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Form **990-PF**

Department of the Treasury

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

	_	venue Service		nay be able to use a copy of thi	is return to satisfy state repo	orting requirements.	
		ndar year 2010, or tax	year beginning		, and ending		
G C	heck	k all that apply.	Initial return		former public charity	Final return	
		L	Amended return	Address cha	nge L	Name change	
Nan	ne of	f foundation				A Employer identification	number
		FLEISCHA	KER WOMEN'S	LEGACY FUND		26-1600883	
Num	ber a	and street (or PO box num	nber if mail is not delivered to st	treet address)	Room/suite	B Telephone number	
		100 N BR	ROADWAY, SUIT	re 2460		405-235-84	44
City	or t	own, state, and ZIP co	de			C If exemption application is pe	nding, check here
L		OKLAHOMA		73102	··	D 1 Foreign organizations.	check here
H C	-	k type of organization:) exempt private foundation		Foreign organizations mee check here and attach cor	eting the 85% test, putation
	J Se	ection 4947(a)(1) none	exempt charitable trust	Other taxable private found	dation	E If private foundation stat	us was terminated
1 Fa	r ma	arket value of all assets	s at end of year J Accou	unting method X Cash	Accrual	under section 507(b)(1)(
		Part II, col (c), line 1		Other (specify)		F If the foundation is in a 6	0-month termination
				olumn (d) must be on cash	basis)	under section 507(b)(1)(B), check here 🕨 📖
Pa	rt I	Analysis of Revenue (The total of amounts in necessarily equal the an	columns (b), (c), and (d) may no	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, g	grants, etc., received	0.	•	N/A	
	2		ndation is not required to attach Sch. B				
	3	Interest on savings and to cash investments	emporary				
	4	Dividends and interes	st from securities	53,529	53,861.		STATEMENT 1
	5a	Gross rents					
	b	Net rental income or (loss	s)			#5.#7f*b=44	
<u>e</u>	6a	Net gain or (loss) from sal Gross sales price for all		3,275.	•	MIG. TOTAL	** Comment of the Com
Revenue	b	assets on line 6a	41,750	•	44 212	01.5	
<u>۾</u>	7	Capital gain net income (t	•		11,945.	ONLESS CHASE	V C (73.52
_	8	Net short-term capita	•			NOV 4 D	034
	9	Income modifications Gross sales less returns	3 			MUA (3)	2011
	10a					And a sec 2	
		Less Cost of goods sold	•			(\i\ \ / L L	r b r.
	11	Gross profit or (loss) Other income				ANG	3 Pug
	12	Total Add lines 1 thr	rough 11	56,804.	65,806.	 	
\dashv	13	Compensation of officers		0,004.			0.
	14	Other employee salar			•		<u></u>
	15	Pension plans, emplo					
ses		Legal fees	STMT 2	268.	0.		0.
ens		Accounting fees	STMT 3	475.	•		0.
왔		Other professional fee		1,427			0.
Ve E	17	· ·					
Operating and Administrative Expens	18		STMT 5	2,000.	. 0.		0.
ist	19	Depreciation and dep					
Ē	20	Occupancy					
A	21	Travel, conferences, a	and meetings				
and But	22	Printing and publicati	ions				
g.	23	Other expenses	STMT 6	11,284.	5,017.		0.
ati	24	Total operating and	administrative				•
ber		expenses. Add lines	13 through 23	15,454.			0.
٥	25	Contributions, gifts, g	grants paid	107,250	•		107,250.
	26	Total expenses and o	disbursements.				
		Add lines 24 and 25		122,704.	5,017.		107,250.
	27	Subtract line 26 from	line 12:				
	а	Excess of revenue over e	expenses and disbursements	-65,900			
	b	Net investment incor	me (if negative, enter -0-)		60,789.	T	
0005		Adjusted net income			<u> </u>	N/A_	
02350	17 - 10	LHA For Paperwo	rk Reduction Act Notice, s	see the instructions			Form 990-PF (2010)

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1,460,526. Form **990-PF** (2010)

Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains	and Losses for Tax on	Investment	Income						
(a) List and describe the kind(s) of property sold (e.g., 2-story brick warehouse, or common stock, 200 shs.					(b) How acquired P - Purchase D - Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)	
<u>1a</u>				ļ					
b SEE ATTACHED	STATEMENT			<u> </u>		-			
<u></u>						-			
_d									
<u>e</u>	(f) Depreciation allowed	(a) Cos	st or other basis	<u>!</u>		(b) G	Sain or (loss		
(e) Gross sales price	(or allowable)		xpense of sale				s (f) minus		
a									
b									
<u>c</u>									
d				_					
e 94,288.			82,34	3.				11,945.	
Complete only for assets snowl	ng gain in column (h) and owned l	· · ·			cc	I) Gains (C II-(k)-but-	Col. (h) gain not less tha	minus n0-) or	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Losses	(from col.	(h))	
<u>a</u>								 	
<u>b</u>									
d									
e								11,945.	
	(If name also ar	nter in Part I, line	7	7					
2 Capital gain net income or (net ca	apital loss) { If (loss), enter	-0- in Part I, line	7)	2		 	11,945.	
3 Net short-term capital gain or (lo	,	and (6):	nd (6):						
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8				 	2		N/A		
	Inder Section 4940(e) f	or Reduced	Tax on Net	Inv	estment In	come	N/F	<u>.</u>	
(For optional use by domestic privat	e foundations subject to the section	on 4940(a) tax on	net investment in	come)				
If another 4040(d)(0) applies Japan	hio nort blook	. ,			,				
If section 4940(d)(2) applies, leave t	nis part biank.								
Was the foundation liable for the sec			•	rıod?				Yes X No	
If "Yes," the foundation does not qua	llify under section 4940(e). Do not each column for each year; see in			00					
(a)		Siluctions before	making any emin		_			(d)	
Base periód years Calendar year (or tax year beginn	(b) Adjusted qualifying	distributions	stributions Net value of no		(c) oncharitable-use assets		Distribution ratio (col. (b) divided by col. (c))		
2009	9/	02,760.		1	,598,19	4.	06429		
2008		86,400.			,460,67				
2007		0.		123,1		7.		.000000	
2006									
2005						_	ı		
0 T. () () () () () () () () ()								122440	
2 Total of line 1, column (d) 2 Average distribution ratio for the	E year base period - doubt the tot	tal an line 2 hij E	or by the number	. 06 1/0	222	2		.123449	
the foundation has been in existe		iai on line 2 by 5,	line 2 by 5, or by the number of years		3		.041150		
and realisation ride book in existe	moo maar o youro						 		
4 Enter the net value of noncharita	ble-use assets for 2010 from Part	X, line 5				4		1,613,099.	
5 Multiply line 4 by line 3					5		66,379.		
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)					6_		608.	
9 Addb 5 10								66 005	
7 Add lines 5 and 6						7	 -	66,987.	
8 Enter qualifying distributions from	m Part XII, line 4					8		107,250.	
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, check the box in Part VI, I	ine 1b, and comp	olete that part usin	ig a 19	% tax rate.				

	pt VI Evoire Tay Record on Investment Income (Section 4040(s), 4040(b), 4040(s),		0-100			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	r 494	8 - see	Instru	Ctioi	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	ŀ	1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		1		<u> 6</u>	08.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_ 2	2			0.
3	Add lines 1 and 2	3	3		6	08.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		1			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_ [5		6	08.
6	Credits/Payments:					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 2,71	7.				
b	Exempt foreign organizations - tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	\neg	,		2.7	17.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶				
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 1	- i		2.1	09.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax					0.
	art VII-A Statements Regarding Activities		• •			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter-	ene in	·	1	Yes	No
	any political campaign?	•		1a		X
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	1)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public	•	r			_ _
	distributed by the foundation in connection with the activities	01.00 0.	•			
c	Did the foundation file Form 1120-POL for this year?			1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			10		
		0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•				
Ĭ	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
-	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	on or				
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes)ii, Oi		3		Х
Δa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		11/11	5		Х
Ĭ	If "Yes," attach the statement required by General Instruction T			<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
Ů	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the 	etata lau	,			
	remain in the governing instrument?	state lan		6	X	1
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	\vdash
•	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 (see instructions)			-	İ	
ua	NM, OK				İ	
h	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
U	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
a	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calenda	r	00		
J	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	Calcilua		_		_v
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
10	The day persons securing substantial continuous during the tax year. It "Yes," attach a schedule listing their names and addresses	_	Er	rm 99 0	-PF	
			ru	550		(2010)

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	;7		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?		□ v _e	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational nurnoses, or f		.3 (22) 110	
the prevention of cruelty to children or animals?	, or educational purposes, or i		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	dar the eventues decerbed		יוו נבב מי	1 1
		n negulations	NT / N	.
section 53.4945 or in a current notice regarding disaster assistance (see instri	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check l				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?		I/A L Ye	es L No	
If "Yes," attach the statement required by Regulations section 53 494	• •			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	nagers, Highly	y	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
DEBORAH J FLEISCHAKER	PRESIDENT/DIR		 	anovianoso
100 N BROADWAY, SUITE 2460	T KDDIDDKI/DIK	LCTOR, IKL	HOOKLIK	
OKLAHOMA CITY, OK 73102	0.00	0.	0.	0.
RALPH H SCHEUER	SECRETARY/DIR	+	<u> </u>	<u> </u>
125 LINCOLN AVE #223	DECKETAKI/DIK	ECIOR		
SANTA FE, NM 87501	1 000	0.	_	_
	0.00		0.	0.
DANIELA FLEISCHAKER-SUAREZ	DIRECTOR			
100 N BROADWAY, SUITE 2460				
OKLAHOMA CITY, OK 73102	0.00	0.	0.	0.
LARA SUAREZ	DIRECTOR			
100 N BROADWAY, SUITE 2460				
OKLAHOMA CITY, OK 73102	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) Contributions to	4.15
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	1			
T-1-1-1-1	7			
	· · · · · · · · · · · · · · · · · · ·			
	1			
	1			
Total number of other employees paid over \$50,000	1			0
rotal names of other displayees paid over \$\theta 0.000				

	HAKER WOMEN'S LEGACY FUND		<u>1600883 </u>	Page 7
Part VIII Information Abou Paid Employees,	t Officers, Directors, Trustees, Found and Contractors (continued)	ation Managers, Highly		
	ntractors for professional services. If none, enter			
	of each person paid more than \$50,000	(b) Type of service	(c) Cor	mpensation
NONE		(a) type of contract	(0,55)	
				
Total number of others receiving over \$50,	200 for professional services		•	0
Part IX-A Summary of Direct	et Charitable Activities			
List the foundation's four largest direct changement of organizations and other beneficial	ritable activities during the tax year. Include relevant stati aries served, conferences convened, research papers pro	stical information such as the	Expense	es
1 N/A				
2			 	
3				
4				
Part IX-B Summary of Progr	ram Polated Investments			
	extrements made by the foundation during the tax year o	n lines 1 and 2	Amoun	ıt
1 N/A				
				
2				
All other program-related investments. See	instructions.			
3				

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndation	is, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
·a	Average monthly fair market value of securities	1a	1,297,305.
	Average of monthly cash balances	1b	314,306.
	Fair market value of all other assets	1c	26,053.
d		10	1,637,664.
	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	1,637,664.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	24,565.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,613,099.
6	Minimum investment return. Enter 5% of line 5	6	80,655.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	ıd certaı	
1	Minimum investment return from Part X, line 6	Ī	80,655.
2a	Tax on investment income for 2010 from Part VI, line 5		 :
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	608.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	80,047.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	80,047.
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	80,047.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	107,250.
b	Program-related investments - total from Part IX-B	1b	0.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	107,250.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	608.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	106,642.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies	for the section

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for	2010 from Part XI,	· · · · · · · · · · · · · · · · · · ·	·		
line 7					80,047.
2 Undistributed income, if any,	as of the end of 2010				
a Enter amount for 2009 or	nly			0.	
b Total for prior years					
3 Excess distributions carr	vover if any to 2010		0.		
l i	yover, if arry, to 2010				
a From 2005 b From 2006					
c From 2007				•	
d From 2008	9 071				
e From 2009	8,071. 23,776.				
f Total of lines 3a through		31,847.			
4 Qualifying distributions for		31,041.	·		
Part XII, line 4. ► \$					
a Applied to 2009, but not				0.	
b Applied to undistributed	 			0.	
	•		0.		
years (Election required - c Treated as distributions of	·		U•		
(Election required - see in	· · · · · · · · · · · · · · · · · · ·	0.			
'	· · ·	0.			90 047
d Applied to 2010 distribut	· · · · · · · · · · · · · · · · · · ·	27,203.			80,047.
e Remaining amount distril		0.			0.
5 Excess distributions carryove (If an amount appears in columnust be shown in column (a)	mn (d), the same amount	0.			
6 Enter the net total of eac indicated below	ch column as				
a Corpus Add lines 3f, 4c, and	4e Subtract line 5	59,050.			
b Prior years' undistributed	d income. Subtract				
line 4b from line 2b			0.		
c Enter the amount of prior undistributed income for deficiency has been issue the section 4942(a) tax h assessed	which a notice of ed, or on which		0.		
d Subtract line 6c from line	e 6b. Taxable	***************************************	•		
amount - see instructions	s		0.		
e Undistributed income for	2009. Subtract line				
4a from line 2a. Taxable a	amount - see instr.			0.	
f Undistributed income for	2010. Subtract				
lines 4d and 5 from line	1. This amount must				
be distributed in 2011					0.
7 Amounts treated as distr	ibutions out of				
corpus to satisfy require	ments imposed by				
section 170(b)(1)(F) or 4	942(g)(3)	0.			
8 Excess distributions carr	yover from 2005				
not applied on line 5 or li	ne 7	0.			
9 Excess distributions car	ryover to 2011.				
Subtract lines 7 and 8 fro	om line 6a	59,050.			
10 Analysis of line 9:					
a Excess from 2006					
b Excess from 2007					
c Excess from 2008	8,071.				
d Excess from 2009	23,776.				
e Excess from 2010	27,203.			<u> </u>	<u> </u>

Part XIV Private Operating F	AKER WOMEN				000883 Page 10					
	· · · · · · · · · · · · · · · · · · ·		II-A, question 9)	N/A						
1 a If the foundation has received a ruling of										
foundation, and the ruling is effective for		=	▶ ∟	1,0,0,0,0	0.104.1451					
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)										
2 a Enter the lesser of the adjusted net	Tax year (a) 2010	(b) 2009	Prior 3 years (c) 2008	(d) 2007	 					
income from Part I or the minimum	(a) 2010	(0) 2003	(6) 2000	(0) 2007	(e) Total					
investment return from Part X for										
each year listed				 						
b 85% of line 2a	·-··			 						
c Qualifying distributions from Part XII,				į						
line 4 for each year listed										
d Amounts included in line 2c not										
used directly for active conduct of exempt activities										
e Qualifying distributions made directly					 					
for active conduct of exempt activities										
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										
2/3 of minimum investment return shown in Part X, line 6 for each year listed										
c "Support" alternative test - enter:										
(1) Total support other than gross				!						
investment income (interest,										
dividends, rents, payments on securities loans (section			1							
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	mantian (Campula	As Abis mant subs	if the formulation	 						
Part XV Supplementary Info at any time during t			if the foundation	i nad \$5,000 or m	ore in assets					
1 Information Regarding Foundatio		1130140110110.j		•						
a List any managers of the foundation who		than 2% of the total con	tributions received by the	foundation before the clo	ose of any tay					
year (but only if they have contributed in			undutions received by the	, iodiloation boloic the oic	ose of any tax					
DEBORAH J FLEISCHAKE	R									
b List any managers of the foundation who			(or an equally large porti	on of the ownership of a p	partnership or					
other entity) of which the foundation has	s a 10% or greater intere	st.								
NONE			-							
2 Information Regarding Contributi										
Check here X if the foundation of the foundation makes gifts, grants, etc.	THY MAKES CONTRIDUTIONS	to preselected charitable	organizations and does i	not accept unsolicited requ	uests for tunds. If					
a The name, address, and telephone num				ompioto nomo zu, o, o, un						
a The name, address, and telephone name	oci di tilo personi to wilo	т арріювіють зповіо ві	addicasca.							
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include:							
c Any submission deadlines:		·								
d Any restrictions or limitations on awards	e cuch ac hu accarachia	al argae charitable fields	kinds of institutions as	other factors:						
d Any restrictions or limitations on awards	o, audii aa uy yeuyiapiiic	ai aitas, ciidiildille lielos	, kinus or institutions, Of	UNIET TAUTUIS,						

Recipient	If recipient is an individual,	Foundation	Purpose of great or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	Todiplont		
a raid dailing the year				
SEE STATEMENT 10				
Total Total			▶ 3a	107,25
b Approved for future payment			<u></u>	107,23
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
NONE				
	1			1

Part XVI-A Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated.	<u>Unrelated</u>	business income		ed by section 512, 513, or 514	(e)
•	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a					
b					
c					
d					
f	-				
g Fees and contracts from government agencies					_
2 Membership dues and assessments					_
3 Interest on savings and temporary cash					-
investments					
4 Dividends and interest from securities			14	53,529.	
5 Net rental income or (loss) from real estate:					
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	1				
than inventory			18	3,275.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
c					
d	1				
e					
2 Subtotal. Add columns (b), (d), and (e)	<u>.</u>	0		56,804.	0
3 Total Add line 12, columns (b), (d), and (e)				13	56,804
See worksheet in line 13 instructions to verify calculations.)					

E: th	xplain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment in foundation's exempt purposes (other than by providing funds for such purposes).
	, and the second
_	
_	

Part XVII	Information Regarding Transfers To Exempt Organizations	and Transactions a	and Relationships With Nor	ncharitable	9	
1 Did the or	ganization directly or indirectly engage in any of the follow	wing with any other organization	on described in section 501(c) of		Yes	No
	other than section 501(c)(3) organizations) or in section					
	from the reporting foundation to a noncharitable exempt					
(1) Cash		- ga <u>-</u>		1a(1)		Х
(2) Other	assets			1a(2)		X
b Other tran				14(2)		
	of assets to a noncharitable exempt organization			1b(1)		X
	pases of assets from a noncharitable exempt organization	.		1b(2)		X
	Il of facilities, equipment, or other assets			1b(3)		X
	oursement arrangements			1b(4)		X
٠,	s or loan guarantees			1b(5)		X
	rmance of services or membership or fundraising solicita	rtions		1b(6)		X
	facilities, equipment, mailing lists, other assets, or paid			1c		X
	ver to any of the above is "Yes," complete the following so		vavs show the fair market value of the o		ets.	
	s given by the reporting foundation. If the foundation reco					_
) the value of the goods, other assets, or services receive		3 . 3.	. ,		
a) Line no	(b) Amount involved (c) Name of noncharita	ble exempt organization	(d) Description of transfers, transaction	ns, and sharing ari	angemer	nts
	N/A					
_						
		<u></u>				
	idation directly or indirectly affiliated with, or related to, o		zations described			_
in section	501(c) of the Code (other than section 501(c)(3)) or in s	ection 527?		Yes	LX	No
b If "Yes," co	implete the following schedule.					
	(a) Name of organization	(b) Type of organization	(c) Description of re	lationship		
	N/A					
ando	r penalties of perjury, I declare that I have examined this return, inc complete. Declaration of preparer (other than taxpayer or fiduciary) is			and belief, it is tru	ie, correc	ct,
Sign		1.1.	\vec{D} .			
Here	Delibrar Fluxchain	<i>ν</i>		M		
	Signature of officer or trustee	Date	Title			
	Print/Type preparer's name Preparer's	s signature	Date Check if	PTIN		
D-:-I	- K	· Olhe	self- employed			
Paid	Davin Greenvell (Jeu	morreum		<u>.</u>		
Preparer	Firm's name COLE + REED (F.C.	••	Firm's EIN ►			
Use Only	Francis address 5 F24 F25-F25					
		00				
	OKLAHOMA CITY, C	OK 73102	Phone no. (<u>405) 23</u>		
				Form 990	-PF (2	2010)

(a) List and	d describe the kind(s) of property soli rick warehouse; or common stock, 20	d, e g., real estate,	(b) How acquired	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
	TES DUE 12/31/20		D - Donation		08/13/10
	FLATION INDEX BO		,		08/13/10 $08/19/10$
	89982 CMO BONDS	NDS DOE //13/2012	4		10/08/10
	EE ATTACHMENT	· · · · · · · · · · · · · · · · · · ·			VARIOUS
e CAPITAL GAINS				VARIOUS	VAKIOOS
f CAPITAL GAINS	DIVIDENDS				<u> </u>
_ 			<u>-</u>		
g h					
1					
1					
k					
1		-			
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h _. (e) p	Gain or (loss) lus (f) minus (g)	-
a 13,104.		13,029.			75.
b 15,458.		15,517.			-59.
c 10,154.		9,929.			225.
d 52,538.		43,868.			8,670.
e 3,034.					3,034.
f					
g					
h					
1					
_1					
k					
<u> </u>					
m				.	
n					
Complete only for accets chown	l ng gain in column (h) and owned by	the foundation on 12/31/69	(D.L.a.	and (from and (h))	
(i) F M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess	sses (from col. (h)) of col. (h) gain ove ot less than "-0-")	
	as of 12/31/69	over col. (j), if any			
a					75.
b					-59. 225.
C			,		8,670.
<u>d</u>					3,034.
<u>e</u> f					J,0J4.
<u>g</u> h					
1					
1					
k					
1					
m					
n					
0					
2 Capital gain net income or (net c	apıtal loss) { If gain, also ente If (loss), enter "-(r in Part I, line 7)-" in Part I, line 7	2		11,945.
If gain, also enter in Part I, line 8	ess) as defined in sections 1222(5) ar , column (c).				
If (loss), enter "-0-" in Part I, line	8	J	3	N/A	

FORM 990-PF DIVIDENT	OS AND	INTER	EST F	ROM	SECUF	RITIES	STATEMENT	1
SOURCE	(GROSS	AMOU	INT		TAL GAINS	COLUMN (A AMOUNT)
LESS: ACCRUED INTEREST			-5	52.		0.		52.
LESS: ACCRUED INTEREST			-1	44.		0.	-1	44.
OTHER INTEREST WELLS FARGO (4711-7504)				11.		0.		11.
DIVIDENDS			20,8	55.		3,034.	17,8	21.
WELLS FARGO (4711-7504) INTEF WELLS FARGO (4711-7504) OID	REST		·	577.		0.	2,6	
INTEREST WELLS FARGO (4711-7504) WHMT				39.		0.		39.
INTEREST WELLS FARGO (6829-9537)		-		771.		0.	7,7	
DIVIDENDS			25,4			0.	25,4	
WELLS FARGO (6829-9537) INTER	REST —		1	.58.		0.	1	58.
TOTAL TO FM 990-PF, PART I, I	LN 4		56,5	63.		3,034.	53,5	29.
FORM 990-PF	:	LEGAL	FEES	3			STATEMENT	2
DESCRIPTION	(A EXPEN PER B	SES		(B) INVE	ST- COME	(C) ADJUSTED NET INCOM		
		268.			0.			0.
TO FM 990-PF, PG 1, LN 16A =		268.			0.			0.
FORM 990-PF	ACC	OUNTI	NG FE	EES			STATEMENT	3
DESCRIPTION	(A EXPEN PER B	SES			EST- COME	(C) ADJUSTED NET INCOM		
		475.			0.			0.
- TO FORM 990-PF, PG 1, LN 16B		475.			0.			0.
•								

FORM 990-PF (OTHER PROFES	SIONAL FEES	S	ratement 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	1,427.	0.		0.
TO FORM 990-PF, PG 1, LN 16C	1,427.	0.		0.
FORM 990-PF	TAX	ES	S'	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	2,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	2,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF	2,000. OTHER E		S'	O. TATEMENT 6
			(C) ADJUSTED NET INCOME	
FORM 990-PF DESCRIPTION AMORTIZATION SUBSCRIPTIONS & PUBLICATIONS OVERHEAD EXPENSE COMMISSIONS DUES & MEMBERSHIPS LICENSES & PERMITS	OTHER E (A) EXPENSES PER BOOKS 80. 121. 3,000. 4,478. 2,095. 10.	(B) NET INVEST- MENT INCOME 0. 0. 4,478. 0. 0.	(C) ADJUSTED	(D) CHARITABLE PURPOSES 0. 0. 0. 0. 0. 0.
FORM 990-PF DESCRIPTION AMORTIZATION SUBSCRIPTIONS & PUBLICATIONS OVERHEAD EXPENSE COMMISSIONS DUES & MEMBERSHIPS	OTHER E (A) EXPENSES PER BOOKS 80. 121. 3,000. 4,478. 2,095.	(B) NET INVEST- MENT INCOME 0. 0. 4,478. 0. 0. 539.	(C) ADJUSTED	(D) CHARITABLE PURPOSES 0. 0. 0. 0.

GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR: FOOTNOTE TO STATEMENT 10
THE RECEIPIENT STATUS FOR THE 501(C)(3)
ENTITIES THAT RECEIVED CONTRIBUTIONS
DURING 2010 ARE CLASSIFIED AS 509(A)(1)

OR 509(A)(2) ORGANIZATIONS UNLESS OTHERWISE NOTED.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS MARKETABLE BONDS CERTIFICATES OF DEPOSIT	COST COST COST	792,063. 257,695. 200,000.	844,844. 256,230. 202,346.
TOTAL TO FORM 990-PF, PART II,	LINE 13	1,249,758.	1,303,420.
FORM 990-PF	OTHER ASSETS		STATEMENT 9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ORGANIZATIONAL COSTS LESS AMORTIZATION ACCRUED INTEREST	1,061. 71.	981. 72.	981. 72.

STATEMENT 10

FORM 990-PF

PAID	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
BIONEERS/COLLECTIVE HERITAGE INSTITUTE 1607 PASEO DE PERALTA, STE 3 SANTA FE, NM 87501	PROMOTION OF ENVIRONMENTAL AWARENESS	501(C)(3)	1,000.
BE PRESENT, INC 4151 MEMORIAL DRIVE, SUITE 103A DECATUR, GA 30032	FUND LEADERSHIP DEVELOPMENT PROGRAMS	501(C)(3)	250.
GLOBAL CENTER FOR CULTURAL ENTREPRENEURSHIP 341 E. ALAMEDA STREET SANTA FE, NM 87501	SUPPORT CULTURAL ENTREPRENEURS	501(C)(3)	10,000.
WOMEN'S FUNDING NETWORK 505 SANSOME STREET, SECOND FLOOR SAN FRANCISCO , CA 94111	HELP TO END TRAFFICKING ON A NATIONAL SCALE	501(C)(3)	250.
CREATIVITY FOR PEACE 369 MONTEZUMA AVE, NO 566 SANTA FE, NM 87501	PROMOTION AND SUPPORT OF WOMEN'S ISSUES	501(C)(3)	250.
INDIVIDUAL ARTISTS OF OKC PO BOX 60824 OKLAHOMA CITY, OK 73146	TO SUSTAIN AND ENCOURAGE EMERGING AND ESTABLISHED ARTISTS	501(C)(3)	500.
JEWISH FUNDS FOR JUSTICE 330 7TH AVE, STE 1902 NEW YORK, NY 10001	INCREASE JEWISH COMMUNITY INTEREST	501(C)(3)	10,000.
LENSIC PERFORMING ARTS CENTER 211 W SAN FRANCISCO ST SANTA FE, NM 87501	PROMOTION OF CULTURAL ACTIVITIES	501(C)(3)	63,000.

GRANTS AND CONTRIBUTIONS

FLEISCHAKER WOMEN'S LEGACY FUND			26-1600883
NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN STREET LANDER, WY 82520-2848	SUPPORT TEACHING OF WILDERNESS/LEADERSHIP SKILLS THAT SERVE PEOPLE & ENVIRON	501(C)(3)	250.
RECONSTRUCTIONIST RABBINICAL SCHOOL 1299 CHURCH ROAD WYNCOTE, PA 19095-1898	TO SUPPORT SOCIAL JUSTICE ORGANIZING PROGRAMS	501(C)(3)	5,000.
SANTA FE COMMUNITY FOUNDATION PO BOX 1827 SANTA FE, NM 87504-1827	SOCIAL VENTURE PARTNERS OPERATING FUND	501(C)(3)	500.
SANTA FE COMMUNITY FOUNDATION PO BOX 1827 SANTA FE, NM 87504-1827	EMPTY STOCKING FUND	501(C)(3)	250.
SANTA FE INSTITUTE 1399 HYDE PARK ROAD SANTA FE, NM 87501	TO SUPPORT EDUCATION AND OUTREACH PROGRAMS	501(C)(3)	100.
THE TOOLBOX PROJECT (DOVETAIL LEARNING) PO BOX 545 SEBASTOPOL, CA 95472	WRIGHT DISTRICT SONOMA COUNTY COLLABORATION PROJECT	501(C)(3)	10,000.
UNIVERSITY OF OKLAHOMA FOUNDATION 100 TIMBERDELL ROAD NORMAN, OK 73019-0685	ART MUSEUM ASSOCIATION	501(C)(3)	500.
V-DAY 11 EAST 22ND STREET #5 NEW YORK, NY 10010	TO SUPPORT AN ORGANIZED RESPONSE AGAINST VIOLENCE TOWARD WOMEN	501(C)(3)	1,000.
WOMEN DONOR'S NETWORK 565 COMMERCIAL STREET, SUITE 300 SAN FRANCISCO, CA 94111	PROMOTION AND SUPPORT OF WOMEN'S ISSUES	501(C)(3)	4,150.
JEWISH CURRENTS (ASSOC FOR PROMOTION OF JEWISH SECULARISM) PO BOX 111 ACCORD, NY 12404	TO PROMOTE A PROGRESSIVE, SECULAR VOICE	501(C)(3)	250.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		107,250.

Form **8868**

(Rev January 2011)
Department of the Treasury
Internal Revenue Service

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. 1-2011)

If you a						
	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		ı	\mathbf{X}
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of this	form)		
Do not c	omplete Part II unless you have already been granted a	n automa	tic 3-month extension on a previously fi	led For	m 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	months for a cor	poration
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically file F	orm 88	168 to request an	extension
of time to	file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for Trans	sfers A	ssociated With C	Certain
Personai	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details on t	he elec	tronic filing of this	s form,
visit www	urs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).			
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and con	plete		
Part I ont					,	▶
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to request ar	exten.	sion of time	
Type or	Name of exempt organization			Empl	oyer identification	on number
print	FLEISCHAKER WOMEN'S LEGACY	FUND		2	6-1600883	,
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
filing your return See	100 N BROADWAY, SUITE 2460					
Instructions	City, town or post office, state, and ZIP code. For a for OKLAHOMA CITY, OK 73102	reign add	lress, see instructions.		, 	
						-
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990	D-BL	02	Form 1041-A			08
Form 990)-EZ	03	Form 4720			09
Form 990).PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	O-T (trust other than above) RHONDA CARRETE	06	Form 8870		-	12
			THE 2460 OF AHOMA C		0.5 5017	
• The h		SUL	TB 2400 - UNDAHUMA C	'TTY	. OK 7310	12
	ooks are in the care of > 100 N BROADWAY	, SUI'	TE 2460 - OKLAHOMA C	TTY	, OK /310	12
Telepi	cooks are in the care of \blacktriangleright 100 N BROADWAY hone No. \blacktriangleright 405-235-8444		FAX No. ▶	TTY	, OK /310	<u> </u>
Telepi	cooks are in the care of \blacktriangleright 100 N BROADWAY hone No. \blacktriangleright 405-235-8444 organization does not have an office or place of business	s in the Ur	FAX No. ▶nited States, check this box			
Telepi If the	cooks are in the care of \blacktriangleright 100 N BROADWAY hone No. \blacktriangleright 405-235-8444 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Ur Group Exe	FAX No. ▶	 Is is fo	the whole group	, check this
Telepi If the If this box	cooks are in the care of \blacktriangleright 100 N BROADWAY hone No. \blacktriangleright 405-235-8444 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exe and atta	FAX No. nited States, check this box emption Number (GEN) If the ach a list with the names and EINs of all	 is is for memb	the whole group	, check this
Telepi If the If this box	ooks are in the care of hone No. A 205-235-8444 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box paquest an automatic 3-month (6 months for a corporation)	s in the Ur Group Exe and atta required	FAX No. nited States, check this box emption Number (GEN) If the ach a list with the names and EINs of all	 Is is for memb	r the whole group	, check this
Telepi If the If this box	ooks are in the care of hone No. A 205-235-8444 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box paquest an automatic 3-month (6 months for a corporation)	s in the Ur Group Exe and atta required	FAX No. inited States, check this box emption Number (GEN) If the child is the same and EINs of all to file Form 990 T) extension of time un	 Is is for memb	r the whole group	, check this
Telepi If the If this box 1 I re	ooks are in the care of hone No. 405-235-8444 organization does not have an office or place of business is for a Group Return, enter the organization's four digit. If it is for part of the group, check this box. Quest an automatic 3-month (6 months for a corporation AUGUST 15, 2011, to file the exemption.	s in the Ur Group Exe and atta required	FAX No. inited States, check this box emption Number (GEN) If the child is the same and EINs of all to file Form 990 T) extension of time un	 Is is for memb	r the whole group	, check this
Telepi If the If this box 1 I re	ooks are in the care of hone No. A 205-235-8444 organization does not have an office or place of business is for a Group Return, enter the organization's four digit if it is for part of the group, check this box paquest an automatic 3-month (6 months for a corporation AUGUST 15, 2011, to file the exemption the organization's return for:	s in the Ur Group Exe and atta required t organiza	FAX No. inited States, check this box emption Number (GEN) If the child is the same and EINs of all to file Form 990 T) extension of time un	 Is is for memb	r the whole group	, check this
Telepi If the If this box 1 I re	ooks are in the care of hone No.	s in the Ur Group Exe and atta required t organiza	FAX No. inited States, check this box emption Number (GEN) If the ch a list with the names and EINs of all to file Form 990 T) extension of time untion return for the organization named a	 Is is for memb	r the whole group	, check this
Telepi If the If this box 1 I re	ooks are in the care of hone No.	s in the Ur Group Exe and atta required t organiza	FAX No. inited States, check this box emption Number (GEN) . If the each a list with the names and EINs of all to file Form 990-T) extension of time untion return for the organization named and ending	 Is is for memb	r the whole group ers the extension The extension	, check this
Telepi If the If this If this If this	ooks are in the care of hone No. 405-235-8444 organization does not have an office or place of business ls for a Group Return, enter the organization's four digit fit is for part of the group, check this box cquest an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemptor the organization's return for: Calendar year 2010 or tax year beginning	s in the Ur Group Exe and atta required t organiza , an	FAX No. inited States, check this box emption Number (GEN) If the ach a list with the names and EINs of all to file Form 990-T) extension of time untion return for the organization named and ending Initial return Fin.	 Is is for memb til above	r the whole group ers the extension The extension	, check this
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For Paperwork Reduction Act Notice, see Instructions.

Form 88	68 (Rev. 1-2011)					Page 2
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II and check this bo	x	. >	X
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Form 99	90-EZ	03	Form 4720			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
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Under p	enalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ling accom		e best o	f my knowledge and b	elief,
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