc return with the pr shown below (see X Yes	eparer
	Print/Type preparer's nam	ne Preparer's			TIN	
Paid	LAWRENCE GR	Lun	and March:	self- employed	 P0004889	93
Prepa			CO., PC	Firm's EIN ► 22		
Use (7	INOINI W	,	Thin Selly P 22	521152	•

Phone no.

Firm's address ▶ 855 VALLEY ROAD

CLIFTON, NJ 07013-2483

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number

2012

FLETCHER CREAMER FOUNDATION 22-2335557 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v)) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. . For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

J. FLETCHER CREAMER FOUNDATION

22-2335557

Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	J. FLETCHER CREAMER & SON, INC. 101 EAST BROADWAY HACKENSACK, NJ 07601	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
223452 12-2	1-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Employer identification number

J. FLETCHER CREAMER FOUNDATION

22-2335557

art II I	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 - -		 \$	
a) lo. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- -		 \$	
o. om	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- - - -			
a) lo. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- - - -		\$	
a) lo. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- - - -		s	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- - -		 	

Employer identification number

Part III	Exclusively religious, charitable, etc., individear Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	idual contributions to section e following line entry. For orgular, contributions of \$1,000 or	n 501(c)(7), (8), janizations comp less for the year.	or (10) organizations that total more than \$1,000 for the eleting Part III, enter (Enter this information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	it	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Transferee's name, address, an	od ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfe		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	it	(d) Description of how gift is held
_	Transferee's name, address, an	(e) Transfe	-	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfe		elationship of transferor to transferee

FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUE	RITIES	ST	ATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	C	OLUMN (A AMOUNT)
TRIAL BALANCE	-		30,932.		0.		30,9	32.
TOTAL TO FM 990-PF, PART I,	LN 4		30,932.		0.	-	30,9	32.
FORM 990-PF		TAX	ES			ST	ATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		(D) CHARITA PURPOS	
FEDERAL EXCISE TAX FOREIGN DIVIDEND TAX		77. 50.		0. 50.		0.	-	0.
							 	
TO FORM 990-PF, PG 1, LN 18		127.		50.		0.		0.
=	0'		XPENSES	50.			ATEMENT	
TO FORM 990-PF, PG 1, LN 18 = FORM 990-PF DESCRIPTION	() EXPE	THER E	XPENSES (B) NET INV	EST-	(C) ADJUSTED NET INCOM	STA	ATEMENT (D) CHARITA PURPOS	BLE
FORM 990-PF DESCRIPTION NJ FILING FEES	() EXPE	THER E	(B)	EST-	ADJUSTED	STA	(D) CHARITA PURPOS	3 BLE
FORM 990-PF DESCRIPTION NJ FILING FEES BANK SERVICE CHARGES	() EXPE	THER E A) NSES BOOKS	(B)	EST-COME	ADJUSTED NET INCOM	STA	(D) CHARITA PURPOS	BLE ES
FORM 990-PF DESCRIPTION NJ FILING FEES BANK SERVICE CHARGES TO FORM 990-PF, PG 1, LN 23	EXPE	THER E A) NSES BOOKS 50. 60.	(B) NET INV MENT IN	EST- COME 0. 60.	ADJUSTED NET INCOM	STA	(D) CHARITA PURPOS	3 BLE 50.
FORM 990-PF DESCRIPTION NJ FILING FEES BANK SERVICE CHARGES TO FORM 990-PF, PG 1, LN 23	EXPE	THER E A) NSES BOOKS 50. 60.	(B) NET INV MENT IN	EST- COME 0. 60.	ADJUSTED NET INCOM	STA	(D) CHARITA PURPOS	3 BLE ES 50.
FORM 990-PF DESCRIPTION NJ FILING FEES BANK SERVICE CHARGES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER INCREASES	EXPE PER	THER E A) NSES BOOKS 50. 60. 110.	(B) NET INV MENT IN	0. 60. 60.	ADJUSTED NET INCOM	STA	(D) CHARITA PURPOS	3 BLE ES 50. 50.

FORM 990-PF CORPORATE ST	COCK	STATEMENT	5
DESCRIPTION	BOOK VALUE	FAIR MARKE	Г
EXXON MOBIL CORP	29,885.	173,10	
MORGAN STANLEY CAP TR VII	92,500.	92,64	
NEXTERA ENERGY, INC (FPL GROUP CAPITAL INC)	25,000.	26,7	
ALTRIA GROUP INC	89,569.	138,3	
ALTRIA GROUP INC	2,041.	3,14	
ALTRIA GROUP INC	10,180.	15,7	
QWEST CORP	50,000.	53,62	20.
ANADARKO PETE CORP	77,620.	74,3	10.
CENTURYLINK	74,395.	78,24	40.
GENERAL MOTORS CO	.36,926.	28,83	
MICROSOFT CORP	28,310.	26,7	
PACIFIC RUBIALES ENERGY	33,258.	23,2	
PASCACK BANCORP	40,951.	30,3	
SEADRILL LTD	32,650.	36,8	
BLACKROCK GL OPP	100,000.	36,3	
CROSSTEX ENERGY LP	14,855.	14,5	
ENTERPRISE PRDTS PRTN LP REGENCY ENERGY PARTNERS LP	52,719.	50,08	
VODAPHONE GROP PLC SP ADR	22,521. 82,801.	21,68	
WINDSTREAM CORP	58,640.	75,5° 41,40	
FIRST TR EXCHANGE - TRADED	23,577.	24,2	
FT NASDAQ US MA DIVERS	20,182.	19,89	
BUCKEYE PARTNERS LP	47,182.	45,43	
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,045,762.	1,130,8	76.
FORM 990-PF CORPORATE BO	ONDS .	STATEMENT	6
DESCRIPTION	BOOK VALUE	FAIR MARKE	Г
GENERAL ELECTRIC	50,157.	58,9	 86.
HEWLETT-PACKARD CO	48,955.	54,0	
TOTAL TO FORM 990-PF, PART II, LINE 10C	99,112.	113,00	65.

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B

STATEMENT

EXPLANATION

THE STATE OF NEW JERSEY, NEW JERSEY OFFICE OF ATTORNEY GENERAL NO LONGER REQUIRES A FOUNDATION WHICH RECEIVED CHARITABLE CONTRIBUTION ONLY FROM THE FOUNDER AND RELATED ENTITES TO REGISTER. THEREFORE NJ DOES NOT REQUIRE SUBMISSION OF THE FEDERAL FORM 990PF.

Amount	1,000 00	400 00	450 00	750 00	350 00	200 00	200 00	200 00	300 00	300 00	1,000 00	250 00	1,020 00	200 00	200 00	1,400 00	1,000 00	200 00	5,000 00	3,000 00	5,000 00	200 00	1,000 00	2,800 00	250 00	200 00	3,500 00	1,000 00	300 00	750 00	1,000 00	1,000 00	2,500 00	2,000 00	1,000 00	200 00	2,500 00	1,000 00	250 00	250 00	1,000 00	400 00	3,000 00
Мето	Health Care	Scholarships	Community Service	Handicapped Children	Scholarships	Police, Fire Fighters & EMT	Health Care	Scholarships	Victims of Domestic Violence	Scholarships	Health Care	Health Care	Health Care	Health Care	Scholarships	Community Service	Health Care	Education	Health Care	Education	Performing Arts,	Health Care	Scholarships ,	Community Support	Boys Scouts	Community Support	Health Care	Health Care	Health Care	Community Support	Community Support	Police, Fire Fighters & EMT	Health Care	Education	Community Support	Police, Fire Fighters & EMT	Health Care	Police, Fire Fighters & EMT	Health Care	Scholarships	Boy Scouts	Performing Arts	Police, Fire Fighters & EMT
ZIP	07632	07081	07024	08858	07075	07601	38105	07302	07601	19714	07601	10005	19406	07036	80980	07031	07601	07642	99920	07652	07102	07508	07652	08330	18940	07652	07642	11432	07974	19047	08750	07035	08551	07724	07874	07601	07052	80980	07036	07601	08810	08332	08512
State	3	2	Z	3	3	3	N.	3	3	띰	2	ž	PA	Z	Z	3	Z	3	2	₹	⊋	⊋	₹	2	PA	2	3	¥	3	PA	3	3	3	2	⊋	2	2	3	2	Z	3	2	2
City	Englewood Cliffs	Springfield	Fort Lee	Oldwick	Wood Ridge	Hackensack	Memphis	Jersey City	Hackensack	Newark	Hackensack	New York	King of Prussia	Linden	Trenton	Rutherford	Hackensack	Hillsdale	Teaneck	Paramus	Newark	North Haleden	Paramus	Mays Landing	Newtown	Paramus	Hillsdale	Jamaica	New Providence	Langhorne	Sea Girt	Lincoln Park	Ringoes	Tinton Falls	Stanhope	Hackensack	West Orange	Trenton	Linden	Hackensack	Dayton	Millville	Cranbury
Address	P O Box 1051	150 Morriss Ave, Suite 204	96 Linwood Plaza, Suite 305	P O Box 305	P O BOX 348	560 Hudson Street	501 St Jude Place	144 Grand Street	405 State St	P O Box 9239	2 University Plaza , Suite 312	120 Wall Street	1019 West 9th Avenue	400 Ashton Ave	106 West State Street	P O BOX 252	575 Main Street	765 Hillsdale Ave	718 Teaneck Rd	South 61 Paramus Rd	1 Center Street	5 Sicomac Road, #116	36 Farview Ave	Atlantic City Electric	P O Box 390		P O BOX 252				P O Box 71	_	P O BOX 553	968 Shrewsbury Ave	9 Roseville Road	560 Hudson Street	300 Executive Drive, Suite 700	212 West State Street	400 Ashton Ave	125 Atlantic Ave	2245 US Hwy 130, Suite 106	1501 Glasstown Rd	278 Prospect Plains Rd
J Fletcher Creamer Foundation Contributions Report April through December 2012 Name	Table to Table	Joint Council #73 Scholarship Fund	Fort Lee Rotary Club	Mane Stream	The Robert J Dinallo Scholarship Fund	The 200 Club of Bergen County	St Jude Children's Research Hospital	Louis P Nasif Scholarship Fund	Shelter our Sisters	Delmarva Scholarship Foundation	Cystic Fibrosis Foundation	Juvenile Diabetes Research Foundation	March of Dimes	Alzheimer's Association	AFL-CIO Scholarship	Meadowlands Area YMCA	Gilda's Club Northern NJ	A B Smith School PTA	Holy Name Health Care Foundation	Foundation for Free Enterprise	NJ Performing Arts Center	Johnny Rockets/Kevin's Krew	Tri-State Italian-American Congress	PHI Community Foundation	Bucks County Council, BSA	Care Plus Foundation, Inc	Research for the Cure Foundation	Oueens Centers for Progress	NJ Sharing Network Foundation	Neshaminy Wildcats Athletic Association	Wall Youth Football and Cheerleading Inc	Lincoln Park P B A Local 192	John J Murphy Foundation	Holiday Express	Friends of Richard Fritzky	The 200 Club of Bergen County	Kessler Foundation	NJ State Police Memorial Association	Alzheimer's Association	Peter A Tucci, Sr Scholarship Fund	Boy Scouts of America	Wheaton Arts & Cultural Center	Troop D Blue & Gold
Num	2687	5688	5689	2690	5691	2695	5693	5694	2692	2696	2692	2698	2699	2200	5702	5703	5704	5705	90/9	2707	9029	5710	5711	5712	5714	5715	5716	5717	5718	5719	5720	5721	5722	5723	5724	5725	5726	5727	5728	5733	5734	5735	5737
Date	04/03/2012	04/03/2012	04/03/2012	04/03/2012	04/13/2012	04/13/2012	04/13/2012	04/13/2012	04/13/2012	04/13/2012	04/13/2012	04/13/2012	04/13/2012	04/24/2012	04/24/2012	04/24/2012	04/24/2012	04/24/2012	04/24/2012	04/26/2012	05/03/2012	05/10/2012	05/10/2012	05/10/2012	05/22/2012	05/22/2012	05/22/2012	05/22/2012	05/22/2012	05/29/2012	06/05/2012	06/05/2012	06/05/2012	06/05/2012	06/05/2012	06/05/2012	06/20/2012	06/21/2012	06/25/2012	07/09/2012	07/09/2012	07/11/2012	07/11/2012

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Boy Scouts Scholarships Scholarships	Police, Fire Fighters & EMT	Community Support	Health Care .	Community Support	Performing Arts	Scholarships	Community Support	Community Support	Police, Fire Fighters & EMT	Community Support	Health Care	Police, Fire Fighters & EMT	Community Support	Health Care	Community Support	Scholarships	Scholarships	Police, Fire Fighters & EMT	Health Care	Community Support	Health Care	Scholarships	Scholarships	Community Support	Health Care	Communiuty Support	Health Care	Community Support	Education	Police, Fire Fighters & EMT	Health Care	Police, Fire Fighters & EMT	Communiuty Support	Community Support	Health Care	Health Care	Health Care	Health Care	Education	Health Care	Police, Fire Fighters & EMT	Scholarships	Scholarships	Health Care	Health Care
08810 07024 07083	90020	07603	07701	07442	07631	07652	07031	08840	07001	07644	07013	07601	08840	38105	10954	08043	20017	07512	07666	07446	07071	07644	07724	07501	07701	07024	07430	07601	07601	07430	07762	07430	07446	07663	19182	10021	10006	07834	07652	07666	07601	07645	07652	64187	07666
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Dayton Fort Lee	Los Angeles	Bogota	Paramus Red Bank	Pompton Lakes	Englewood	Paramus	Rutherford	Metuchen	Avenel	Lodi	Clifton	Hackensack	Metuchen	Memphis	Nanuet	Vorhees	Washington	Totowa	Teaneck	Ramsey	Lyndhurst	Lodi	Tinton Falls	Paterson	Red Bank	Fort Lee	Mahwah	Hackensack	Hackensack	Mahwah	Spring Lake	Mahwah	Ramsey	Saddle Brook	Philadelphia	New York	New York	Denville	Paramus	Teaneck	Hackensack	Montvale	Paramus	Kansas City	Topacot
2245 US Hwy 130, Suite 106 110 Main Street	515 Shatto Place	PO Box 264	1 Kalisa Way, Suite 301 P O Box 8431	17 Pompton Ave	30 North Van Brunt Street	169 Kaywın Road	PO BOX 252	PO Box 191	1152 St Georges Ave, Suite 11	460 Passaic Ave	Sax, Macy, Fromm	560 Hudson Street	P O BOX 191	501 St Jude Place	121 West Nyack Rd	New Jersey American Water	3025 4th St, NE, Suite 14	250 Minnisink Road	718 Teaneck Rd	99 Woodland Ave	412 Fifth Ave	262 South Main Street	968 Shrewsbury Ave	393 Main Street	68 White St	210 Whiteman St	1170 Ramapo Valley Road	50 Lodi Street	355 Main Street	281 Campgaw Road	PO Box 597	115 Franklin Turnpike, #140	806 Newport Drive	164 North Leswing Ave	PO Box 828724	520 E 70th St Starr 340A	115 Broadway, 13th Floor	400 Morris Ave, Suite 251	400 Paramus Road	718 Teaneck Rd	PO Box 213	40 Chestnut Ridge Rd	400 Paramus Rd	PO Box 871847	740 Toursell Da
Boy Scouts of America St. Rocco Italian American Mutual Aid Soc Associated Bombaine de Paredes de Coura	Associação Bolinbellos de raiedes de coula Local 300 Scholarship Fund	Bogota First Aid Squad	Gift of Life America Fund RBC/Ned Robinson Memorial Fund	St Mary's Parish Food Pantry	Bergen Performing Arts Center	Ridgefield Park Elks	Meadowlands Area YMCA	The Catholic Spirit	State Troopers Coalition	Boys & Girls Club of Lodi/Hackensack	St Joseph's Pediatric Heme/Onc Dept	The 200 Club of Bergen County	Dioc of Metuchen	St Jude Children's Research Hospital	Meals on Wheels	NJWEA	SOARI	Troop "B" Fund	Holy Name Medical Center Foundation	RHSAA	John Amendola Memorial Fund	Felician College	Holiday Express	Eva's Village	D S Zocchi Brain Tumor Fund	Fort Lee Education Foundation	Pony Power Therapies	St Francis of Assisi Church	Project Literacy of Greater Bergen County	Bergen County Police Chiefs Association	Big Hearts To Little Hearts	Mahwah P B A Local 143	Andy K and Friends Charitable Foundation	Let Them Be Little X2	NJHA Health PAC	Leukemia Fighters - NY Presbyterian Hosp	Lymphoma Research Foundation	Alzheimer's Assoc, Greater NJ Chapter	Bergen Community College Foundation	Holy Name Medical Center Foundation	PBA Local #9	Standing-O, LLC	Bergen Community College	Polycystic Kidney Foundation	
5739 5740 5741	5742	5743	5/44 5745	5746	5747	5749	5750	5751	5752	5753	5754	5755	2,26	5757	5758	5759	2260	5761	2929	5763	5764	5765	9929	2492	5768	5770	2776	2180	5781	5782	5783	5784	5785	27.86	2187	5788	2130	5793	5795	96/9	5797	5799	2800	5802	
07/13/2012 07/17/2012	07/19/2012	07/25/2012	07/25/2012	07/31/2012	08/01/2012	08/01/2012	08/01/2012	08/01/2012	08/03/2012	08/14/2012	08/14/2012	08/14/2012	08/14/2012	08/14/2012	08/14/2012	08/21/2012	09/04/2012	09/04/2012	09/04/2012	09/04/2012	09/04/2012	09/04/2012	09/04/2012	09/04/2012	09/04/2012	09/06/2012	09/17/2012	09/19/2012	09/20/2012	09/24/2012	09/27/2012	09/27/2012	09/27/2012	09/28/2012	09/28/2012	09/28/2012	10/09/2012	10/09/2012	10/11/2012	10/11/2012	10/12/2012	11/08/2012	11/08/2012	11/19/2012	44/06/0040

250 00	320 00	200 00	98,960.00
Community Support	Scholarships	Health Care	
07508	07652	07410	
3	3	3	
North Haledon	Paramus	Fair Lawn	
50 Oakwood Ave	61S Paramus Road	24-20 Broadway	
Eastern Christian School Association	5805 Commerce & Industry Assoc of NJ	Vinnie's Smile Fund	
5804	5805	5806	
11/28/2012	11/30/2012	12/03/2012	

Schedule 2

J. Fletcher Creamer Foundation Grants Approved for Future Payment 4/1/12 - 12/31/12

22-2335557

\$ 148,400 00

Hackensack Health and Hospital Foundation Sarkis Gabrellian Women's & Chrildren's Pavilion Campaign 30 Prospect Avenue Hackensack, NJ 07601

PART XV, LINE 3B, APPROVED FOR FUTURE PAYMENT

	Grant Payable Balance (Payable over three years) Grant Paid Grant Paid Grant Paid Grant Paid Grant Paid During Current Yea Grant Payable 12/31/2012	Vanous Vanous Vanous Vanous Vanous	03/31/07 04/01/2007-03/31/2008 04/01/2008-03/31/2009 04/01/2010-03/31/2011 04/01/2011-03/31/2012 04/01/2012-12/31/2012	990,000 (330,000) (330,000) (100,000) (146,550) (64,550) 18,900
Holy Name Health Care Foundation 718 Teaneck Road Teaneck, NJ 07666				
	Grant Payable over five years Grant Paid Grant Paid Grant Paid Grant Paid Grant Paid Grant Paid Grant Paid Grant Paid Grant Paid Grant Paid During Current Yea Grant Payable 12/31/2012	Vanous Vanous Vanous Vanous Vanous Vanous	04/01/207-03/31/2008 04/01/2008-03/31/2009 04/01/2008-03/31/2010 04/01/2010-03/31/2011 04/01/2011-03/31/2012 04/01/2011-03/31/2012	1,000 000 (230,000) (240,500) (50,000) (135,000) (65,000) (200,000) 79 500
Jersey Shore University Medical Center 134 Campus Parkway Neptune, NJ 07753				
	Grant Payable over four years Grant Paid Grant Paid Grant Payable 12/31/2012		10/1/2011 04/01/2011-03/31/2012 04/01/2012-12/31/2012 ——	100,000 (25,000) (25,000) 50,000

Form **8868**

(Rev January 2013)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2013)

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			\mathbf{X}
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)		
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	m 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for a co	rporation
	d to file Form 990-T), or an additional (not automatic) 3-mo				•	
of time	to file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Transfers /	Associated With (Certain
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions) For more details	on the elec	ctronic filing of thi	s form,
	w irs gov/efile and click on e-file for Charities & Nonprofits					
Part	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).		
A corpo	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I o	nly				-	▶ □
	r corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
to me in	come tax returns					
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	ridentification nui	mber (EIN) or
print						
File by the	J. FLETCHER CREAMER FOUNDAY	rion			22-23355	557
due date f filing your return Sec	or Number, street, and room or suite no If a P O box, s	ee instruc	tions	Social se	curity number (SS	SN)
instruction		oreign add	ress, see instructions.	<u> </u>		
-	THACKENSACK, NO 07001		····			
Enter th	e Return code for the return that this application is for (file		to application for each return			0 4
Linter	e neturn code for the return that this application is for (like	a separa	te application for each return)			0 =
Applica	tion	Return	Application			Return
is For		Code	Is For			Code
	00 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A			08
	720 (individual)	03	Form 4720	-		09
Form 99		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	J. FLETCHER CRI					
• The	books are in the care of > 101 EAST BROAD	VAY -	HACKENSACK, NJ 07	601		
	phone No. ► 201-488-9800		FAX No. ▶			
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box		-	
	s is for a Group Return, enter the organization's four digit			If this is fo	r the whole group	. check this
box 🕨			ch a list with the names and EINs o			
1 1	equest an automatic 3-month (6 months for a corporation					
_	AUGUST 15, 2013 to file the exemp	t organiza	tion return for the organization name	ed above	The extension	
IS	for the organization's return for					
>	calendar year or					
>	tax year beginning APR 1, 2012	, an	d ending DEC 31, 2012		_	
	the tax year entered in line 1 is for less than 12 months, c	heck reas	on· L Initial return	Final retur	n	
Ĺ	X Change in accounting period					
	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
_	onrefundable credits See instructions			3a	\$	980.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	stimated tax payments made. Include any prior year overp			3b	\$	680.
	alance due. Subtract line 3b from line 3a Include your pa	-	· · · · · · · · · · · · · · · · · · ·			200
	using EFTPS (Electronic Federal Tax Payment System)			3с	\$	300.
Caution	. If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and F	orm 8879-	EO for payment in	structions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 886	8 (Rev 1-2013)					Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box	-	▶ X
	ly complete Part II if you have already been granted an a				8868.	•
	re filing for an Automatic 3-Month Extension, comple	te only Pa	ert I (on page 1)			
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies neede	<u>d).</u>
			Enter filer's	identifyir	ng number, see	instructions
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	ridentification i	number (EIN) or
print						
File by the	J. FLETCHER CREAMER FOUNDAT:	ION			22-233	5557
due date for filing your	Number, street, and room or suite no If a P O. box, s	ee instruc	tions	Social se	cunty number	(SSN)
return See	101 EAST BROADWAY					
instructions	City, town or post office, state, and ZIP code For a for	oreign add	lress, see instructions.			
	HACKENSACK, NJ 07601					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
<u> </u>						
Applicati	on	Return	Application			Return
is For		Code	Is For			Code
	or Form 990-EZ	01				
Form 990		02	Form 1041-A		-	80
	0 (ındıvıdual)	03	Form 4720			09
Form 990		04	Form 5227			10
	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
STUP: DO	o not complete Part II if you were not already granted J. FLETCHER CRI			iousiy tile	ea Form 8868.	
• The be	ooks are in the care of > 101 EAST BROAD			601		
	one No. ► 201-488-9800	· · · · ·	FAX No ▶	001		
	organization does not have an office or place of business	o in the life	· —			.
	s for a Group Return, enter the organization's four digit		•	f this is fo	r the whole are	up check this
box ▶ [If it is for part of the group, check this box	7	ich a list with the names and EINs of		_	
			BER 15, 2013.	an memb	ers the extensi	011 13 101
	calendar year, or other tax year beginning			DEC	31, 203	12
	ne tax year entered in line 5 is for less than 12 months, c			Final r	_	 -
	Change in accounting period				=======================================	
	te in detail why you need the extension					
	AITING ADDITIONAL INFORMATION	NI NC	ORDER TO PREPARE	A COM	PLETE A	ND .
AC	CURATE RETURN.					
8a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
nor	refundable credits. See instructions			8a	\$	980.
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			-
tax	payments made Include any prior year overpayment all	lowed as a	a credit and any amount paid		•	
pre	eviously with Form 8868			8b	\$	980.
c Bal	ance due. Subtract line 8b from line 8a. Include your pa	ıyment wıt	th this form, if required, by using			_
EFT	PS (Electronic Federal Tax Payment System) See instru			8c	\$	0.
			st be completed for Part II o	•		
Under pena	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ing accomp	panying schedules and statements, and to	the best o	f my knowledge a	and belief,
10 11 11 10, 11	טויסטק מווש טטוווףוטנט, מווט מומנ ז מווו מטנווטווצבט נט פובףמוצ נוווס ונ	/1111.				

Title ► CPA

Date ►

Signature >