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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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
FIREWORKS BY GRUCCI INC PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1986

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

FIREWORKS BY GRUCCI INC

1 GRUCCI LANE
BROOKHAVEN, NY 11719-0000

2b Employer Identification Number (EIN) 11-2754337

2c Sponsor's telephone number 631-286-0088

2d Business code (see instructions) 339900

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.	10/12/2012	PENSION FILERS
	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")
FIREWORKS BY GRUCCI INC

1 GRUCCI LANE
BROOKHAVEN, NY 11719-0000

3b Administrator's EIN
11-2754337

3c Administrator's telephone number
631-286-0088

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**	176
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**	140
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	149
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f	Total. Add lines **6d** and **6e**	**6f**	152
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	149
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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 Characteristic Codes in the instructions:
2A 2E 2H 2J 3D

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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
FIREWORKS BY GRUCCI INC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-2754337

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	587-80014	36	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
142	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AMERICAN PORTFOLIOS FINANCIAL
4250 VETERANS MEMORIAL HWY
SUITE 420E
HOLBROOK, NY 11741

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
142			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	36989
5	Current value of plan's interest under this contract in separate accounts at year end	5	525808

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	21960
c	Additions: (1) Contributions deposited during the year	7c(1)	14677		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	240		
	(4) Transferred from separate account	7c(4)	592		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	15509
d	Total of balance and additions (add **b** and **c(6)**).			7d	37469
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	30		
	(3) Transferred to separate account	7e(3)	450		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	480
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	36989

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
FIREWORKS BY GRUCCI INC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-2754337

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).. . . . . ☐ 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

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(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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	NONE	6680	Yes [X] No [ ]	Yes [X] No [ ]	2893	Yes [ ] No [X]

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

ASSOCIATED PENSION CONSULTANTS

1000 FORTRESS STREET
SUITE 800
CHICO, CA 95973-9512

94-2456320

(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?
10	NONE	22248	Yes [X] No [ ]	Yes [X] No [ ]	268	Yes [ ] No [X]

(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 [ ]

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)

(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
(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

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(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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
FIREWORKS BY GRUCCI INC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-2754337

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: DREY NATRL RSRC A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE 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)
31-4156830-000	P	5648

a Name of MTIA, CCT, PSA, or 103-12 IE: VANECK GLBL HRD ASST A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE 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)
31-4156830-000	P	5

a Name of MTIA, CCT, PSA, or 103-12 IE: OKMARK INTL II

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE 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)
31-4156830-000	P	99228

a Name of MTIA, CCT, PSA, or 103-12 IE: OPP DEVL MKT A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE 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)
31-4156830-000	P	5

a Name of MTIA, CCT, PSA, or 103-12 IE: NW SMCAP INX A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE 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)
31-4156830-000	P	1773

a Name of MTIA, CCT, PSA, or 103-12 IE: NW US SMCAP VAL A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE 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)
31-4156830-000	P	285

a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT VAL A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE 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)
31-4156830-000	P	5392

a Name of MTIA, CCT, PSA, or 103-12 IE: DREY STRAT VAL A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7028

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDADV EQ INC A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4087

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDADV GR INC A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 273

a Name of MTIA, CCT, PSA, or 103-12 IE: NE DEST 2010 R2

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18253

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2015 R2

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20781

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2020 R2

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2109

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2025 R2

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1583

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2030 R2

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40258

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2035 R2

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168717

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2040 R2

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1476

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2045 R2

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2063

a Name of MTIA, CCT, PSA, or 103-12 IE: NW DEST 2050 R2

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1939

a Name of MTIA, CCT, PSA, or 103-12 IE: NW RTRMT INC R2

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37257

a Name of MTIA, CCT, PSA, or 103-12 IE: GDMNSCS HI YLD A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4924

a Name of MTIA, CCT, PSA, or 103-12 IE: LRDABT SHRT DUR INC A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100

a Name of MTIA, CCT, PSA, or 103-12 IE: NW BD INDX A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54207

a Name of MTIA, CCT, PSA, or 103-12 IE: NW ENHCD INC A

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3011

a Name of MTIA, CCT, PSA, or 103-12 IE: NW MNY MKT PRM

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN 31-4156830-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45406

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
FIREWORKS BY GRUCCI INC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-2754337

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	2047	1069
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	300000	300000
(2) Participant contributions	1b(2)	3503	2106
(3) Other	1b(3)	20	1285
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	145215	141473
(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)	690107	543043
(B) Common	1c(4)(B)	574559	744543
(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)	36551	70571
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	533977	525808
(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)	221201	452652
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	21960	36989
(15) Other	1c(15)	241853	241037

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	2770993	3060576
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3692	525
k Total liabilities (add all amounts in lines 1g through1j)	1k	3692	525
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2767301	3060051

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)	300000	
(B) Participants	2a(1)(B)	89881	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		389881
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	31787	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3175	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		34963
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	34512	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		34512
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	462266	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	497364	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-35098

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3519	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3519
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-28836
(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)		
c Other income	2c		-3489
d Total income. Add all **income** amounts in column (b) and enter total	2d		395452
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	78723	
(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)		78723
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	22248	
(2) Contract administrator fees	2i(2)	790	
(3) Investment advisory and management fees	2i(3)	941	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23979
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		102702
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		292750
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) [X] 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 [X] No

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

(1) Name: SCHOENFELD MENDELSOHN GOLDFARB LLP (2) EIN: 13-6260592

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.)	**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	
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		280000
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**			

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
FIREWORKS BY GRUCCI INC PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
11-2754337

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** 0

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): 11-6408560 31-4156830

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 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):

FIREWORKS BY GRUCCI, INC.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2011

SMG
Schoenfeld
Mendelsohn
Goldfarb LLP
Certified Public Accountants

Robert L. Goldfarb, CPA
Harvey H. Mendelsohn, CPA
Herbert Schoenfeld, CPA
Patricia A. Weiss, CPA

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Fireworks by Grucci, Inc. Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of Fireworks By Grucci, Inc. Profit Sharing Plan as of December 31, 2011 and December 31, 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our 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. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Fireworks By Grucci, Inc. Profit Sharing Plan as of December 31, 2011 and the changes in its net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules on pages 10 through 14 are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Schoenfeld Mendelsohn Goldfarb

SCHOENFELD MENDELSOHN GOLDFARB LLP

Woodbury, New York
October 10, 2012

100 Crossways Park West • Suite 405 • Woodbury, NY 11797 • Tel: 516.364.0100 • Fax: 516.364.0364 • www.smgcpas.com

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FIREWORKS BY GRUCCI, INC. PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,

	2011	2010
ASSETS		
Investments	$ 2,649,625	$ 2,408,959
Investment Contract with Insurance Company	36,989	21,960
Participants' Loans	70,571	36,551
Employer Contributions Receivable	300,000	300,000
Participants' Contributions Receivable	2,106	3,503
Other Receivables	1,285	20
TOTAL ASSETS	3,060,576	2,770,993
LIABILITIES		
Miscellaneous Payables	525	3,692
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,060,051	$ 2,767,301

See Notes to Financial Statements

FIREWORKS BY GRUCCI, INC. PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net Appreciation in Fair Value of Investments	$ -
Interest	34,962
Dividends	34,512
	69,474
Contributions	
Employer's	300,000
Participants' contributions	89,881
	389,881
TOTAL ADDITIONS	459,355
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	78,723
Net Depreciation in Fair Value of Investments	63,903
Adminstrative Fees	23,979
TOTAL DEDUCTIONS	166,605
NET INCREASE	292,750
NET ASSETS AVAILABLE FOR BENEFITS - JANUARY 1, 2011	2,767,301
DECEMBER 31, 2011	$ 3,060,051

See Notes to Financial Statements

FIREWORKS BY GRUCCI, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2011

Note 1: Description of the Plan

The following description of the Fireworks By Grucci, Inc. Profit Sharing Plan ("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 Prototype Defined Contribution Volume Submitter Plan and Trust offered by Associated Pension Consultants. The Plan was effective on December 1, 1986 and was amended and restated on January 1, 2002. Under the Plan, participants may elect to contribute a portion of their compensation to the Plan. In addition, the Employer may make contributions to the Plan on behalf of the participants. The Plan covers all employees of the Fireworks By Grucci, Inc. and Pyrotechnique By Grucci, Inc. who are twenty-one years of age or older. Entry date into the plan is semi-annually, on January 1, or July 1, following the date the participant meets the eligibility requirements. The plan is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA).

Contributions

The employer may make non-elective discretionary contributions to the Plan. Participants may elect to defer a portion of compensation subject to a dollar limit which is set by law. The limit for 2011 is $16,500. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. The maximum catch-up contribution is $5,500 for 2011.

Participant Accounts

Each participant's account is credited with their elective contributions, discretionary employer contributions on a percentage basis, and earnings on the investments. Allocations are based on participant earnings or 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.

The portion of the participant's account representing the participant's contributions are invested in segregated self-directed accounts.

The Company contributions are maintained in investments selected by the trustees.

Vesting

Participants are immediately vested in their contributions and any qualified non-elective contributions made by the Company plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after completing three years of credited service.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at a commercially reasonable rate. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits

Mandatory distributions from the Plan will be made following severance from the Company. Benefits are recorded when paid.

Forfeited Accounts

If a participant terminates employment before being fully vested, then the non-vested portion of the terminated participant's account balance remains in the Plan and is forfeited. Forfeitures may first be used pay any administrative expenses and any remaining forfeitures attributable to non-elective contributions will be allocated as an additional discretionary non-elective contribution.

Plan Expenses

The expenses charged to the Plan may be charged pro rata to each participant in relation to the size of each participant's account balance or may be charged equally to each participant. Some types of expenses may be charged only to some participants based upon their use of a Plan feature or receipt of a distribution. Settlor expenses for the design, establishment or termination of the Plan are paid by the Company.

Note 2: Summary of Significant Accounting Policies

Date of Management's Review

Subsequent events were evaluated through October 10, 2012, which is the date the financial statements were available to be issued.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles as accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting

The financial statements of the Plan are 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 contact value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement 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.

Investment Valuation and Income Recognition

The Plan's investments are stated 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 3 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. Net appreciation includes the plan's gains and losses on the investments bought and sold as well as held during the year.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Mutual Fund Fees

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to allocation of the Plan's investment earnings activity thus not separately identifiable as an expense.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

Operating expenses are the responsibility of the plan and it's sponsor.

Note 3: Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

As of December 31, 2011		Fair Value Measurements Using:	
	Fair Value	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Investments	$2,649,625	$2,649,625	-
Investment contract with insurance company	36,989	-	36,989
Participant loans	70,571	-	70,571
	$2,757,185	$ 2,649,625	$107,560

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of investments is based on quoted values of the shares held by the Plan at year end. The fair value of the contributions and other receivable is the face value.

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company and participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined by reference to information provided by the plan's administrator and the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured to each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Investment Contract	Participant Loans	Total
Beginning balance	$ 21,960	$36,551	$ 58,511
Total gains or losses (realized and unrealized) included in changes in net assets available for Benefits	710	-	981
Purchases sales, issuances, and settlements (net)	(14,319)	34,020	-
Ending Balance	$ 36,989	$ 70,571	$ 107,560

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2011are reported in net appreciation in fair value of investments.

Note 4: Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31,	
	2011	2010
Net Assets:		
Common & Preferred stocks	$1,313,407	$1,290,256
Mutual funds	452,652	221,201
Exchange Traded Products	215,217	216,263
Cash & Money Funds	142,542	147,262
	$2,123,818	$1,874,982

	Year Ended December 31, 2011
Changes in Net Assets:	
Contributions	$300,000
Dividends & Interest	66,298
Net depreciation	(42,520)
Benefits paid to participants	(74,942)
Ending Balance	$248,836

Note 5: Investments

The following presents investments that represent 5% or more of the Plan's net assets. NW Dest 2035R2 is a Nationwide fund that is part of the participant directed accounts.

	Units	Amount
NW Dest 2035R2	20550.147	$ 168,716.71
		$ 168,716.71

Note 6: Investment Contracts with Insurance Company

The Plan has an investment in a guaranteed fixed annuity contract with Nationwide Life Insurance Company. Nationwide Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract included in the financial statements at contract value as reported to the Plan by Nationwide is $36,989 at December 31, 2011. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rates were approximately .85% for 2011. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on an annual basis for resetting.

The fair value of the investment contract at December 31, 2011 approximates contract value. The plan administrator believes that there are no events that would limit the plan's ability to transact at contract value with plan participants.

Note 7: Plan Termination

Although it has not expressed any intent to do so, the Company 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 would become 100% vested in their employer contributions.

Note 8: Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated March 31, 2008, that the Plan and restated trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the plan is designed and is currently being operated in compliance with applicable requirements of the IRC.

Note 9: Risks 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 value of investment securities will occur in the near term and that such changes could materially affect the participants' balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTAL INFORMATION

FIREWORKS BY GRUCCI, INC. PROFIT SHARING PLAN
EIN: 11-2754337
PLAN NUMBER : 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a) Party at Interest	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity	UNITS	(d) Cost	(e) Current Value
	American Portfolios Financial Services, Inc.	Corporate Stocks (Common)			
		EURO DISNEY SCA EX EURO DISNEYLAND	8.000		36.76
		TRANSOCEAN LTD ZUG NAMEN AKT	400.000		15,356.00
		AT&T INC COM	929.000		28,092.96
		AGNICO EAGLE MINES LTD COM	200.000		7,264.00
		ALTRIA GROUP INC COM	1150.000		34,097.50
		BANKUNITED FINANCIAL CORP CL A	8000.000		32.00
		BHP BILLITON LTD	700.000		49,441.00
		CONSOLIDATED EDISON INC	500.000		31,015.00
		DU PONT EI DE NEMOURS & CO	700.000		32,046.00
		DUKE ENERGY CORP	600.000		13,200.00
		EXXON MOBIL CORP	1000.000		84,760.00
		GENERAL ELECTRIC CO COM	1450.000		25,969.50
		GOLDMAN SACHS GROUP INC	200.000		18,086.00
		HMS HOLDINGS CORP COM	900.000		28,782.00
		KRAFT FOODS INC CL A	795.000		29,701.20
		MOSAIC CO	400.000		20,172.00
		NEW YORK CMNTY BANCORP INC	600.000		7,422.00
		NORTEL NETWORKS NEW COM	50.000		0.83
		NOVARTIS AG	400.000		22,868.00
		ORACLE CORP COM	650.000		16,672.50
		PHILIP MORRIS INTL INC COM	1150.000		90,252.00
		SM ENERGY CO	250.000		18,275.00
		SCHLUMBERGER LTD	400.000		27,324.00
		TEVA PHARMACEUTICAL INDUSTRIES LTD	700.000		28,252.00
		VERIZON COMMUNICATIONS	1500.000		60,180.00
		WYNN RESORTS LTD COM	500.000		55,245.00
		SUBTOTAL			744,543.25
	American Portfolios Financial Services, Inc.	Corporate Stocks (Preferred)			
		PRUDENTIAL PLC 6.75% PERPETUAL SUB CAP	900.000		22,851.00
		AMBAC FINL GROUP INC DEB 5.875% PFD	1075.000		2,311.25
		BANK AMER CORP SUB INTERNOTE CALLABLE	800.000		18,920.00
		BERKLEY WR CAP TR II GTD ORIG PFD SEC	500.000		12,920.00
		CITIGROUP CAP XVII ENHANCED TR PFD	1400.000		30,226.00
		GMAC LLC 7.25% 02/07/33	475.000		9,685.25
		GENERAL ELEC CAP CORP NT 6.00% PUBLIC	800.000		20,696.00
		GENERAL ELEC CAP CORP NT 6.05% PFD	900.000		23,085.00
		GENERAL ELEC CAP CORP NT CALLABLE	1200.000		30,564.00
		JPMORGAN CHASE CAP XIX 6.625% SER S	800.000		20,184.00
		METLIFE INC 5.8750% SR NT	3200.000		83,968.00
		ROYCE VALUE TR INC PFD STK CALLABLE	3450.000		88,458.00
		TENNESSEE VALLEY AUTH PUTABLE	375.000		9,798.75
		WACHOVIA CAP TR IX 6.375% GTD TR PFD	900.000		22,590.00
		WELLS FARGO CAP VIII GTF RE PFD SECS	5000.000		126,650.00
		WELLS FARGO CAP XI ENHANCED TR PFD SECS	800.000		20,136.00
		SUBTOTAL			543,043.25

(a) Party at Interest	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity	UNITS	(d) Cost	(e) Current Value
	American Portfolios	MUTUAL FUNDS/OTHER			
	Financial Services, Inc.	DFA INTERNATIONAL CORE EQUITY	5824.915		53,938.71
		DFA US CORE EQUITY 2 PORTFOLIO	5181.212		54,869.04
		DFA EMERGING MARKETS CORE EQUITY 2 PORTFOLIO	3584.252		61,792.50
		DFA US SMALL-CAP FUND	2690.206		55,203.03
		DOUBLELINE TOTAL RETURN BOND FUND	4521.829		49,875.77
		LOOMIS SAYLES INVESTMENT GRADE BOND	2105.642		25,141.37
		MERIDIAN GROWTH FUND	644.669		26,837.57
		NUVEEN BUILD AMER BD FD	1000.000		20,530.00
		OPPENHEIMER GLOBAL FUND CLASS A	.557.127		30,107.14
		TCW EMERGING MARKETS	3019.430		24,880.10
		TEMPLETON GLOBAL BOND FUND CL A	3986.857		49,476.90
		ISHARES TR BARCLAYS TIPS BD FD	355.000		41,424.95
		ISHARES TR DOW JONES US AEROSPACE	800.000		48,952.00
		POWERSHARES QQQ TR UNIT SER 1	1000.000		55,830.00
		POWERSHARES EXCHANGE-TRADED FD	500.000		18,565.00
		SPDR GOLD TR GOLD SHS	140.000		21,278.60
		SPDR SER TR BARCLAYS CAP INTL TREAS BD	200.000		11,766.00
		VANGUARD INDEX FDS REIT ETF	300.000		17,400.00
		WACHOVIA PRF FDG CORP PERP PFD SECS	1000.000		25,820.00
		SUBTOTAL			693,688.68
	Nationwide Life Insurance Company	MUTUAL FUNDS			
		DREY NATRL RSRC A			5,647.94
		VANECK GLBL HRD ASST A			5.17
		OKMARK INTL LI			99,227.69
		OPP DEVL MKT A			5.15
		NW SMCAP INDEX A			1,772.80
		NW US SMCAP VAL A			285.31
		AMCENT VAL A			5,391.73
		DREY STRAT VAL A			7,027.66
		FIDADAV EQ INC A			4,087.25
		FIDADAV GR INC A			273.29
		NW DEST 2010R2			18,253.24
		NW DEST 2015R2			20,780.69
		NW DEST 2020R2			2,108.97
		NW DEST 2025R2			1,582.70
		NW DEST 2030R2			40,257.59
		NW DEST 2035R2			168,716.71
		NW DEST 2040R2			1,475.69
		NW DEST 2045R2			2,063.54
		NW DEST 2050R2			1,939.39
		NW RTRMT INC R2			37,257.51
		GLMNSCS HI YLD A			4,923.89
		LRDABT SHRT DUR INC A			100.17
		NW BD INDX A			54,206.66
		NW ENHCD INC A			3,010.59
		NW MNY MKT PREM			45,406.34
		SUBTOTAL			525,807.67
	Nationwide Life Insurance Company	FIXED ACCOUNT			36,989.09
	American Portfolios	FEDERATED GOVT. RESERVES - MONEY MARKET FUND			141,473.39
	American Portfolios	CASH			1,068.53
		SUBTOTAL			179,531.01
	Participant Loans	4% - 6%			70,570.42
					2,757,184.28

FIREWORKS BY GRUCCI, INC. PROFIT SHARING PLAN
EIN: 11-2754337
PLAN NUMBER : 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

(a) Party at Interest	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity	(d) Cost	(e) Current Value
			UNITS	
	American Portfolios Financial Services, Inc.	Corporate Stocks (Common and Preferred)		
		EURO DISNEY SCA EX EURO DISNEYLAND	8.000	44.21
		TRANSOCEAN LTD ZUG NAMEN AKT	200.000	13,897.00
		AT&T INC COM	929.000	27,294.02
		AGNICO EAGLE MINES LTD COM	200.000	15,340.00
		ALTRIA GROUP INC COM	1150.000	28,313.00
		BANKUNITED FINANCIAL CORP CL A	8000.000	240.00
		BHP BILLITON LTD	400.000	37,168.00
		CONSOLIDATED EDISON INC	500.000	24,785.00
		CORN PRODS INTL INC COM	640.000	29,440.00
		DUKE ENERGY CORP	600.000	10,686.00
		EXXON MOBIL CORP	800.000	58,496.00
		FLUOR CORP	500.000	33,130.00
		GENERAL ELECTRIC CO COM	1450.000	26,520.50
		HMS HOLDINGS CORP COM	300.000	19,431.00
		HUDSON CITY BANCORP INC	400.000	5,096.00
		KRAFT FOODS INC CL A	795.000	25,050.45
		NEW YORK CMNTY BANCORP INC	600.000	11,310.00
		NORTEL NETWORKS NEW COM	50.000	0.69
		NOVARTIS AG	200.000	11,790.00
		ORACLE CORP COM	650.000	20,345.00
		PAN AMERN SILVER CORP	500.000	20,605.00
		PHILIP MORRIS INTL INC COM	1150.000	67,309.50
		SM ENERGY CO	250.000	14,732.50
		TEVA PHARMACEUTICAL INDUSTRIES LTD	700.000	36,491.00
		VERIZON COMMUNICATIONS	600.000	21,468.00
		WYNN RESORTS LTD COM	150.000	15,576.00
		SUBTOTAL		574,558.87
	American Portfolios Financial Services, Inc.	**PREFERRED STOCKS**		
		PRUDENTIAL PLC 6.75% PERPETUAL SUB CAP	900.000	22,572.00
		AMBAC FINL GROUP INC DEB 5.875% PFD	1075.000	2,257.50
		BANK AMER CORP SUB INTERNOTE CALLABLE	800.000	19,832.00
		BANK AMER CORP INTERNOTE 5.5% PFD	6200.000	149,482.00
		GMAC LLC 7.25% 02/07/33	475.000	11,081.75
		GENERAL ELEC CAP CORP NT 6.00% PUBLIC	800.000	20,400.00
		GENERAL ELEC CAP CORP NT 6.05% PFD	900.000	23,048.55
		GENERAL ELEC CAP CORP NT CALLABLE	1200.000	30,000.00
		HSBC FIN CORP 6% NT MAT 11/30/33	2000.000	47,980.00
		JPMORGAN CHASE CAP XIX 6.625% SER S	800.000	20,208.00
		METLIFE INC 5.8750% SR NT	3200.000	81,360.00
		ROYCE VALUE TR INC PFD STK CALLABLE	3450.000	87,630.00
		TENNESSEE VALLEY AUTH PUTABLE	375.000	9,405.00
		WACHOVIA CAP TR IX 6.375% GTD TR PFD	900.000	22,212.00
		WELLS FARGO CAP VIII GTF RE PFD SECS	5000.000	122,550.00
		WELLS FARGO CAP XI ENHANCED TR PFD SECS	800.000	20,088.00
		SUBTOTAL		690,106.80

(a) Party at Interest	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity	UNITS	(d) Cost	(e) Current Value
	American Portfolios	MUTUAL FUNDS/OTHER			
	Financial Services, Inc.	DIAMOND HILL SMALL-CAP FUND	1917.290		46,283.38
		EUROPACIFIC GROWTH FUND CLASS R1	195.620		7,828.71
		LORD ABBETT HIGH-YIELD FUND	681.724		5,276.54
		MAINSTAY HIGH YIELD CORP BOND CL C	5888.026		34,562.71
		MAINSTAY CONVERTIBLE FUND	2676.489		43,118.24
		NUVEEN BUILD AMER BD FD	1000.000		18,370.00
		OPPENHEIMER SENIOR FLOATING RATE FUND	2522.197		20,959.46
		OPPENHEIMER GLOBAL FUND CLASS A	546.197		32,973.91
		SMALL-CAP WORLD FD CL R1	316.512		11,828.05
		BARCLAYS BK PLC IPATH INDEX LKD TO	200.000		9,823.98
		ISHARES TR BARCLAYS TIPS BD FD	355.000		38,169.60
		ISHARES TR DOW JONES US AEROSPACE	800.000		47,080.00
		POWERSHARES QQQ TR UNIT SER 1	500.000		27,235.00
		POWERSHARES EXCHANGE-TRADED FD	500.000		26,810.00
		SPDR GOLD TR GOLD SHS	280.000		38,841.60
		SPDR SER TR BARCLAYS CAP INTL TREAS BD	200.000		11,692.00
		VANGUARD INDEX FDS REIT ETF	300.000		16,611.00
		WACHOVIA PRF FDG CORP PERP PFD SECS	1000.000		25,590.00
					463,054.18
	Nationwide Life Insurance Comp	MUTUAL FUNDS			
	The Best of America IV	FIDVIP FREE 2010 SVC			17,566.51
		NW AMCENT VP VAL 1			10,740.38
		NW NVIT GOV BD 1			10,929.58
		NW NVIT MULT-MGR SMCAP VAL 1			11,626.55
		DREY NATRL RSRC A			4,449.04
		OKMARK INTL LI			107,924.78
		NW SMCAP INDEX A			1,639.94
		NW US SMCAP VAL A			83.78
		AMCENT VAL A			4,557.09
		DREY STRAT VAL A			5,584.01
		FIDADAV EQ INC A			1,858.00
		FIDADAV GR INC A			113.08
		NW DEST 2010R2			12,443.23
		NW DEST 2015R2			19,153.41
		NW DEST 2020R2			748.15
		NW DEST 2025R2			546.07
		NW DEST 2030R2			33,779.09
		NW DEST 2035R2			157,592.06
		NW DEST 2040R2			790.23
		NW DEST 2045R2			1,056.64
		NW DEST 2050R2			1,505.36
		NW RTRMT INC R2			34,260.42
		GLMNSCS HI YLD A			4,144.30
		LRDABT SHRT DUR INC A			42.98
		NW BD INDX A			43,220.38
		NW ENHCD INC A			2,568.23
		NW MNY MKT PREM			45,053.87
					533,977.16
	Nationwide Life Insurance Comp	FIXED ACCOUNT	21,825.89		21,960.08
	American Portfolios	FEDERATED GOVERNMENT RESERVES - MONEY MARKET FUND			145,215.04
	American Portfolios	CASH			2,046.98
					169,222.10
	Participant Loans	4% - 6%			36,550.56
					$ 2,467,469.67

FIREWORKS BY GRUCCI, INC. PROFIT SHARING PLAN
EIN: 11-2754337
PLAN NUMBER : 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED & DISPOSED OF WITHIN THE YEAR)
DECEMBER 31, 2011

(a) Identity of Issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity		(c) Purchases	(d) Sales
		UNITS		
American Portfolios	CORPORATE STOCKS (COMMON)			
Financial Services, Inc.	TRANSOCEAN LTD ZUG NAMEN AKT	200.000	13,099.42	
	BHP BILLITON LTD	300.000	25,025.23	
	CORN PRODUCTS INTL INC COM	640.000		25,038.55
	DU PONT EI DE NEMOURS & CO	700.000	36,589.02	
	EXXON MOBIL CORP	200.000	17,231.62	
	FLUOR CORP	500.000		27,108.62
	GOLDMAN SACHS GROUP INC	200.000	27,835.52	
	HUDSON CITY BANCORP INC	400.000		3,243.09
	MOSAIC CO	400.000	30,905.04	
	NOVARTIS AG	200.000	11,147.62	
	PAN AMERICAN SILVER CORP	500.000		17,088.66
	SCHLUMBERGER LTD	400.000	29,561.84	
	VERIZON COMMUNICATIONS	900.000	35,303.10	
	WYNN RESORTS LTD COM	350.000	41,040.41	
American Portfolios	CORPORATE STOCKS (PREFERRED)			
Financial Services, Inc.	BANK AMER CORP INTERNOTE 5.5% PFD	6200.000		129,351.23
	BERKLEY WR CAP TR II GTD ORIG PFD SEC	500.000	12,571.00	
	CITIGROUP CAP XVII ENHANCED TR PFD	1400.000	33,523.02	
	HSBC FIN CORP 6% NT MAT 11/30/33	500.000	12,529.55	
	HSBC FIN CORP 6% NT MAT 11/30/33	2500.000		62,500.00
American Portfolios	MUTUAL FUNDS			
Financial Services, Inc.	DFA INTERNATIONAL CORE EQUITY	1369.113	52,512.00	
	DFA US CORE EQUITY 2 PORTFOLIO	1191.611	52,512.00	
	DFA EMERGING MARKETS CORE EQUITY	726.744	64,524.00	
	DFA US SMALL CAP FUND	609.756	54,512.00	
	DIAMOND HILL SMALL-CAP FUND	1917.290		41,623.02
	DOUBLELINE TOTAL RETURN BOND FUND	4476.680	50,000.00	
	EUROPACIFIC GROWTH FUND CLASS R1	195.620		8,123.97
	LOOMIS SAYLES INVESTMENT GRADE BOND	2058.630	25,000.00	
	LORD ABOTT HIGH YIELD FUND	708.747		5,586.01
	MAINSTAY CONVERTIBLE FUND	2697.168		40,289.69
	MAINSTAY HIGH YIELD CORP BOND FUND CL C	6208.306		35,753.84
	MERIDIAN GROWTH FUND	597.130	25,006.00	
	OPPENHEIMER SENIOR FLOATING RATE FUND	2641.713		21,339.04
	SMALL - CAP WORLD FUND CL R1	316.512		10,157.20
	TCW EMERGING MARKETS	3004.810	25,006.00	
	TEMPLETON GLOBAL BOND FUND CL A	3873.870	50,000.00	
	EXCHANGE TRADED PRODUCTS			
American Portfolios	BARCLAYS BANK PLC I PATH INDEX LKD TO	200.000		9,917.80
Financial Services, Inc.	POWERSHARES QQQ TR UNIT SER 1	500.000	26,927.13	
	SPDR GOLD TR SHS	2520.000		25,145.11
Participant Loans	4% - 6%		-	-
		TOTALS	752,361.52	462,265.83

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan
FIREWORKS BY GRUCCI INC PROFIT SHARING PLAN

Employer Identification Number
11-2754337

Three-digit plan number ► 001

(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
	AMERICAN PORTFOLIOS	CASH		1,069
	AMERICAN PORTFOLIOS	INTEREST BEARING CASH		141,473
	AMERICAN PORTFOLIOS	COMMON STOCKS		744,543
	AMERICAN PORTFOLIOS	PREFERRED STOCKS		543,043
	AMERICAN PORTFOLIOS	MUTUAL FUNDS		452,652
	AMERICAN PORTFOLIOS	OTHER/EXCHANGE-TRADED PRODUCT		241,037
	NATIONWIDE LIFE INSURANCE CO	FIXED FUND		36,989
	NATIONWIDE LIFE INSURANCE CO	SEPARATE ACCOUNTS		525,808
	PARTICIPANT LOANS	PARTICIPANT LOANS		70,571

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 **and ending** 12/31/2011

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
FIREWORKS BY GRUCCI INC PROFIT SHARING PLAN

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 12/01/1986

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

FIREWORKS BY GRUCCI INC

1 GRUCCI LANE

US BROOKHAVEN NY 11719-0000

2b Employer Identification Number (EIN) 11-2754337

2c Sponsor's telephone number (631) 286-0088

2d Business code (see instructions) 339900

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	Donna Grucci Butler	10/9/12	Donna Grucci Butler
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Donna Grucci Butler	10/9/12	
	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")
SAME

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**	**176**
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**	**140**
b	Retired or separated participants receiving benefits	**6b**	**0**
c	Other retired or separated participants entitled to future benefits	**6c**	**9**
d	Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	**149**
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	**3**
f	Total. Add lines **6d** and **6e**	**6f**	**152**
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	**149**
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	**7**
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2H 2J 3D

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)** [X] 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)** [X] 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)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)