

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

## 2004

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

### A For the 2004 calendar year, or tax year beginning , 2004, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> DOCTORS OPPOSING CIRCUMCISION 45 ROBBINS ROAD NORDLAND, WA 98358-9607	<b>D</b> Employer identification number 91-1943016
		<b>E</b> Telephone number	<b>F</b> Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Web site: ▶ N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Organization type (check only one) —  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 10,943.

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions, gifts, grants, and similar amounts received	1	8,600.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
7a	Gross sales of goods sold, less returns and allowances	7a	2,343.
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	2,343.
8	Other revenue (describe )	8	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	10,943.
10	Grants and similar amounts paid (attach schedule)	10	9,000.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	580.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ See Statement 2)	16	562.
17	<b>Total expenses</b> (add lines 10 through 16)	17	10,142.
18	Excess or (deficit) for the year (line 9 less line 17)	18	801.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	6,810.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	7,611.

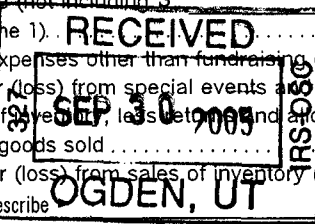
### Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	6,810.	7,611.
23	Land and buildings		
24	Other assets (describe ▶ )		
25	<b>Total assets</b>	6,810.	7,611.
26	<b>Total liabilities</b> (describe ▶ )	0.	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	6,810.	7,611.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0803L 01/07/05 Form 990-EZ (2004)

SCANNED JUN 18 '05



P7

Part III Statement of Program Service Accomplishments (See Instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	(Grants \$ )	28a
29	(Grants \$ )	29a
30	(Grants \$ )	30a
31	Other program services (attach schedule) (Grants \$ )	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
GEORGE C. DENNISTON, M.D. 45 ROBBINS ROAD NORLAND, WA 98358	President & CEO 10	0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)		See Statement 3	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.			X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.			X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X	
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?			X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)			X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b	Did the organization file Form 1120-POL for this year?			X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?			X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	N/A	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9.	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities.	39b	N/A	
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911	N/A		
	section 4912	N/A		
	section 4955	N/A		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation.			N/A
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958.			0.
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization			0.
41	List the states with which a copy of this return is filed	None		
42	The books are in care of	Telephone no.		
	Located at	ZIP + 4		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<input type="checkbox"/>	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year.	43		N/A

including accompanying schedules and statements, and to the best of my knowledge and belief, it is based on all information of which preparer has any knowledge.

9/28/05 Date  
 GEORGE C. DENNISTON President & CEO Type or print name and title

2004

Federal Statements

Page 1

Client DOC

DOCTORS OPPOSING CIRCUMCISION

91-1943016

9/26/05

12:00PM

Statement 1  
Form 990-EZ, Part I, Line 10  
Grants and Similar Amounts Paid

Cash Grants and Allocations

Class of Activity:	HEALTH CARE SERVICES		
Donee's Name:	NO CIRC OF NORTH CAROLINA		
Donee's Address:	PO BOX 5081 CHAPEL HILL NC 27514		
Amount Given:		\$	2,000.

Class of Activity:	HEALTH CARE SERVICES		
Donee's Name:	NOCIRC MICHIGAN		
Donee's Address:	PO BOX 333 BIRMINGHAM MI 48012		
Amount Given:		\$	3,000.

Class of Activity:	HEALTH CARE SERVICES		
Donee's Name:	ARC		
Donee's Address:	2961 ASHBY AVENUE BERKELEY CA 94705		

Class of Activity:	HEALTH CARE SERVICES		
Donee's Name:	NOCIRC		
Donee's Address:	PO BOX 2512 SAN ANSELMO CA 94979		
Amount Given:		\$	2,000.

Class of Activity:	HEALTH CARE SERVICES		
Donee's Name:	NOCIRC FLORIDA		
Donee's Address:	PO BOX 323 PANACEA FLORIDA 32346		

Class of Activity:	HEALTH CARE SERVICES		
Donee's Name:	CIRC RESOURCE CENTER		
Donee's Address:	PO BOX 232 BOSTON MA 02133		
Amount Given:		\$	2,000.

Class of Activity:	HEALTH CARE SERVICES		
Donee's Name:	SIC SOCIETY		
Donee's Address:	PO BOX 320233 COCA BEACH FL 32932		

Donee's Name:	UNIV. OF TOLEDO TOLEDO OHIO 43606		
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Total Cash Grants and Allocations \$ 9,000.

Total Grants and Similar Amounts Paid \$ 9,000.

9/26/05

12:00PM

Statement 2  
Form 990-EZ, Part I, Line 16  
Other Expenses

FILING FEE.....	\$	10.
LEGAL FEES.....		300.
Supplies.....		252.
	Total \$	<u>562.</u>

Statement 3  
Form 990-EZ, Part V  
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Form 8868 (Rev. 12-2004)

● If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box 
Note. Only 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 DOCTORS OPPOSING CIRCIMCISION
Employer identification number 91-1943016
Number, street, and room or suite no. If a P.O. box, see instructions. 8215 N.E. JUANITA DRIVE
City, town or post office, state, and ZIP code. For a foreign address, see instructions. KIRKLAND WA 98034

Check type of return to be filed (File a separate application for each return):
[X] Form 990
Form 990-BL
Form 990-EZ
Form 990-PF
Form 990-T (sec. 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041-A
Form 4720
Form 5227
Form 6069
Form 8870

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

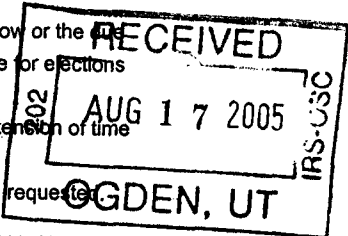
● The books are in the care of
Telephone No. FAX No.
● If the organization does not have an office or place of business in the United States, check this box
● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
If this is for the whole group, check this box
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 11/15/05
5 For calendar year 2004, 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 requested to gather information to prepare 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
8b 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
8c Balance Due. Subtract line 8b from line 8a. If with FTD coupon or, if required, by using EFTPS

Under penalties of perjury, I declare that I have examined this return, 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 sign this return.
Signature: Jack W. Brown, Vice President Date: 8/15/05

Notice to Applicant-To Be Completed by the IRS

[X] 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 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: Director Date: APPROVED

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.

Name: Jack W. Brown Inc, P.C.
Number and street (include suite, room, or apt. no.) or a P.O. box number: 40 Lake Bellevue Drive #260
City or town, province or state, and country (including postal or ZIP code): Bellevue, Wa, 98005