

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INTERPLAST, INC.		D Employer identification number 23-7297770
		Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number
		857 MAUDE AVENUE		650 962 0123
		City or town, state or country, and ZIP + 4 MOUNTAIN VIEW, CA 94043		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No
(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **N/A**

G Website: ▶ **WWW.INTERPLAST.ORG**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,668,813.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	3,584,705.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 3,444,679. noncash \$ 140,026.)	1e			3,584,705.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			122.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			29,545.
	5 Dividends and interest from securities	5			22,819.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b	560.		
	Less: cost or other basis and sales expenses	8c	<560.>		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1		<560.>
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 141,371. of contributions reported on line 1b)	9a	31,622.		
	b Less: direct expenses other than fundraising expenses	9b	31,622.		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 2		0.
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			3,636,631.	
Expenses	13 Program services (from line 44, column (B))	13		3,403,771.	
	14 Management and general (from line 44, column (C))	14		338,309.	
	15 Fundraising (from line 44, column (D))	15		600,159.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			4,342,239.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		<705,608.>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,003,885.	
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3		<86,248.>
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			2,212,029.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	209,941.	83,977.	62,982.	62,982.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,289,810.	863,198.	114,392.	312,220.
27 Pension plan contributions not included on lines 25a, b, and c	49,331.	29,281.	10,617.	9,433.
28 Employee benefits not included on lines 25a-27	167,358.	123,290.	6,108.	37,960.
29 Payroll taxes	112,984.	72,710.	10,811.	29,463.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	16,948.	5,496.	1,789.	9,663.
34 Telephone	15,633.	8,971.	2,845.	3,817.
35 Postage and shipping	46,917.	7,907.	1,064.	37,946.
36 Occupancy	101,286.	55,707.	15,193.	30,386.
37 Equipment rental and maintenance	9,317.	4,784.	1,923.	2,610.
38 Printing and publications				
39 Travel	23,192.	18,377.	869.	3,946.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	62,888.	57,852.	2,133.	2,903.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	2,236,634.	2,072,221.	107,583.	56,830.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,342,239.	3,403,771.	338,309.	600,159.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT.	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 5	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	3,403,771.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,403,771.

Form 990 (2007)

Interplast, Inc.
EIN: 23-7297770
Statement of Exempt Purpose
FYE 06/30/08

INTERPLAST, INC. (THE "ORGANIZATION") IS THE FIRST HUMANITARIAN ORGANIZATION TO PROVIDE FREE RECONSTRUCTIVE SURGERY FOR CHILDREN WITH CLEFTS, DISABLING BURNS AND HAND INJURIES. DURING THE YEAR ENDED JUNE 30, 2008, INTERPLAST, INC., A NONPROFIT, PUBLIC BENEFIT CORPORATION, PROVIDED APPROXIMATELY 6,000 LIFE-CHANGING SURGERIES FOR THOSE WHO HAVE NO OTHER ACCESS TO CARE. WORKING IN UNDERSERVED REGIONS OF 16 COUNTRIES THROUGHOUT AFRICA, ASIA AND LATIN AMERICA, INTERPLAST, INC. TEACHES, EMPOWERS AND PARTNERS WITH VOLUNTEERS AND OVERSEAS MEDICAL PROFESSIONALS SO EVERY CHILD LIVING IN POVERTY HAS FREE ACCESS TO THE SAFEST AND HIGHEST-QUALITY CARE—NOW AND IN THE FUTURE.

INTERPLAST, INC. ENVISIONS A WORLD IN WHICH NO HUMAN BEING SUFFERS PHYSICALLY OR EMOTIONALLY FROM A REPAIRABLE CONGENITAL DEFORMITY OR INJURY. TO REACH THAT VISION, INTERPLAST, INC. PARTNERS WITH VOLUNTEERS AND OVERSEAS MEDICAL COLLEAGUES TO EDUCATE AND EMPOWER LOCAL COMMUNITIES SO THAT MEDICAL ACCESS IS AVAILABLE YEAR-ROUND. INTERPLAST, INC.'S MISSION IS TO PROVIDE FREE RECONSTRUCTIVE SURGERY FOR PEOPLE IN DEVELOPING NATIONS, AND TO HELP IMPROVE HEALTH CARE WORLDWIDE.

THE PRIMARY EXEMPT PURPOSES OF THE ORGANIZATION ARE:

1. TO SUPPLY THE RESOURCES WHEREBY DULY LICENSED PROFESSIONAL PERSONS MAY PROVIDE SOPHISTICATED REHABILITATION BY MODERN SURGICAL TECHNIQUES AND PARAMEDICAL CARE TO MEDICALLY INDIGENT PATIENTS LIVING OUTSIDE THE CONTINENTAL UNITED STATES AND CANADA.
2. TO PROVIDE TRAINING IN MODERN TECHNIQUES OF REHABILITATION SURGERY AND PARAMEDICAL CARE TO INTERESTED INDIVIDUALS OF THE COUNTRIES IN WHICH THE CORPORATION OPERATES.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	780,212.	45	260,392.
	46 Savings and temporary cash investments	796,399.	46	618,138.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	50,000.	47c	
	48 a Pledges receivable	25,000.		
	b Less: allowance for doubtful accounts	18,500.	48c	25,000.
	49 Grants receivable		49	54,000.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other SEE STATEMENT 6	927,850.	56	867,436.	
57 a Land, buildings, and equipment: basis	549,054.			
b Less: accumulated depreciation STMT 7	433,029.	57c	116,025.	
58 Other assets, including program-related investments (describe SEE STATEMENT 8)	654,828.	58	660,919.	
59 Total assets (must equal line 74). Add lines 45 through 58	3,379,906.	59	2,601,910.	
Liabilities	60 Accounts payable and accrued expenses	158,025.	60	172,685.
	61 Grants payable		61	
	62 Deferred revenue	217,996.	62	217,196.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
65 Other liabilities (describe)		65		
66 Total liabilities. Add lines 60 through 65	376,021.	66	389,881.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,358,974.	67	1,084,960.
	68 Temporarily restricted	913,309.	68	393,417.
	69 Permanently restricted	731,602.	69	733,652.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,003,885.	73	2,212,029.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,379,906.	74	2,601,910.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	5,786,096.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(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 a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>CA</u>	90b	19
b	Number of employees employed in the pay period that includes March 12, 2007		
91 a	The books are in care of <u>MICHELLE DODGE</u> Telephone no. <u>650 962 0123</u> Located at <u>857 MAUDE AVE, MOUNTAIN VIEW, CA</u> ZIP + 4 <u>94043</u>		
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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a OTHER REVENUE					122.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	29,545.	
96 Dividends and interest from securities			14	22,819.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<560.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		51,804.	122.
105 Total (add line 104, columns (B), (D), and (E))					51,926.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93A MISC INCOME RECEIVED BY PROVIDING SERVICES RELATED TO EXEMPT PURPOSES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

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: *Susan Hayes, Pres. & CEO* 13-2-09
 Signature of officer Date
 SUSAN HAYES, PRESIDENT & CEO
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature: LAWRENCE S. KUECHLER Date: 02/12/09 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: BERGER/LEWIS ACCOUNTANCY CORP., 55 ALMADEN BLVD., STE 600, SAN JOSE, CA 95113
 EIN: Phone no.: (408) 494-1200

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization: **INTERPLAST, INC.** Employer identification number: **23 7297770**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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 & deferred compensation	(e) Expense account and other allowances
DANIEL CORLEW 857 MAUDE AVE, MOUNTAIN VIEW, CA 9404	CHIEF MED. OFFICER 40.00	155,000.	25,993.	
NICOLE FRIEDLAND 857 MAUDE AVE, MOUNTAIN VIEW, CA 9404	CHIEF DVLP OFFICER 40.00	150,000.	13,783.	
JAMES DIRCK 857 MAUDE AVE, MOUNTAIN VIEW, CA 9404	DIR. MED. SUPP. 40.00	103,842.	20,789.	
SARA ANDERSON 857 MAUDE AVE, MOUNTAIN VIEW, CA 9404	DIR. COMM/PE 40.00	95,734.	12,253.	
AMY LADEN 857 MAUDE AVE, MOUNTAIN VIEW, CA 9404	DIR. INTL. SRV. 40.00	89,292.	16,218.	
Total number of other employees paid over \$50,000 ▶	5			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SHANKAR MAN RAI, M.D. 500 N. BRAND BLVD, GLENDALE, CA 91203	SURGEON (SEE ATTACHED FOOTNOTE)	522,599.
SHAFQUAT HUSSAIN KHUNDKAR, M.D. 500 N. BRAND BLVD, GLENDALE, CA 91203	SURGEON (SEE ATTACHED FOOTNOTE)	222,700.
GORAN JOVIC, M.D. 500 N. BRAND BLVD, GLENDALE, CA 91203	SURGEON (SEE ATTACHED FOOTNOTE)	93,800.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Interplast, Inc.

EIN: 23-7297770

Footnote 1---Schedule A Part II of Form 990

FYE 06/30/08

Interplast, Inc. manages twelve Surgical Outreach Centers located around the world in Bangladesh, Ecuador, Ghana (2), India (2), Nepal, Peru (2), Nicaragua, Sri Lanka and Zambia. Surgeon partners at those centers provide necessary reconstructive plastic surgeries, free of charge, to needy children and adults in their communities and throughout hard-to-access areas of their countries, year-round. Interplast pays a per-case reimbursement to the partner surgeons following extensive web-based review of each surgery by volunteer plastic surgeons, assessing pre-and post-surgical information and outcome using digital photographs and detailed medical charts. The web-based review system for cleft surgeries is hosted by The Smile Train, another nonprofit organization.

Interplast partner surgeons use the reimbursements to pay out out-of-pocket hospital costs, including anesthesia and nursing, and any relevant travel and housing costs for the patients. The partner surgeons also leverage the reimbursement to build surgical infrastructures within their countries-developing speech therapy and orthodontics for children with repaired craniofacial deformities as just two examples.

Dr. Shankar Man Rai, Director, Surgical Outreach Program-Nepal Center--\$522,599 in reimbursements during Fiscal Year June 30, 2008. With this funding, Dr. Rai, our partner surgeon in Nepal, performed 2916 free surgeries for needy children born with cleft lip and palate deformities and those in need of reconstructive surgery for burn scar contractures. Dr. Rai also conducted a number of speech therapy camps, supported the training of Nepalese and Indian plastic surgeons. Dr. Rai's practice requires land travel to very rural areas of Nepal.

Dr. Shafquat Hussain Khundkar, Director, Surgical Outreach Program--Bangladesh Center--\$222,700 in reimbursements during Fiscal Year June 30, 2008. With this funding, Dr. Shafquat, our partner surgeon in Bangladesh, performed 652 for needy children born with cleft lip and palate deformities and those in need of reconstructive surgery for burn scar contractures.

Dr. Goran Jovic, Director, Surgical Outreach Program--Zambia Center--\$93,800 in reimbursements during Fiscal Year June 30, 2008. With this funding, Dr. Jovic, our partner surgeon in Zambia, performed 607 for needy children born with cleft lip and palate deformities and those in need of reconstructive surgery for burn scar contractures.

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					<input type="checkbox"/>

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,500,195.	4,113,608.	3,535,085.	2,845,112.	13,994,000.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	224,082.	270,800.	<23,054.>	<24,039.>	447,789.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	55,014.	39,737.	27,187.	24,318.	146,256.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	206.	3,276.	437.	2,062.	5,981.
23 Total of lines 15 through 22	3,779,497.	4,427,421.	3,539,655.	2,847,453.	14,594,026.
24 Line 23 minus line 17	3,555,415.	4,156,621.	3,562,709.	2,871,492.	14,146,237.
25 Enter 1% of line 23	37,795.	44,274.	35,397.	28,475.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					282,925.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					2,477,938.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					14,146,237.
d Add: Amounts from column (e) for lines: 18 146,256. 19 2,477,938. 22 5,981. 26b					2,630,175.
e Public support (line 26c minus line 26d total)					11,516,062.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					81.4072%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
c Add: Amounts from column (e) for lines: 15 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
		
		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
		
		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group.

Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	DONATED OFFICE FURNITURE, FIXTURES &		SL	.000	16	24,521.			24,521.	15,084.		3,505.
2	COMPUTER & SOFTWARE		SL	.000	16	46,939.			46,939.	35,943.		6,390.
3	ANESTHESIA EQUIPMENTS		SL	.000	16	194,416.			194,416.	153,663.		16,425.
4	DONATED ANESTHESIA EQUIPMENT		SL	.000	16	6,947.			6,947.	4,168.		1,390.
5	PACU EQUIPMENT		SL	.000	16	45,937.			45,937.	19,179.		4,378.
6	SURGICAL EQUIPMENT		SL	.000	16	129,872.			129,872.	105,651.		10,421.
7	DONATED SURGICAL EQUIPMENT		SL	.000	16	100,422.			100,422.	36,453.		20,379.
	* TOTAL 990 PAGE 2 DEPR					549,054.		0.	549,054.	370,141.	0.	62,888.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

INTERPLAST, INC.

Employer identification number

23-7297770

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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-

For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization INTERPLAST, INC.	Employer identification number 23-7297770
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 822,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 306,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 129,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 91,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization INTERPLAST, INC.	Employer identification number 23-7297770
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 100,118.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

INTERPLAST, INC.

23-7297770

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	SUTURES.	\$ 100,118.	07/01/07

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
ANESTHESIA EQUIPMENT	07/01/04	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	2,800.	0.	2,240.	<560.>
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SURGICAL EQUIPMENT	06/30/99	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	195.	0.	195.	0.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SURGICAL EQUIPMENT	06/30/99	06/30/08	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONED	0.	195.	0.	195.	0.
TO FM 990, PART I, LN 8		3,190.	0.	2,630.	<560.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
GALA	115,680.	85,038.	30,642.	30,642.	0.
SALON	56,734.	55,754.	980.	980.	0.
GOLF	579.	579.			0.
TO FM 990, PART I, LINE 9	172,993.	141,371.	31,622.	31,622.	0.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<86,248.>
TOTAL TO FORM 990, PART I, LINE 20	<86,248.>

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OVERSEAS SURGICAL TRIPS	500,960.	500,960.		
MED EDU/EMPOWERMENT	1,150,896.	1,150,896.		
MEDICAL SUPPLIES	179,923.	179,923.		
PUBLIC EDUCATION	55,989.	52,285.	1,852.	1,852.
INSURANCE	39,178.	23,167.	16,011.	
VOLUNTEER RECRUIT & TRAINING	35,505.	28,970.	4,387.	2,148.
PROFESSIONAL FEES	65,660.	4,039.	51,317.	10,304.
DONOR'S STEWARDSHIP	162.			162.
UTILITIES	23,696.	13,033.	3,554.	7,109.
NEWSLETTER	23,094.	15,473.		7,621.
MISCELLANEOUS	47,287.	39,425.	7,475.	387.
TAXES AND LICENSES	12,720.		9,467.	3,253.
LETTERHEAD AND ENVELOPES	2,152.	1,478.	96.	578.
JANITORIAL	6,942.	3,820.	1,041.	2,081.
BANK CHARGES	9,018.		167.	8,851.
PAYROLL FEES	7,362.	4,347.	1,005.	2,010.
DUES AND SUBSCRIPTIONS	12,184.	10,386.	608.	1,190.
REPAIRS AND MAINTENANCE	26,271.	15,966.	5,373.	4,932.
WAREHOUSE EXPENSE	1,592.	1,592.		
STAFF RECRUITMENT	1,309.		1,309.	
VOLUNTEER RECOGNITION	2,370.	2,370.		
STAFF EDUCATION	1,482.	548.	476.	458.
SPECIAL PROJECT	8,633.	8,633.		
WORKER'S COMP	22,249.	14,910.	3,445.	3,894.
TOTAL TO FM 990, LN 43	2,236,634.	2,072,221.	107,583.	56,830.

DESCRIPTION OF PROGRAM SERVICE ONE

FOUNDED IN 1969, INTERPLAST, INC. WAS THE FIRST ORGANIZATION OF ITS KIND. SINCE THEN, INTERPLAST, INC.'S VOLUNTEERS, DONORS AND INTERNATIONAL MEDICAL PARTNERS HAVE PROVIDED NEARLY 75,000 FREE SURGERIES FOR PEOPLE IN NEED. THE ORGANIZATION'S WORK IS HUMANITARIAN IN NATURE; NO POLITICAL OR RELIGIOUS AFFILIATIONS ARE MAINTAINED, AND NO FINANCIAL SUPPORT IS ACCEPTED FROM GOVERNMENT AGENCIES. SENSITIVITY TO, AND RESPECT FOR, OTHER CULTURES AS EQUALS PERVADES THE INTERPLAST PHILOSOPHY AND DEEPLY INFLUENCES THE MANNER IN WHICH THE ORGANIZATION CONDUCTS ITSELF AS AMBASSADORS.

INTERPLAST, INC. NOW MANAGES MEDICAL PROGRAMS IN MORE THAN 30 DIFFERENT SITES AROUND THE WORLD. PERFORMING SURGERY AND/OR PROVIDING ADVANCED MEDICAL TRAINING FOR LOCAL PHYSICIANS AND NURSES, INTERPLAST, INC. WORKED IN BANGLADESH, BOLIVIA, CHINA, ECUADOR, ETHIOPIA, GHANA, INDIA, MALI, NICARAGUA, PERU, SRI LANKA, VIETNAM AND ZAMBIA DURING THE FISCAL YEAR THAT ENDED JUNE 30, 2008. INTERPLAST, INC. ALSO PROVIDED SUPPORT IN 2008 TO 12 YEAR ROUND SURGICAL OUTREACH CENTERS (SOC) IN BANGLADESH, ECUADOR, GHANA (2), INDIA (2), NEPAL, NICARAGUA, PERU (2), SRI LANKA AND ZAMBIA; THIS SUPPORT INCLUDED FUNDING FOR FREE SURGERIES FOR THE POOR, QUALITY REVIEW, TECHNOLOGICAL SUPPORT AND ADVANCED MEDICAL TRAINING. THREE-FOURTHS OF ALL OF INTERPLAST INC.'S SURGERIES ARE PERFORMED BY DEVELOPING WORLD SURGICAL PARTNERS THROUGH THE SOC PROGRAM.

INTERPLAST, INC.'S PROGRAMS PROVIDE RECONSTRUCTIVE PLASTIC SURGERY AND RELATED CARE FOR PEOPLE WITH CONGENITAL DEFORMITIES SUCH AS CLEFT LIPS OR PALATES, SEVERE BURNS AND OTHER DISABLING INJURIES. THE ORGANIZATION ALSO PROVIDES TREATMENT FOR HAND INJURIES AND OTHER BIRTH DEFECTS.

THE ORGANIZATION'S SCOPE OF SERVICES INCLUDES:

PROVIDING DIRECT PATIENT CARE-RECONSTRUCTIVE SURGERY AND ANCILLARY SERVICES (SUCH AS SPEECH OR PHYSICAL THERAPY) TO THOSE WITH NO OTHER RESOURCES. INTERPLAST, INC. SENDS APPROXIMATELY 14 VOLUNTEER MEDICAL TEAMS TO PERFORM 1,425 LIFE-TRANSFORMING SURGERIES EACH YEAR.

PROVIDING EDUCATIONAL TRAINING AND MEDICAL INTERCHANGE. INTERPLAST TEACHES MORE THAN 450 MEDICAL PROFESSIONALS OVERSEAS EACH YEAR TO PERFORM SURGERIES SAFELY, EFFECTIVELY AND EFFICIENTLY ON THEIR OWN. IN ADDITION, INTERPLAST, INC.'S INNOVATIVE WEB-BASED TECHNOLOGY, INTERPLAST GRAND ROUNDS, ALLOWS FOR SURGERY TRAINING TO CONTINUE AFTER VISITING MEDICAL INSTRUCTORS RETURN HOME, AND FOR DOCTORS IN ALL OF THE ORGANIZATION'S PARTNER SITES TO CONFER AND SHARE RELEVANT INFORMATION, EXPERIENCES AND ADVICE. IT ALSO ALLOWS OUTREACH CASES TO BE DISCUSSED FOR QUALITY AND SAFETY ASSURANCES. INTERPLAST, INC. ADHERES TO RIGOROUS QUALITY ASSURANCE POLICIES AND TRAINING SO PATIENTS RECEIVE THE SAFEST, HIGHEST-QUALITY MEDICAL CARE, EVEN IN THE COMPROMISED CONDITIONS THAT OFTEN PREVAIL IN DEVELOPING COUNTRIES.

ASSISTING HOST-COUNTRY MEDICAL COLLEAGUES TOWARD MEDICAL INDEPENDENCE. INTERPLAST, INC. NOW SUPPORTS 12 PERMANENT SURGICAL OUTREACH CENTERS IN NINE COUNTRIES, WHERE MORE THAN 4,000 SURGERIES WERE PERFORMED THIS PAST YEAR; THIS MODEL OF EMPOWERMENT, SUSTAINABILITY AND SELF-SUFFICIENCY CREATES LONG-TERM SURGICAL CARE WHERE IT NEVER EXISTED BEFORE.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE A		3,403,771.

FORM 990	OTHER INVESTMENTS	STATEMENT 6
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DESCRIPTION	VALUATION METHOD	AMOUNT
MUTUAL FUNDS	MARKET VALUE	773,046.
FIXED INCOME	MARKET VALUE	94,390.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		867,436.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
DONATED OFFICE FURNITURE, FIXTURES & EQUIPMENT	24,521.	18,589.	5,932.
COMPUTER & SOFTWARE	46,939.	42,333.	4,606.
ANESTHESIA EQUIPMENTS	194,416.	170,088.	24,328.
DONATED ANESTHESIA EQUIPMENT	6,947.	5,558.	1,389.
PACU EQUIPMENT	45,937.	23,557.	22,380.
SURGICAL EQUIPMENT	129,872.	116,072.	13,800.
DONATED SURGICAL EQUIPMENT	100,422.	56,832.	43,590.
TOTAL TO FORM 990, PART IV, LN 57	549,054.	433,029.	116,025.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS	10,500.	10,500.
SUPPLIES INVENTORY	613,692.	618,114.
INTEREST IN CHARITABLE REMAINDER TRUSTS	30,636.	32,305.
TOTAL TO FORM 990, PART IV, LINE 58	654,828.	660,919.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 9
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DANIEL B. HIGGINS 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	CHAIRMAN 2.00	0.	0.	0.
RUSSELL HIRSCH, M.D., PH.D. 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	VICE-CHAIR 2.00	0.	0.	0.
RUSSELL FULLER 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	TREASURER 2.00	0.	0.	0.
ARUN PATEL 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
RADHA BASU 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
STEFANIE FELDMAN, M.D. 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
LORRY FRANKEL, M.D. 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
RICHARD GILLERMAN, M.D. 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
ALAN HARMATZ, M.D. 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
HEIDI HUNTSMAN 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL J. LEVINTHAL 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.

INDERDEEP "NICK" MALIK 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
CONNIE MARTINEZ 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
GARY PINKUS 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
ROBERT REED 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
GEORGE K. H. SCHELL 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
TIM SMITH 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
ROSEMARY WELDE, R.N. MBA 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
DEANN WORK 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
SUSAN W. HAYES 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	PRESIDENT & CEO 40.00	189,000.	20,941.	0.
ROXANNE CHOW 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
F. SCOTT GROSS 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
JOSEPH DUCOTE 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
FRANCE LECLERC 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.

JIM PLEWA 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
JOHN TANG 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
SANJAY VASWANI 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
KATHLEEN YATES 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.
KEVIN YOUNG 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	BOARD MEMBER 2.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

189,000.	20,941.	0.
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SCHEDULE A	OTHER INCOME			STATEMENT 10
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	206.	3,276.	437.	2,062.
TOTAL TO SCHEDULE A, LINE 22	206.	3,276.	437.	2,062.

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

INTERPLAST, INC.

FORM 990 PAGE 2

23-7297770

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	62,888.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	62,888.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) through (f) Vehicle. Rows 30-36 asking about business/investment miles, commuting miles, personal miles, availability for personal use, and other vehicles.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table with columns Yes No. Rows 37-41 asking about written policy statements, treatment of vehicle use, and requirements for demonstration use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.