

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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.

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning, 2005, and ending, 20

B Check if applicable:

- Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Doctors Opposing Circumcision. Address: 45 Robbins Rd, Woodland, WA 98358-9607

D Employer identification number: 91-1943016. E Telephone number: () () (). F 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: [X] Cash [] Accrual Other (specify) . . .

I Website: DoctorsOpposingCircumcision.org

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

J Organization type (check only one) [X] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527

K Check [X] 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 chooses to file a return, be sure to file a complete return. 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 . . . \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten entries for revenue (22,900), expenses (7,676), and net assets.

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 page 41 of the instructions.)

Table with 7 rows for Balance Sheets. Includes handwritten entries for beginning and end of year assets and liabilities.

SCANNED 05 2006

P 23

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)

What is the organization's primary exempt purpose? Healthcare education

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 publishing professional papers maintaining website
lobbying medical societies attending medical conventions
assisting parents + injured children
(Grants \$) If this amount includes foreign grants, check here 28a fy 05 = 187676

29
(Grants \$) If this amount includes foreign grants, check here 29a

30
(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (attach schedule)
(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) 187676 32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the 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 & deferred compensation	(E) Expense account and other allowances
<u>Dr. George C. Denniston</u> <u>45 Robbins Rd, Nordland, WA 98358</u>	<u>President 20</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Mark R. Reiss, MD</u> <u>776 Duncan St, SF, CA</u>	<u>Vice-president 20</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>George Hill VP for medical science</u> <u>1323 N River Rd, Port Allen, LA 70167</u>	<u>40+</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>John Grosholz Exec Dir</u> <u>1727 14th Ave #5 Seattle, WA</u>	<u>40+</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <u>37a</u> <u>-0-</u>		
b Did the organization file Form 1120-POL for this year? <u>n/a</u>		
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?		<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <u>38b</u>		
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 <u>39a</u>		
b Gross receipts, included on line 9, for public use of club facilities <u>39b</u>		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>n/a</u> ; section 4912 <u>n/a</u> ; section 4955 <u>n/a</u>		
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.		<input checked="" type="checkbox"/>
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>-0-</u>		
d Enter amount of tax on line 40c reimbursed by the organization <u>-0-</u>		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

41 List the states with which a copy of this return is filed. ▶ WA

42a The books are in care of ▶ Telephone no. ▶ (.....)
Located at ▶ ZIP + 4 ▶

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X
42c		X

If "Yes," enter the name of the foreign country: ▶
See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 43 |

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

▶ John V. Geisheker, Exec Director | 5/10/06
Signature of officer | Date

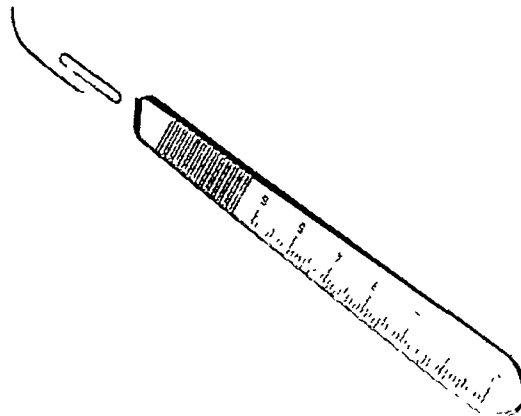
▶ JOHN V. GEISHEKER, Exec. Dir. | 5/10/06
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no. ▶ ()	

Does your healthy son require...

surgical correction?



**DOCTORS
OPPOSING
CIRCUMCISION**

2442 NW Market Street, Suite 42
Seattle, WA 98107

Learn to be 'foreskin-friendly'

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tradition to defend circumcision of women or girls, though that was once traditional in the U S

'THE DOCTOR SAYS HE WAS BORN WITH AN ADHESION'

Well-trained doctors know that a newborn infant's foreskin is naturally attached to his glans by a membrane, like the one that holds your fingernail to your finger. That membrane is there for good reasons and we should respect it the way we respect the infant female hymen. It is not a birth defect nor an adhesion. It protects the foreskin and glans during infancy. This layer will naturally grow apart as the boy matures. (AND IT SHOULD NEVER BE FORCED APART PREMATURELY.) The glans and foreskin form an internal pair, like eyeball and eyelid, the highly sexual foreskin protected by and in turn protecting the sensitive glans. Far from trapping dirt, as the physicians of 1870 claimed, the secretions of the infant foreskin help keep the penis clean, in the same way tears clean and lubricate the eye. As the boy gets older, he soon learns how to keep his penis clean, along with nails, ears and teeth

'WHY ARE SOME CIRCUMCISED BOYS ANGRY ENOUGH TO SUE THEIR DOCTOR?'

Young men are learning of the sexual potential they were denied for no good medical reason. That medical research is now readily available on the Internet. Boys are starting to file claims against their circumcisers, and the first cases are already in the courts. One settled in 2003 for a substantial sum. By the time your son is 18 years old, these lawsuits may be common. Your son may ask you "Why did you do this to me?"

How will you answer him?

CIRCUMCISION IS JUNK SCIENCE FROM 1870

Circumcision of both boys and girls came to American medicine in the late 19th century, around 1870, a time when the causes of disease were not understood and no effective antibiotics and vaccines were available.

Doctors claimed circumcision could prevent or cure tuberculosis, polio, blindness, epilepsy, and some 20 other diseases. Since they also regarded masturbation as immoral, doctors urged amputation of sexual tissue for moral reasons. They knew that by getting rid of this tissue they would limit the child's sexual sensation, and they thought, temptation.

Today most doctors recognize that circumcision cures no diseases, is only cosmetic surgery, and may be harmful for boys or girls.

They debate over the amount of harm it causes, but they all agree that there is no disease and no need for amputation of healthy tissue. And because the foreskin is the only true erogenous zone on a boy, truncating or amputating it is not helpful to him, especially when he becomes a man.

The USA is the only western country in which routine circumcision is still common, and even here it is dying away year by year. Not a single national or international medical society recommends circumcision.

Although most doctors admit privately that circumcision is an outdated fad, many still perform it. They think that parents want it, (and it is easy money for them). Parents think because the doctor asked, it must be appropriate medicine.

WHAT ABOUT HYGIENE?

UTI, urinary tract infection, and penile cancer, are very rare. Even at birth an infant has only a 1% chance of getting a UTI, easily curable with antibiotics. Penile cancer is a curable disease of men in their 70-80's, affecting only 1 in 100,000 men, a risk of .001%. It is the rarest of all cancers a male could get. He has a higher chance of dying of breast cancer or the circumcision itself.

Studies show that circumcision does not prevent STD's, sexually transmitted diseases. Only good hygiene and safe sexual practices do that. In any case, infants and boys do not engage in practices which transmit STDs, and so even if circumcision helped, it could wait until the boy is an adult

ISN'T IT DIFFICULT TO CARE FOR AN INTACT, (UNCIRCUMCISED) BOY?

Here are the rules for caring for an intact boy.

- 1.
- 2.
- 3.

That's right. There are no special rules. Just treat him the way you'd treat an infant girl - bathe him normally and leave his genitalia alone.

IS CIRCUMCISION PAINFUL?

Parents are rarely told that 85% of all circumcisions are done without any anesthesia. This is very painful and traumatic for your boy, and may leave him extra sensitive to pain for his whole life. Studies show infant heart rates of 200 beats per minute, and high adrenaline levels. The post-op pain interferes with breastfeeding and disrupts his sleep patterns. People joke about how males are afraid of going to the doctor. That lesson was learned early.

IS CIRCUMCISION RISKY?

Yes, there are numerous surgical risks, & whole lot of side-effects, over 20. Many of these are concerns parents are never told about, serious complications that may require follow-up surgery, or lead to permanent and irreparable damage:

- ✓ Too much skin removed, causing tight, painful erections and skin tears. (All normal males have erections during deep sleep, all their lives.) He will also look short and come to resent that.
- ✓ Painful or slow urination -- Scars from circumcision may strangle his urinary opening and cause him painful or slow urinations. This requires a painful additional surgery to widen this opening.
- ✓ Adhesions, bridges, and tunnels -- Because circumcision is an assault on your child's penis, his

body tries to repair the damage by covering up the raw and bleeding glans. These adhesions may require second and third surgeries -- expensive and painful

I DON'T BELIEVE IN IT, BUT MY PARTNER IS INSISTING

Your partner may not be aware that circumcision is no longer recommended. Many of us, even many doctors, were circumcised because it was thought more hygienic. We now know that is not true. If your partner understands that your boy will be healthier and have better sexual sensation as an adult, he may agree to leave your son intact and normal

The argument that boys need to look like dads is a bogus worry and not a medical concern. No one worried about conformity when our granddads were normal and intact, and doctors wanted our fathers, the boys of the 1940's, to be circumcised. Mostly boys only notice that dad's genitalia is bigger anyway, if they notice at all

WON'T OTHER BOYS TEASE HIM?

In many communities, intact boys are now in the majority, and the percentage grows every day. Circumcising your boy in 2003 could make him feel different from his intact and normal friends in 2020. One compromise is to let the boy choose for himself at age 18. Giving him the option is a genuine loving gift that shows you thought of his best interests, and didn't merely follow fashion

Besides, not three healthy intact men in 1,000 choose circumcision as adults. What does that suggest about your boy's likely preference as an adult, no matter what his teenage friends think?



WHAT ABOUT TRADITION?

Tradition is less important than good medicine or the rights of a living being, and we should not sacrifice our boys to old ideas, simply because the ideas are old. (Besides, routine circumcision is actually only a post-WWII idea.) We do not use