Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NYPRO INC. DEFINED CONTRIBUTION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 09/24/1998

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

NYPRO INC

101 UNION ST
CLINTON, MA 01510-2908

2b Employer Identification Number (EIN)
04-2193872

2c Sponsor's telephone number
978-365-9721

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.	10/15/2014	MICHELLE PRINCIPATO
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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

5	Total number of participants at the beginning of the plan year	**5**	1860
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**	198
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	222
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	222
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	220
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2I 2P 2T 3D 3H 2E

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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)	[X]	**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)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
NYPRO INC. DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 003

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)

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).. . . . . [X] 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 INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

K&L GATES

25-0921018

(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?
29	LEGAL/ATTORNEY	788845	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET BANK

04-1867445

(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?
31	INDEPENDENT FIDUCIARY	325000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DUFF & PHELPS

36-4090666

(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?
34	VALUATION SERVICES	295798	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

ELLEN PHILLIPS ASSOCIATES

13-3311034

(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?
13	CONTRACT ADMINISTRATOR	84805	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL FINANCIAL GROUP

42-0127290

(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?
13	CONTRACT ADMINISTRATOR	50129	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

O'NEILL BORGES

66-0359228

(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?
29	LEGAL/ATTORNEY	24453	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

ROPES & GRAY

04-2233412

(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?
29	LEGAL/ATTORNEY	9473	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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?
37 64 65	RECORDKEEPER	4246	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
(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.	

(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:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
NYPRO INC. DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NYPRO INC

D Employer Identification Number (EIN)
04-2193872

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MIP II CL 1

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-025	C	531752

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 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 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 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 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 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 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 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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
NYPRO INC. DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 003

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

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	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6261914	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	36022	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11868	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	965185
(9) Value of interest in common/collective trusts	1c(9)	0	531752
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	20100406
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	250768251	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	257078055	21597343
Liabilities			
g Benefit claims payable	1g	31843	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	22003485	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	22035328	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	235042727	21597343

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	127500	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	575	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		128075
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	526	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	5028	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5554
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	18011	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	599223	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		617234
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	307665018	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	250768250	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		56896768
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8828
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		717154
c Other income	2c		19277127
d Total income. Add all **income** amounts in column (b) and enter total	2d		77650740
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5167933	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5167933
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	1586811	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1586811
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6754744
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		70895996
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		284341380

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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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.)	4a		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.)	4b		X	

			Yes	No	Amount
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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	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.	4n	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)
NYPRO - ALABAMA - GROUP 04	04-2193872	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
NYPRO INC. DEFINED CONTRIBUTION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
NYPRO INC

D Employer Identification Number (EIN)
04-2193872

Part I Distributions

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**

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): 04-6568107

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 of 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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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

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. 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**

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

NYPRO INC. DEFINED CONTRIBUTION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
WITH
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2013

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 INC. DEFINED CONTRIBUTION PLAN

INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2013

INDEPENDENT AUDITORS' REPORT 1

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS..... 4

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS..... 5

NOTES TO FINANCIAL STATEMENTS..... 6

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) 20

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS..... 21

Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator
Nypro Inc. Defined Contribution Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Nypro Inc. Defined Contribution Plan**, which comprise the statement of net assets available for benefits as of December 31, 2013, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion for the statement of net assets available for benefits as of December 31, 2013 and the related statement of changes in net assets available for benefits for the period July 8, 2013 through December 31, 2013, and the related notes to the financial statements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the statements of changes in net assets available for benefits for the period January 1, 2013 through July 7, 2013.

Basis for Disclaimer of Opinion on the 2013 Financial Statements

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 the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from July 8, 2013 to December 31, 2013. The Plan Administrator has obtained certification from the Fidelity Management Trust Company as of December 31, 2013 and for the period July 8, 2013 to December 31, 2013, that the information provided to the Plan Administrator by the Fidelity Management Trust Company is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2013 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the statement of net assets available for benefits as of December 31, 2013 and the related statements of changes in net assets available for benefits for the period July 8, 2013 through December 31, 2013, and the related notes to the financial statements.

Opinion

In our opinion, the statement of changes in net assets available for benefits of **Nypro Inc. Defined Contribution Plan** for the period January 1, 2013 through July 7, 2013 and are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

Other Matters – Report on Supplemental Schedules and Report on 2012 Financial Statements

The supplemental schedules of assets held (at end of year) and reportable transactions are required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2013 Financial Statements paragraph, we do not express an opinion on the supplemental schedules referred to above.

We have audited the accompanying statement of net assets available for benefits of **Nypro Inc. Defined Contribution Plan**, as of December 31, 2012, and in our report dated October 9, 2013, we expressed our opinion that such financial statement presents fairly, in all material respects, the net assets available for benefits of the **Nypro Inc. Defined Contribution Plan** as of December 31, 2012, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2013 Financial Statements

The form and content of the information included in the 2013 financial statements and supplemental schedules, 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

GRAY, GRAY & GRAY, LLP

Canton, MA
October 15, 2014

NYPRO INC. DEFINED CONTRIBUTION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2013 AND 2012

	2013	2012		
		Allocated	Unallocated	Total
ASSETS				
Investments, fair value:				
Investments in mutual funds	$ 20,100,406	$ -	$ -	$ -
Investment in common/collective trust	531,752	-	-	-
Cash and cash equivalents	-	11,868	-	11,868
Nypro Inc. common stock (62,334 allocated and 52,985 unallocated shares at December 31, 2012)	-	135,316,592	115,019,737	250,336,329
Nypro Inc. preferred stock (86,384 allocated shares at December 31, 2012	-	431,921	-	431,921
Total investments	20,632,158	135,760,381	115,019,737	250,780,118
Receivables:				
Escrows receivable, net of reserve of $33,251,676 and $0 at December 31, 2013 and 2012, respectively	-	-	-	-
Notes receivable from participants	965,185	-	-	-
Contribution receivable	-	3,535,556	2,726,358	6,261,914
Interest and dividends receivable	-	36,022	-	36,022
Total receivables	965,185	3,571,578	2,726,358	6,297,936
LIABILITIES				
Distribution payable	-	31,842	-	31,842
Note payable to Nypro Inc.	-	-	22,003,485	22,003,485
TOTAL LIABILITIES	-	31,842	22,003,485	22,035,327
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	21,597,343	139,300,117	95,742,610	235,042,727
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(7,485)	-	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 21,589,858	$ 139,300,117	$ 95,742,610	$ 235,042,727

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

NYPRO INC. DEFINED CONTRIBUTION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2013

ADDITIONS	
Additions to net assets attributed to:	
Investment income	
Interest and dividends	$ 619,103
Net appreciation in fair value of investments	57,613,921
Total investment income	58,233,024
Interest earned on notes receivable from participants	5,028
Contributions:	
Employer contributions	127,500
Other	575
Total contributions	128,075
Other income:	
Forgiveness of note payable to Nypro Inc., net of reduction in contribution receivable from Nypro Inc.	19,277,127
Total additions	77,643,254
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	5,167,933
Administrative expenses	1,586,810
Total deductions	6,754,743
NET INCREASE	70,888,511
TRANSFER OF PLAN ASSETS TO NYPRO 401(k) SAVINGS PLAN	(284,341,380)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	235,042,727
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 21,589,858

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

NYPRO INC. DEFINED CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013

NOTE 1 – DESCRIPTION OF THE PLAN

The Nypro Inc. Defined Contribution Plan (the "DC Plan") formerly known as the Nypro Inc. Employee Stock Ownership Plan (the "ESOP") is a non-contributory defined-contribution plan covering the employees of Nypro Inc. (the "Company"). The ESOP was amended and restated on July 1, 2013 to become the DC Plan. The DC Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").The ESOP was established by the Company effective as of September 24, 1998.

Acquisition, Plan Amendment and Restatement – On July 1, 2013 Jabil Circuit, Inc. ("Jabil") acquired all of the Company's common stock, series A preferred stock and series B preferred stock.

In conjunction with this acquisition the Board of Directors of the Company voted in favor of the following:

- To freeze the ESOP effective March 31, 2013 preventing new employees from joining the ESOP.
- To forgive the balance of the note payable to Nypro Inc. of $22,003,485 upon consummation of the acquisition.
- To reduce the contribution receivable payment due to the ESOP in 2013 to $127,500 and to forgive the payments due to the ESOP in 2014 to 2019 resulting in a total reduction of the contribution receivable by $2,726,358 upon consummation of the acquisition.

As a result of the acquisition by Jabil, the following transactions occurred in the ESOP:

- The participants in the ESOP were allocated 100% of the remaining unallocated common stock shares, which totaled 52,984.7096 shares. These shares were allocated based on eligible payroll for the period April 1, 2012 to March 31, 2013.
- The ESOP received cash totaling $307,682,968 for the sale of the ESOP's common stock, at $2,924.98 per share less $260.79 per share held in escrow (See Note 1, Page 10), Series A preferred stock at $5.00 per share and accrued dividends on the Series A preferred stock at $0.2085 per share.
- The ESOP was amended and restated on July 1, 2013 to become the DC Plan and the funds were transferred to the new custodian on July 8, 2013.
- For participants who were also eligible to participate in the Company's 401(k) plan, their proceeds, totaling $284,341,380, were transferred into the Company's 401(k) plan in September, 2013.
- Participants were able to take a one-time in-service withdrawal of up to 20% of their balance in the plan. This distribution was to be made prior to December 31, 2013.

Eligibility – All employees who were participants in the ESOP on March 31, 2013 and who were not eligible to transfer funds into the Nypro 401(k) Plan during the ESOP liquidation are allowed to participate in the DC Plan.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Employer Contributions – Under the ESOP, the Company had established a trust to receive and retain contributions under the ESOP. Each participant had an account maintained in his or her name in the ESOP trust. On December 31st of each year in which payments were made on the Company's loan to the ESOP, shares of common stock that had been removed from the Plan suspense account were allocated to the accounts of participants who were employed as of the last business day of that calendar year and who had completed at least one year of service and at least 1,000 hours of service with the Company in that year. Shares were allocated to participant accounts according to a fraction, the numerator of which was the participants' compensation, as defined, for the plan year, and the denominator of which was the total compensation paid to all eligible participants for the plan year.

Prior to the merger with Jabil, the Company was obligated to make contributions in cash to the ESOP, which equaled the amount necessary to enable the ESOP to make its regularly scheduled payments of principal and interest due on its term loan. In addition, the Company had guaranteed minimum allocations for plan participants for the years 2012 through 2026 as follows:

Year Ended	Percentage of Aggregate Compensation
December 31, 2012	10%
December 31, 2013 - December 31, 2025	8%

Guaranteed minimum allocations were reduced proportionately in any year in which the Company's employee population increased by 10% or more. For the plan years December 31, 2011 through December 31, 2013, any participant who had reached 61 years of age before December 31, 2011 received an allocation, in addition to the minimum required allocation, in the amount of 2% of the participant's compensation. Also for those plan years, a participant who was employed on January 1, 2011 and who died or became disabled between January 1, 2012 and December 31, 2013 received for each full plan year after January 1, 2011 prior to the year of death or disability a special allocation of stock released from the suspense account equal to the number of shares of stock that the participant would have received in accordance with the loan repayment schedule in place prior to the December 2011 refinancing of the ESOP loan.

In 2003, the Company committed to make an additional contribution of Nypro Inc. stock to the ESOP with a value equal to $2,500,000 during the five-year period after maturity of the ESOP loan (i.e., by the end of 2024). In 2011, in conjunction with the refinancing of the ESOP loan, the Company elected to accelerate the allocation of the $2,500,000 commitment with equal installments of $277,778 to be allocated to participants' from 2011 through 2019. In addition, the Company committed an additional $1,500,000 contribution for plan years 2011 and 2012 and an additional $1,000,000 for plan year 2013 for a total commitment of $6,500,000. The ESOP had discounted the unallocated contribution using the note payable interest rate and accreted the interest annually. However, in conjunction with the acquisition, this note was written off as part of the ESOP liquidation.

Interest accretion $117,133 had been recorded as employer contributions for the plan year ended December 31, 2012.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Participant Contributions – Participants are not permitted to make contributions to the DC Plan.

Vesting – Participants in the DC Plan are 100% vested in their account balance.

Participant Accounts – The ESOP was a defined-contribution plan under which a separate individual account was established for each participant. Each participant's account was credited as of the last day of each plan year with an allocation of shares of the Company's common stock released by the trustee from the unallocated account and forfeitures of terminated participants' non-vested accounts. Only those participants who were eligible employees of the Company as of the last day of the plan year received an allocation. Allocations were based on a participant's eligible compensation, relative to total eligible compensation.

The ESOP had 115,319 shares of common stock, of which 62,334 shares had been allocated as of December 31, 2012. These shares were valued at $2,170.81 per share as of December 31, 2012.

The ESOP held 86,384 shares at December 31, 2012, of Class A Preferred Stock that were contributed to the ESOP by the Company when the ESOP was established. All of this preferred stock was initially allocated to participants who were employed by the Company for more than one year and employed as of the last business day of 1998, and who completed 1,000 hours of service during calendar year 1998. These shares were valued at $5.00 per share. In addition, the preferred stock paid an annual dividend of 8 1/3%.

Under the DC Plan Each participant's account is credited with the earnings (losses) thereon. Allocations of earnings (losses) are based on account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Distributions, Termination of Employment, Diversification, Withdrawals, and Forfeitures – Under the ESOP**,** a distribution to a participant or beneficiary from the ESOP was made in stock. Distributions were made semi-annually, in the second (November) and fourth (May) quarters of the Company's fiscal year. The Company's fiscal year ended on the Saturday closest to June 30. Participants who requested distributions in the Fall open window period (designated window in September/October) sold the shares received in their distributions using the stock's most recent appraised value for the Company's fiscal year just ended. Participants who requested distributions in the Spring window period (designated window in March/April) sold the shares received in their distributions using the stock's most recent appraised value for the Company on the Saturday closest to December 31.

If a participant left the Company, his or her ESOP account became distributable in a single payment if the common share value was below $30,000, or if the participant has reached retirement age 65, had been declared social security disabled, or has died; otherwise, the Company purchased the shares and gave the employee a note, which was paid in five equal installments beginning immediately after purchase. If the employee's account was greater than $1,000, the participant could have elected to postpone distributions until age 65 or receive payments as if he or she were retired.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

The ESOP allowed for a diversification option in conjunction with the 2003 note payable refinancing for Plan participants such that qualifying participants (defined as participants with a minimum of 10 years of service with the Company who were at least 50 years of age) would be entitled to redeem ESOP Common Stock and transfer a set percentage of such Plan holdings to the Company's 401(k) Plan (except for the Puerto Rican participants who could elect to receive cash). The diversification eligibility schedule was amended as part of the 2011 refinancing (see Note 6) and was as follows:

Age of Qualified Participant	Percent Eligible for Diversification
50	5.0%
51	10.0%
52	15.0%
53	20.0%
54	25.0%

For the years ended December 31, 2013 and 2012, diversification elections made by participants totaled $0 and $3,074,462.

Under the ESOP, Participants could not make in-service withdrawals or borrow from their Plan account for any reason other than the diversification option noted above.

If a participant left the Company and was not vested, all allocated shares are forfeited. Forfeitures were used by the Plan to cover administrative expenses of the Plan. Any remaining forfeitures were redistributed to Plan participants based on the ratio that a participant's qualified compensation bore to the total value of all participants' qualified compensation. The balance of forfeited non-vested accounts totaled $45,333 and 46 shares of common stock at December 31, 2012. Forfeitures used to offset Plan expenses totaled 106 shares for the year ended December 31, 2012. In addition, 275 forfeited shares were allocated to participants during 2012.

Under the DC Plan, on termination of service due to death, disability, retirement, or other reasons, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. The Plan allows for a distribution without the participant's consent if a participant's vested account balance is less than $1,000.

During 2013, as part of the ESOP liquidation, participants were also able to elect a one-time in-service withdrawal of up to 20% of their ESOP account balance held in the DC Plan. Participants had up until December 31, 2013 to make this election.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Notes Receivable from Participants – Participants may borrow from their fund accounts in the DC Plan at a minimum of $1,000 up to a maximum of $50,000 or 50% of their account balances, whichever is less. Loans are secured by the balances in the participants' accounts and bear interest at rates based on the prevailing interest rates charged by persons in the business of lending money for loans that would be made under similar circumstances which currently was 4.25% at December 31, 2013 principal and interest are paid ratably usually through payroll deductions.

Escrows – As part of the purchase of the Company by Jabil, amounts were held in escrow for post-closing transaction costs. After all costs have been accounted for, the remaining amount is to be credited to participants of the ESOP. At the time of the transaction, approximately $29,686,000 was held in escrow related to the ESOP shares ($260.79 per share) and remains in escrow at December 31, 2013. Due to various working capital adjustment claims made by Jabil, management anticipates that the escrow account will be fully utilized to settle post-closing transactions. As a result the entire amount has been reserved for at December 31, 2013 and the gain on sale on the ESOP's stock included in net appreciation in fair value of investments, was reduced by this amount.

Voting Rights – The trustee had the right to vote all unallocated shares at his discretion. The trustee also had the right to vote both common and preferred shares, credited to individual accounts, at his discretion, except in issues concerning corporate merger, consolidation, recapitalization, reclassification, liquidation, and dissolution. As a result of the acquisition of Nypro Inc. by Jabil, participants in the ESOP were given one vote each, regardless of the number of shares previously allocated to their account, to accept the acquisition and subsequently release all remaining unallocated shares to their respective accounts.

With respect to allocated shares, each participant received one vote regardless of the number of shares allocated to the participant's account.

Plan Termination – Although it has not expressed any intent to do so, the Company has the right under the DC Plan to terminate the Plan subject to the provisions of ERISA.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

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.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents – The Plan considered all short-term certificates of deposit with a maturity of three months or less to be cash equivalents.

The Company maintained cash in amounts which at times may exceed the federally insured limits. At December 31, 2012, all funds in non-interest bearing accounts were temporarily insured in full by the FDIC. Beginning January 1, 2013, the insurance limit is $250,000.

Valuation of Investments – The fair value of the Company's common and preferred stock was based on an annual independent appraisal as of the end of the second quarter of each fiscal year of Nypro Inc. (the Saturday closest to December 31, which is consistent with the Plan's year end). The valuation at the time of the ESOP stock liquidation was based on the price that Jabil paid to acquire the Company.

The mutual funds and common collective trust 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. 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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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.

Payment of Benefits – Benefits are recorded when paid.

Participant Notes Receivable – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual bases. Related fees are recorded as administrative expenses and are expense when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013. If a participant ceased to make loan payments and the plan administrator deemed the participant loan to be in default, the participant loan balance (including unpaid interest) will be treated as a taxable deemed distribution to the participant and the loan will continue to accrue interest to be paid by the participant unless the participant is otherwise eligible to receive a distribution from the Plan. If the participant is otherwise eligible to receive a distribution from the Plan at the time of the loan default, the participant loan balance would be reduced and a benefit payment was recorded.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Risks and Uncertainties – The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Operating Expenses – The Company pays certain professional fees related to the DC Plan and ESOP. All other expenses incurred in the administration of the DC Plan and ESOP are charged to and paid by the Plan. During 2013, the ESOP incurred $1,582,564 in expenses related to the merger with Jabil and restatement of the Plan.

Uncertain Tax Positions – Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2010. The 2011 plan year was audited by the IRS however the IRS did not propose any adjustments to the Plan's tax position upon completion of the audit.

NOTE 3 – INCOME TAX STATUS

The Plan received a determination letter from the Internal Revenue Service (IRS) dated May 2, 2014, in which the Internal Revenue Service (IRS) confirmed that the Plan wording, as written as of December 31, 2012, included all necessary wording to satisfy the requirements of the Internal Revenue Code (IRC) for the Plan to be qualified and the related trust to be exempt from taxation. Although the Plan has been restated since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt

NOTE 4 – INVESTMENTS

The fair value of the investments that represent 5% or more of the Plan's net assets as of December 31 are as follows:

	2013	
	Shares	Value
Fidelity Advisor Freedom 2025 Fund	378,825	$ 5,045,948
Fidelity Advisor Freedom 2030 Fund	277,658	$ 4,525,814
Fidelity Advisor Freedom 2015 Fund	211,193	$ 2,692,708
Fidelity Advisor Freedom 2035 Fund	183,573	$ 2,474,561
Fidelity Advisor Freedom 2040 Fund	109,735	$ 1,712,961
Fidelity Advisor Freedom 2020 Fund	164,453	$ 1,565,591

	2012	
	Shares	Value
Nypro Inc. Common Stock	115,320	$ 250,336,329

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Common stock	$ 56,896,767
Mutual funds	717,154
	$ 57,613,921

NOTE 5 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (ASC) 820, Fair Value Measurement and Disclosures, provides the framework for measuring fair value. The 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.

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

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, 2013 and 2012.

Nypro Inc. common and preferred stock: The fair value of the Nypro Inc. common and preferred stocks held by the Plan is valued at estimated fair value based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables, and estimated fair value of company assets and liabilities.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trust: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

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.

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

	2013			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Mid/Large Cap Stock Funds	$ 20,100,406	$ -	$ -	$ 20,100,406
Common/Collective Trust	-	531,752	-	531,752
Total investments at fair value	$ 20,100,406	$ 531,752	$ -	$ 20,632,158

	2012			
	Level 1	Level 2	Level 3	Total
Nypro Inc. Common Stock	$ -	$ -	$ 250,336,329	$ 250,336,329
Nypro Inc. Preferred Stock	-	-	431,921	431,921
Total investments at fair value	$ -	$ -	$ 250,768,250	$ 250,768,250

NOTE 5 – 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, 2013.

	Nypro Inc. Common Stock	Nypro Inc. Preferred Stock
Balance, beginning of year	$ 250,336,329	$ 431,921
Realized gain (losses)	56,896,767	-
Unrealized gain (losses) relating to instruments still held at at the reporting date	-	-
Purchases	-	-
Sales	(307,233,096)	(431,921)
Diversification		
Administrative expenses	-	-
Benefit payments	-	-
Balance, end of year	$ -	$ -
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ -	$ -

Fair Value of Investments in Entities that Use NAV – The Plan invests in the Fidelity Managed Income Portfolio II, which is a common/collective Trust. The primary investment objective of the Managed Income Portfolio II is strives to preserve principal while also earning a level of interest income that is consistent with the preservation of principal. The Portfolio seeks to sustain a stable net asset value of $1 per share despite the lack of assurance that it will be able to do so. The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2013:

	2013				
Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Fidelity Managed Income Portfolio II	$ 531,752	None	Daily	None	30 Days

NOTE 6 – NOTE PAYABLE TO NYPRO INC.

In 1998, the Company issued $50,000,000 of its senior notes to certain institutional investors pursuant to separate, identical note purchase agreements. The proceeds from the issuance were subsequently lent to the Plan in a separate agreement (the "ESOP Loan") to enable it to purchase 168,062 shares of common stock from Gordon Lankton, the former Trustee of the Plan, and other Company owners. The only asset of the Plan that may be given as collateral is the unallocated common stock acquired with the proceeds of the ESOP Loan. On May 30, 2003, an agreement was reached between the Plan and the Company to refinance the ESOP Loan and to provide for certain amendments to the Plan effective January 1, 2003. On December 19, 2011 an agreement was reached with the Plan and the Company to once again refinance the ESOP Loan and to provide for certain amendments to the Plan effective on the date of the agreement.

In 2013, as part of the Jabil acquisition of Nypro and the subsequent liquidation of the ESOP, the remaining balance of the note payable to Nypro, Inc. of $22,003,485 was forgiven.

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. The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2013
Investments:	
Mutual funds	$ 20,100,406
Common/collective trust	$ 524,267
Receivables:	
Notes receivable from participants	$ 965,185
Investment income:	
Net appreciation in fair value of investments	$ 717,154
Interest and dividends	$ 600,566
Interest earned on notes receivable from participants	$ 5,028
Benefits paid to participants	$ 5,167,933
Transfer of assets to Nypro, Inc. 401(k) Plan	$ 25,439,289
Administrative expenses	$ 4,246

NOTE 8 – RELATED PARTY TRANSACTIONS

The ESOP invested in Company common and preferred stock and had indebtedness guaranteed by the Company. Also during the year, the Plan paid administrative expenses of $4,246 to Fidelity Management Trust Company. Fidelity Management Trust Company serves as the trustee to the DC Plan. These are related parties and party in interest transactions under ERISA.

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 Form 5500 for the years ended December 31:

	2013	2012
Net assets available for benefits per the financial statements	$ 21,589,858	$ 235,042,727
Adjustment from fair value to contract value for fully benefit-responsive investment contract	7,485	-
Net assets available for benefits per the form 5500	$ 21,597,343	$ 235,042,727

The following is a reconciliation of total additions per the financial statements to the Form 5500 for the year ended December 31, 2013:

Total additions per the financial statements	$ 77,643,254
Add - adjustment from fair value to contract value for fully benefit-responsive investment contract	7,485
	$ 77,650,739

NOTE 10 – SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2013, the date of the most recent statement of financial position, have been evaluated for possible adjustment to the financial statements or disclosure is October 15, 2014, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

NYPRO INC. DEFINED CONTRIBUTION PLAN

SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR

DECEMBER 31, 2013

PLAN NO: 003 EIN: 04-2193872

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Fidelity	Advisor Freedom 2025 Fund	**	$ 5,045,948
*	Fidelity	Advisor Freedom 2030 Fund	**	$ 4,525,814
*	Fidelity	Advisor Freedom 2015 Fund	**	$ 2,692,708
*	Fidelity	Advisor Freedom 2035 Fund	**	$ 2,474,561
*	Fidelity	Advisor Freedom 2020 Fund	**	$ 1,712,961
*	Fidelity	Advisor Freedom 2040 Fund	**	$ 1,565,591
*	Fidelity	Advisor Freedom 2005 Fund	**	$ 865,041
*	Fidelity	Advisor Freedom 2045 Fund	**	$ 833,911
*	Fidelity	Managed Income Portfolio II	**	$ 524,267
*	Fidelity	Advisor Freedom 2050 Fund	**	$ 243,947
*	Fidelity	Advisor Freedom 2000 Fund	**	$ 83,268
*	Fidelity	Advisor Freedom 2055 Fund	**	$ 56,656
*	Notes receivable from participants	Interest at 4.25%	$ -	$ 965,185

* Party-in-interest

** The cost of participant directed investments is not required to be disclosed.

NYPRO INC. DEFINED CONTRIBUTION PLAN

SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR

DECEMBER 31, 2013

PLAN NO: 003 EIN: 04-2193872

Schedule H, Line 4(j) – Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of assets	(h) Current value of assets on transaction date	(i) Net gain (loss)
Category (iii) - A series of transactions in excess of 5% of the value of Plan net assets at the beginning of the year								
Nypro Inc.	Common stock	$ -	$ 307,233,098	$ -	$ 1,582,564	$ 34,305,650	$ 307,233,098	$ 272,927,448