

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a multiple-employer plan; or</div><div>☐ a single-employer plan;</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☐ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan NYPRO 401(K) SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 07/01/1986
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) NYPRO INC. 101 UNION STREET CLINTON, MA 01510	2b Employer Identification Number (EIN) 04-2193872
		2c Sponsor's telephone number 978-365-8368
		2d Business code (see instructions) 326100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/26/2010	ANN LIOTTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") NYPRO INC. 101 UNION STREET CLINTON, MA 01510	3b Administrator's EIN 04-2193872 3c Administrator's telephone number 978-365-8368
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	2676
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1955
b Retired or separated participants receiving benefits.....	6b	17
c Other retired or separated participants entitled to future benefits.....	6c	485
d Subtotal. Add lines 6a , 6b , and 6c	6d	2457
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	12
f Total. Add lines 6d and 6e	6f	2469
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	2378
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	117

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T 2R 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan NYPRO 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 NYPRO INC.	D Employer Identification Number (EIN) 04-2193872	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INV. INST. OPS. CO.
04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 71 60	RECORDKEEPER	30881	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREY DISCOVERY F - DREYFUS TRANSFER 13-5673135	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
H & W MID CAP VAL I - US BANCORP FU 39-0281260	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MUNDER MDCPCORE GR Y - PNC GLOBAL I 04-2871943	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PERKINS MID CP VAL T - JANUS SERVIC 43-1804048	0.33%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO TOT RETURN ADM - BOSTON FINAN 04-2526037	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE LOW PR STK IS - BOSTON FINANC 04-2526037	0.05%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE LOW PR STK SER - BOSTON FINAN 04-2526037	0.45%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER INTL BOND CLASS A 6801 SOUTH TUCSON WAY ENGLEWOOD, CO 80112	0.25% + 10.00

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO DEVELOPING LOCAL MARKETS CL A 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	6.00

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE SHORT TERM BOND 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan NYPRO 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 NYPRO INC.	D Employer Identification Number (EIN) 04-2193872	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	64
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	212095	277039
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	64627	78123
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	4090375	4055578
(9) Value of interest in common/collective trusts	1c(9)	19445606	19923102
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	48692314	64136085
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	72505017	88469991

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	72505017	88469991
---	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1723442	
(B) Participants	2a(1)(B)	5053006	
(C) Others (including rollovers)	2a(1)(C)	186095	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6962543

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1504	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	272177	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		273681

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	846	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	940937	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		941783

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	884846	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	879586	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5260

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	20896	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		20896
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1017000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		14740358
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		23961521

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7903412	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7903412
f Corrective distributions (see instructions)	2f		44076
g Certain deemed distributions of participant loans (see instructions).....	2g		21175
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	27884	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		27884
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7996547

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15964974
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRAY, GRAY & GRAY

(2) EIN: 04-2088368

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>NYPRO 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NYPRO INC.</u>	D Employer Identification Number (EIN) <u>04-2193872</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

NYPRO 401(k) SAVINGS PLAN

AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2009

NOTIFICATION TO THIRD PARTY USERS OF THIS REPORT

This report was prepared subject to the terms and conditions set forth in an engagement letter. By relying upon this report, all users shall be deemed to agree to the terms and conditions of that engagement letter. Users intending to rely upon this report should contact the issuer to obtain a copy of its applicable terms and conditions. This report is intended for the exclusive use of the clients of the issuer and others to whom the issuer has expressly granted consent.

NYPRO 401(k) SAVINGS PLAN

AUDITED FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2009

INDEPENDENT AUDITORS' REPORT	1
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	2
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NOTES TO FINANCIAL STATEMENTS	4

SUPPLEMENTAL SCHEDULE

SCHEDULE OF ASSETS (HELD AT END OF YEAR)	16
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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.

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WESTWOOD, MA 02090
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INDEPENDENT AUDITORS' REPORT

To the Trustees

Nypro 401(k) Savings Plan

We were engaged to audit the financial statements and supplemental schedule of **Nypro 401(k) Savings Plan** as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

GRAY, GRAY & GRAY, LLP

Westwood, MA
July 6, 2010

NYPRO 401(k) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31,</u>	
	<u>2009</u>	<u>2008</u>
ASSETS		
Investments at fair value:		
Mutual funds	\$ 64,136,085	\$ 48,692,316
Common/collective trust	19,923,102	19,445,604
Common stock	78,123	64,627
Cash and cash equivalents	277,103	212,095
Participant notes receivable	4,077,159	4,090,375
	<hr/>	<hr/>
Total investments	88,491,572	72,505,017
	<hr/>	<hr/>
Receivables:		
Participant contributions	-	151,980
Rollover contributions	-	123,059
Employer's contributions	645,096	221,732
	<hr/>	<hr/>
Total receivables	645,096	496,771
	<hr/>	<hr/>
Liabilities		
Excess contributions refundable	364	-
	<hr/>	<hr/>
Total liabilities	364	-
	<hr/>	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	89,136,304	73,001,788
	<hr/>	<hr/>
Adjustment from fair value to contract value for fully benefit-responsive investment contract	370,473	1,048,937
	<hr/>	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS	\$ 89,506,777	\$ 74,050,725
	<hr/>	<hr/>

The accompanying notes are an integral part of these financial statements.

NYPRO 401(k) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income:

Net appreciation in fair value of investments	\$ 14,787,466
Interest and dividends	<u>1,533,454</u>

Total investment income	<u>16,320,920</u>
--------------------------------	-------------------

Contributions:

Participants' contributions	4,901,026
Employer's contributions	1,802,976
Rollover contributions	363,080
Qualified non-elective contributions	<u>43,786</u>

Total contributions	<u>7,110,868</u>
----------------------------	------------------

Total additions	<u>23,431,788</u>
------------------------	-------------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	7,947,852
Administrative expenses	<u>27,884</u>

Total deductions	<u>7,975,736</u>
-------------------------	------------------

NET INCREASE	15,456,052
---------------------	------------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>74,050,725</u>
End of year	<u><u>\$ 89,506,777</u></u>

The accompanying notes are an integral part of these financial statements.

NYPRO 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 1 – DESCRIPTION OF PLAN

The following description of Nypro 401(k) Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined-contribution plan established on July 1, 1986 and is sponsored by Nypro, Inc. (the “Company”). The Plan is a thrift (or savings) plan that provides for optional periodic participant contributions matched in part by the employer. It is intended that the Plan qualify under Section 401(a) of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility – The Plan is available to all employees at the following affiliated and non-affiliated participating employers:

Automated Assemblies	Radius Product Development
Nypro Inc.	Nypro Kanaak Alabama
Nypro Alabama	Nypro Kanaak Iowa
Nypro Atlanta	Nypro Mold
Nypro Monterrey	Nypro Mold Chicago
Nypro Oregon	Radius Chicago
N.P. Medical	Union Street Brand Packaging

Employees are eligible to participate in the Plan on the date the employee first performs an hour of service.

Participant Contributions – Participants may elect to make voluntary pretax contributions of no less than 1% and no more than 15% of their compensation, as defined under the Plan document, not to exceed the dollar limit which is set by law. Participant contributions are also subject to certain limitations, as defined under the Plan document. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds and a common/collective trust as investment options. The Plan also offers the ability to establish a self-directed brokerage account allowing participants to invest in a wide array of investment securities.

Participants may elect to make rollover contributions from other qualified plans.

Certain participants who are also participants in the Company's ESOP plan are allowed to diversify their balance in the ESOP plan by transferring amounts to this Plan. At December 31, 2008, the rollover contributions receivable represents a transfer from the Company's ESOP plan as a result of this diversification.

Participant's Accounts – Each participant's account is credited with the participant's contribution, the employer's match contribution and allocation of (a) the Company's discretionary contributions and (b) Plan earnings (losses). Allocations are based on participant earnings (losses) or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

NYPRO 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

Employer Contributions – The employer makes a matching contribution based on length of service, as detailed below.

<u>Length of Service</u>	<u>Employer Matching Contribution</u> <u>(per \$1.00 of participant contribution)</u>
Less than 5 years	25%
5 years but less than 10 years	35%
10 years but less than 15 years	40%
15 years but less than 20 years	45%
20 years or more	50%

Employer matching contributions are limited to the first 6% of an employee's base compensation, as defined under the Plan document.

In addition to employer matching contributions, the Company may also elect, at its discretion, to make discretionary contributions to the Plan. As of December 31, 2009 and 2008, the Plan had recorded discretionary contributions of \$645,096 and \$184,584, respectively, which were offset by forfeiture allocations of \$0 and \$4,291, respectively. The net of these amounts are included in employer contributions receivable at December 31, 2009 and 2008, respectively.

The Company, at its discretion, may also make a qualified non-elective contribution to the Plan to satisfy certain sections of the Internal Revenue Code. During 2009, the Company contributed \$43,786 to the Plan.

In conjunction with an amendment to the Employee Stock Ownership Plan, the Company has guaranteed match levels to be not less than current match levels through 2019, unless there is a change in applicable 401(k) laws or regulations.

Forfeitures – At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$113,827 and \$67,731, respectively. These amounts will be used to offset future employer contributions. During 2009, \$4,291 of forfeited nonvested amounts were used to reduce the employer discretionary contribution.

Participant Notes Receivable – Loans may be authorized by the Plan's administrative committee to participants, subject to certain minimum and maximum requirements, as defined. These loans bear interest at prevailing interest rates and are payable to the Plan through payroll deductions over a five-year period, or a ten-year period if the proceeds are used for the purchase of a primary residence. At December 31, 2009, the range of interest rates on notes to participants was 4.25% to 9.25%

NYPRO 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

Vesting – A participant in the Plan is 100% vested at all times in his or her participant contributions, rollover contributions, and qualified non-elective contributions (QNEC) and related earnings thereon.

Vesting of the employer discretionary contribution and the employer matching contribution, as well as related earnings thereon, is as follows:

<u>Length of Service</u>	<u>Vesting Percentage</u>
Less than 1 year	0%
1 year but less than 2 years	20%
2 years but less than 3 years	40%
3 years but less than 4 years	60%
4 years but less than 5 years	80%
5 years or more	100%

The Plan also provides for special vesting rules under certain circumstances, as defined in the Plan documents.

Termination of Employment and Withdrawals – If a participant terminates employment for any reason, his or her account becomes 100% distributable if below \$1,000; otherwise, the employee may defer distribution until age 65. A participant may not withdraw any part of his or her account while still employed by the Company, except in cases of financial hardship, as determined by the Plan Administrator. Participants who have attained age 59-1/2 may withdraw all or a portion of their vested account balance. In-service withdrawals by participants who have not attained age 59-1/2 are limited to the participant's salary deferral account, which does not include employer contributions.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting. The financial statements and supplementary schedule have been prepared to satisfy the reporting and disclosure requirements of ERISA.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

NYPRO 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents – Cash and cash equivalents consist of money market funds and certificates of deposit.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 10 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Realized and unrealized gains and losses are reported in the accompanying statement of changes in assets available for benefits as net appreciation (depreciation) in fair value of investments.

Payment of Benefits – Benefits are recorded when paid.

Operating Expenses – All expenses incurred in the administration of the Plan may be paid by the Company, except for expenses paid to the trustee and investment advisor expenses, which are withdrawn from the respective funds. If the Company does not pay such expenses, then they shall be paid out of the Plan. During 2009 and 2008 all administrative expenses were paid by the Company.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Uncertain Tax Positions – The Plan adopted the provisions of “*Accounting for Uncertainty in Taxes*” on January 1, 2009. The standard clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements and prescribes a threshold of more-likely-than-not for recognition of tax benefits of uncertain tax positions taken or expected to be taken in a tax return. The standard also provides related guidance on measurement, derecognition, classification, interest and penalties, and disclosure. The adoption of this standard did not have an impact on the Plan's financial statements.

Recent Accounting Pronouncement – In June 2009, the FASB issued the “*Accounting Standards Codification*” (the “Codification”) which was effective for the Plan as of September 15, 2009. The Codification became the single authoritative source for generally accepted accounting principles (“GAAP”). Accordingly, previous reference to GAAP accounting standards are no longer used by the Company in its disclosure including these notes to the financial statements.

NYPRO 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Effective December 31, 2009, the Plan adopted Accounting Standards Update No. 2009-12, “*Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)*” (“ASU 2009-12”). ASU 2009-12 provides amendments to ASC 820 and permits, as a practical expedient, a reporting entity to estimate the fair value of an investment that is within the scope of ASU 2009-12 using the net asset value (“NAV”) per share (or its equivalent) of the investment if the NAV is calculated in a manner consistent with the measurement principles of ASC 946 as of the reporting entity’s measurement date. ASU 2009-12 also requires disclosures regarding the attributes of investments within its scope, such as the nature of any restrictions on the investor’s ability to redeem its investments at the measurement date, any unfunded capital commitments, and the investment strategies of the investees.

In January 2010, the FASB issued ASU 2010-06, “*Improving Disclosures about Fair Value Measurements*”, which amends ASC 820 to require entities to separately present purchases, sales, issuances and settlements in their reconciliation of Level 3 fair value measurements (i.e., to present such items on a gross rather than on a net basis), and which clarifies existing disclosure requirements provided by ASC 820 regarding the level of disaggregation and the inputs and valuation techniques used to measure fair value for measurements that fall within Level 2 or Level 3 of the fair value hierarchy. ASU 2010-06 is effective for interim and annual periods beginning after December 15, 2009, except for the disclosures about purchases, sales, issuances, and settlements in the rollforward activity in Level 3 fair value measurements (which are effective for fiscal years beginning after December 15, 2010 and for interim periods within those fiscal years). The Plan is currently evaluating the impact of the adoption of ASU 2010-06.

NOTE 3 – INVESTMENTS

The following table presents investments that represent five percent or more of the Plan’s net assets at:

	<u>December 31, 2009</u>	
	<u>Shares</u>	<u>Value</u>
Fidelity Puritan Fund	297,733	\$ 4,781,587
Fidelity Growth Company Fund	222,530	\$ 15,350,134
Fidelity Managed Income Portfolio Fund	20,293,575	\$ 20,293,575
Fidelity Low-Priced Stock Fund	410,731	\$ 13,118,738
	<u>December 31, 2008</u>	
	<u>Shares</u>	<u>Value</u>
Fidelity Puritan Fund	346,521	\$ 4,525,558
Fidelity Growth Company Fund	229,939	\$ 11,257,822
Fidelity Managed Income Portfolio Fund	20,494,541	\$ 20,494,541
Fidelity Low-Priced Stock Fund	451,793	\$ 10,445,464

NYPRO 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 3 – INVESTMENTS (CONTINUED)

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value during the year ended December 31, 2009, as follows:

Mutual funds	\$ 14,761,294
Common stocks	<u>26,172</u>
	<u>\$ 14,787,466</u>

NOTE 4 – PLAN TERMINATIONS

Although it has not expressed any intent to do so, the employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 5 – TAX STATUS

The Plan received a determination letter from the IRS dated May 22, 2009, stating that the Plan is qualified under Internal Revenue Code ("IRC") Section 401(a), and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

NOTE 6 – RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' securities account balances and the amounts reported in the statements of net assets available for benefits.

NYPRO 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 7 – CERTIFICATION OF TRUSTEE

In accordance with Department of Labor Regulations, various information presented herein, was prepared from statements certified as being complete and accurate by the Plan's trustee. Except for the participant, rollover, and employer contributions receivable and the excess contribution refundable recognized in the statements of net assets available for benefits and the related impact on the statement of changes in net assets available for benefits, all information in the statements of net assets available for benefits, statement of changes in net assets available for benefits and the schedule of assets (held at end of year) was derived from statements certified by the Plan's trustee.

NOTE 8 – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative expenses paid by the Plan to Fidelity Management Trust Company were \$27,884 for the year ended December 31, 2009.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 89,506,777	\$ 74,050,725
Less - adjustment from fair value to contract value for fully benefit-responsive investment contract	(370,473)	(1,048,937)
Less - contributions receivable	(645,096)	(496,771)
Less - deemed distributions on participant loans	(21,581)	-
Add - excess contributions refundable	<u>364</u>	<u>-</u>
Net assets per the Form 5500	<u>\$ 88,469,991</u>	<u>\$ 72,505,017</u>

NYPRO 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of the total net increase per the financial statements to net income per the Form 5500 as of December 31, 2009:

Total additions per the financial statements	\$ 15,456,052
Less - contributions receivable at end of year	(645,096)
Add - contributions receivable at beginning of year	496,771
Less - adjustment from fair value to contract value for fully benefit-responsive investment contract at end of year	(370,473)
Add - adjustment from fair value to contract value for fully benefit-responsive investment contract at beginning of year	1,048,937
Add - excess contributions refundable	364
Less - deemed distributions on participant loans	<u>(21,581)</u>
Net income per the Form 5500	<u><u>\$ 15,964,974</u></u>

NOTE 10 – FAIR VALUE MEASUREMENTS

FASB *Accounting Standards Codification (ASC) 820, "Fair Value Measurements and Disclosures"*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

NYPRO 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 10 – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Participant notes receivable: Valued at amortized costs, which approximates fair value.

Common/collective trusts: Valued at fair value of the underlying investments.

Common stock: Valued at quoted market prices.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NYPRO 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 10 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2009			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Mid/large cap stock funds	\$ 50,098,120	\$ -	\$ -	\$ 50,098,120
Fixed income funds	6,019,407	-	-	6,019,407
International funds	4,660,848	-	-	4,660,848
Small cap stock funds	3,208,993	-	-	3,208,993
High yield fixed income funds	51,004	-	-	51,004
Emerging market currencies funds	65,353	-	-	65,353
Sector fund: technology	32,360	-	-	32,360
Common stocks	78,123	-	-	78,123
Common/collective trust	-	19,923,102	-	19,923,102
Participant notes receivable	-	-	4,077,159	4,077,159
Total investment at fair value	<u>\$ 64,214,208</u>	<u>\$ 19,923,102</u>	<u>\$ 4,077,159</u>	<u>\$ 88,214,469</u>
	2008			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Mid/large cap stock funds	\$ 38,372,836	\$ -	\$ -	\$ 38,372,836
Fixed income funds	4,872,821	-	-	4,872,821
International funds	3,554,826	-	-	3,554,826
Small cap stock funds	1,810,261	-	-	1,810,261
High yield fixed income funds	16,666	-	-	16,666
Emerging market currencies funds	44,870	-	-	44,870
Sector fund: technology	20,036	-	-	20,036
Common stocks	64,627	-	-	64,627
Common/collective trust	-	19,445,604	-	19,445,604
Participant notes receivable	-	-	4,090,375	4,090,375
Total investment at fair value	<u>\$ 48,756,943</u>	<u>\$ 19,445,604</u>	<u>\$ 4,090,375</u>	<u>\$ 72,292,922</u>

NYPRO 401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 10 – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 – Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	<u>Participant loans</u>
Balance, beginning of year	\$ 4,090,375
Realized gains (losses)	-
Unrealized gains (losses) relating to instruments still held at the reporting date	-
Purchases, sales, issuances and settlements, net	<u>(13,216)</u>
Balance, end of year	<u>\$ 4,077,159</u>

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statement of changes in net assets for benefits.

NOTE 11 – TRANSFER OF ASSETS

In April 2009, the Plan entered into an agreement to merge the assets of The Nypro Precision Assemblies, Inc. 401(k) Profit Sharing Plan into the Plan. On April 7, 2010, net assets of \$409,395 and participant loans receivable of \$92,955 were transferred from the merged plan into the Plan. Each employee who was a participant in the merged plan was eligible to participate in the Plan on the merger date.

In December 2008, the Plan entered into an agreement to merge the assets of The D-J, Inc. 401(k) into the Plan. On June 1, 2010, net assets of \$1,973,071 and participant loans receivable of \$37,358 were transferred from the merged plan into the Plan. Each employee who was a participant in the merged plan became a participant in the Plan on the merger date.

NOTE 12 – SUBSEQUENT EVENTS

The Company has evaluated subsequent events through July 6, 2010 to the date which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

NYPRO 401(k) SAVINGS PLAN

SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR

DECEMBER 31, 2009

PLAN NUMBER: 002 EIN: 04-2193872

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
		<u>Description of investment,</u> <u>including maturity date, rate of</u>		
<u>Identity of issue, borrower, lessor or similar</u>	<u>party</u>	<u>interest, collateral, par or</u> <u>maturity value</u>	<u>Cost</u>	<u>Current value</u>
* Fidelity Fund		Registered investment company	**	\$ 1,433,949
* Fidelity Puritan Fund		Registered investment company	**	\$ 4,781,587
* Fidelity Freedom Income Fund		Registered investment company	**	\$ 271,035
* Fidelity Freedom 2000 Fund		Registered investment company	**	\$ 115,515
* Fidelity Freedom 2005 Fund		Registered investment company	**	\$ 119,610
* Fidelity Freedom 2010 Fund		Registered investment company	**	\$ 906,057
* Fidelity Freedom 2015 Fund		Registered investment company	**	\$ 603,739
* Fidelity Freedom 2020 Fund		Registered investment company	**	\$ 2,495,898
* Fidelity Freedom 2025 Fund		Registered investment company	**	\$ 1,086,195
* Fidelity Freedom 2030 Fund		Registered investment company	**	\$ 2,123,225
* Fidelity Freedom 2035 Fund		Registered investment company	**	\$ 1,125,408
* Fidelity Freedom 2040 Fund		Registered investment company	**	\$ 689,190
* Fidelity Freedom 2045 Fund		Registered investment company	**	\$ 129,343
* Fidelity Freedom 2050 Fund		Registered investment company	**	\$ 65,656
* Fidelity Equity Income Fund		Registered investment company	**	\$ 3,155,586
* Fidelity Growth Company Fund		Registered investment company	**	\$ 15,350,134
* Fidelity Overseas Fund		Registered investment company	**	\$ 1,880,197
* Fidelity Low-Priced Stock Fund		Registered investment company	**	\$ 13,118,738
* Fidelity Managed Income Portfolio Fund		Common/collective trust	**	\$ 19,923,102
* Fidelity Institutional Short-Intermediate Government Fund		Registered investment company	**	\$ 2,375,946
* Fidelity Small Cap Stock Fund		Registered investment company	**	\$ 1,656,601
* Fidelity Diversified International Fund		Registered investment company	**	\$ 2,628,976
Vanguard Extended Market Index		Registered investment company	**	\$ 238,009
Vanguard Developed Market Index		Registered investment company	**	\$ 151,676
Vanguard 500 Index		Registered investment company	**	\$ 392,892
Royce Low Priced Stock Fund		Registered investment company	**	\$ 1,552,392
H & W Mid Cap Value Fund		Registered investment company	**	\$ 1,189,176
Pimco Total Return Inst		Registered investment company	**	\$ 2,745,915
Perkins Mid Cap Value		Registered investment company	**	\$ 746,255
Munder Mid-Cap Core Growth Y		Registered investment company	**	\$ 347,477

NYPRO 401(k) SAVINGS PLAN

SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR (CONTINUED)

DECEMBER 31, 2009

PLAN NUMBER: 002 EIN: 04-2193872

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)

(a)	(b)	(c) <u>Description of investment, including maturity date, rate of interest, collateral, par or maturity value</u>	(d) <u>Cost</u>	(e) <u>Current value</u>
<u>Identity of issue, borrower, lessor or similar party</u>				
Fidelity Brokerage Link				
Mutual Funds				
Oppenheimer International Bond Class A	Registered investment company	**	\$	76,144
T Rowe Price Short Term Bond	Registered investment company	**	\$	116,930
Vanguard Long-Term Bond Index Port	Registered investment company	**	\$	56,856
Vanguard Inflation Protected Secs	Registered investment company	**	\$	132,166
Vanguard Convertible Securities	Registered investment company	**	\$	13,028
Pimco Developing Local Markets Class A	Registered investment company	**	\$	65,353
Common stocks				
Abaxis Inc.	87.000 shares	**	\$	2,223
Alliance Data Systems Corp	20.000 shares	**	\$	1,292
Arete Inds Inc	7500.000 shares	**	\$	53
Ballistic Recovery Systems Inc.	225.000 shares	**	\$	90
Cardiac Science Corp	52.000 shares	**	\$	116
Cell Therapeutics Inc Com	1.000 share	**	\$	1
Constitution MNG Corp Com	300.000 shares	**	\$	456
Cord Blood Amer Inc	4900.000 shares	**	\$	59
Corning Inc	100.000 shares	**	\$	1,931
Discovery Lab Inc	300.000 shares	**	\$	189
Emcore Corp	200.000 shares	**	\$	214
F5 Networks Inc	102.000 shares	**	\$	5,403
Finisar Corp Com	187.000 shares	**	\$	1,668

NYPRO 401(k) SAVINGS PLAN

SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR (CONTINUED)

DECEMBER 31, 2009

PLAN NUMBER: 002 EIN: 04-2193872

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)

(a)	(b)	(c) <u>Description of investment, including maturity date, rate of interest, collateral, par or maturity value</u>	(d) <u>Cost</u>	(e) <u>Current value</u>
	<u>Identity of issue, borrower, lessor or similar party</u>			
	Fidelity brokerage link (continued)			
	Common stocks (continued)			
	Freeport McMoran Copper & Gold	30.000 shares	** \$	2,409
	Garmin Ltd	49.000 shares	** \$	1,504
	Harley Davidson Inc.	75.000 shares	** \$	1,890
	Human Genomesciences, Inc.	30.000 shares	** \$	917
	IBIS Technology Corp	250.000 shares	** \$	2
	Itronics Inc.	40000.000 shares	** \$	120
	JA Solar Holdings Co Ltd Sponsored ADR	450.000 shares	** \$	2,565
	Nokia Corp	154.021 shares	** \$	1,979
	Palm Inc.	455.982 shares	** \$	4,574
	Peabody Energy Corp	200.000 shares	** \$	9,042
	Powerwave Tec Inc	9750.000 shares	** \$	12,285
	Sirius Satellite Radio Inc.	200.000 shares	** \$	120
	Smith A O Corp	65.000 shares	** \$	2,820
	Suntech Power Holdings Co Ltd	150.000 shares	** \$	2,495
	TMM Inc.	3000.000 shares	** \$	39
	Trina Solar Ltd	150.000 shares	** \$	8,096
	Walter Inds Inc	165.000 shares	** \$	12,426
	Worldwide Strategies Inc Com	28.000 shares	** \$	8
	Yamana Gold Inc	100.000 shares	** \$	1,138
	Fidelity Fund			
*	Fidelity Capital & Income	1710.542 shares	** \$	14,745
*	Fidelity Investment Grade	16459.167 shares	** \$	115,873
*	Fidelity High Income	4286.007 shares	** \$	36,260
*	Fidelity Select Software & Computer	426.289 shares	** \$	32,360
	Cash and cash equivalents			
*	Fidelity cash reserves			\$ 277,039
	Cash			\$ 64
*	Participant notes receivable	4.25% - 9.25% maturing through September 2018	\$ -	\$ 4,055,578

* Represents party-in-interest to the Plan

** Cost omitted for participant directed investments