

Return of Private Foundation

Department of the Treasury
Internal Revenue Service

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

2005

For calendar year 2005, or tax year beginning , 2005, and ending

G Check all that apply: Initial return Final return Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of organization: **THE FRANCIS FAMILY FOUNDATION** **EXTENSION ATTACHED**
(F/K/A/ THE FRANCIS FAMILIES FOUNDATION)
Number and street (or P.O. box number if mail is not delivered to street address): **800 W. 47TH STREET**
Room/suite: **717**
City or town, state, and ZIP code: **KANSAS CITY, MO 64112-1249**

A Employer identification number: **43-1492132**
B Telephone number (see page 10 of the instructions): **(816) 531-0077**

C If exemption application is pending, check here
D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation
E If private foundation status was terminated under section 507(b)(1)(A), check here
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **129,835,192.**
J Accounting method: Cash Accrual Other (specify) _____
(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	27,471.	27,471.		
	4 Dividends and interest from securities	2,880,952.	2,880,952.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	16,011,873.			
	b Gross sales price for all assets on line 6a	172,109,036.			
	7 Capital gain net income (from Part IV, line 2)		16,011,873.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	6,904.	6,904.		STMT 1	
12 Total. Add lines 1 through 11	18,927,200.	18,927,200.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	92,701.	13,905.		78,796.
	14 Other employee salaries and wages	140,472.	13,139.		127,332.
	15 Pension plans, employee benefits	32,466.	3,766.		28,700.
	16a Legal fees (attach schedule) STMT 2	24,008.	NONE	NONE	24,008.
	b Accounting fees (attach schedule) STMT 3	18,333.	13,750.	NONE	4,583.
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions)*	215,399.	20,613.		15,586.
	19 Depreciation (attach schedule) and depletion	15,178.			
	20 Occupancy	63,215.			63,215.
	21 Travel, conferences, and meetings	84,405.			84,405.
	22 Printing and publications				
	23 Other expenses (attach schedule) STMT 5	1,270,309.	994,444.		275,865.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,956,486.	1,059,617.	NONE	702,490.
	25 Contributions, gifts, grants paid	5,550,778.			5,550,778.
26 Total expenses and disbursements. Add lines 24 and 25	7,507,264.	1,059,617.	NONE	6,253,268.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	11,419,936.				
b Net investment income (if negative, enter -0-)		17,867,583.			
c Adjusted net income (if negative, enter -0-)			-0-		

TAXPAYER COPY

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box. **X**

Note: Complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print	Name of Exempt Organization THE FRANCIS FAMILY FOUNDATION	Employer identification number 43-1492132
	Number, street, and room or suite no. If a P.O. box, see instructions. 800 W. 47TH STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64112-1249	

Check type of return to be filed (File a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **KIM FOSTER**
Telephone No. **816 531-0077** FAX No. **816 531-8810**
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15/2006**
- 5 For calendar year **2005**, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this 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 allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **NOAE**

Signature and Verification

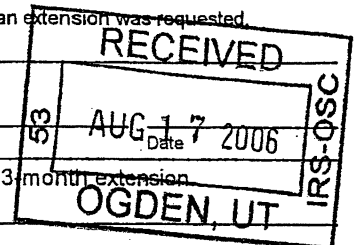
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature _____ Title **CRA** Date **8/14/06**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

By: **AUG 24 2006**



Director _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name HOUSE PARK & DOBRATZ, P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 605 W. 47TH STREET, SUITE 301
	City or town, province or state, and country (including postal or ZIP code) KANSAS CITY, MO 64112

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

	Beginning of year		End of year	
	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1 Cash - non-interest-bearing	1,595,027.	458,878.	458,878.	
2 Savings and temporary cash investments	3,925,613.	4,172,936.	4,172,936.	
3 Accounts receivable				
Less: allowance for doubtful accounts				
4 Pledges receivable				
Less: allowance for doubtful accounts				
5 Grants receivable				
6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)				
7 Other notes and loans receivable (attach schedule)				
Less: allowance for doubtful accounts				
8 Inventories for sale or use				
9 Prepaid expenses and deferred charges				
10 a Investments - U.S. and state government obligations (attach schedule) **	8,118,986.	17,750,575.	17,606,531.	
b Investments - corporate stock (attach schedule) STMT 7.	70,088,520.	78,583,086.	90,396,967.	
c Investments - corporate bonds (attach schedule) STMT 8.	22,422,412.	16,629,670.	17,161,357.	
11 Investments - land, buildings, and equipment: basis				
Less: accumulated depreciation (attach schedule)				
12 Investments - mortgage loans				
13 Investments - other (attach schedule)				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach schedule)	138,208.			
	99,685.			
15 Other assets (describe)	55,426.	38,523.	38,523.	
	4,826.			
16 Total assets (to be completed by all filers - see page 16 of the instructions. Also, see page 1, item I)	106,210,810.	117,633,668.	129,835,192.	
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable (attach schedule)				
22 Other liabilities (describe STMT 9)	6,278.	9,200.		
23 Total liabilities (add lines 17 through 22)	6,278.	9,200.		
Organizations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
24 Unrestricted				
25 Temporarily restricted				
26 Permanently restricted				
Organizations that do not follow SFAS 117, check here and complete lines 27 through 31. X				
27 Capital stock, trust principal, or current funds	106,204,532.	117,624,468.		
28 Paid-in or capital surplus, or land, bldg., and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds		NONE		
30 Total net assets or fund balances (see page 17 of the instructions)	106,204,532.	117,624,468.		
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	106,210,810.	117,633,668.		

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)	1	106,204,532.
2 Enter amount from Part I, line 27a	2	11,419,936.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	117,624,468.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	117,624,468.

** STMT 6