

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE FIESTA TABLEWARE COMPANY SALARIED EMPLOYEES PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE FIESTA TABLEWARE COMPANY</u></p> <p><u>672 FIESTA DRIVE</u> <u>NEWELL, WV 26050-1077</u></p>	<p>1c Effective date of plan <u>10/01/1969</u></p> <p>2b Employer Identification Number (EIN) <u>55-0215070</u></p> <p>2c Plan Sponsor's telephone number <u>304-387-1300</u></p> <p>2d Business code (see instructions) <u>327100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/11/2025	DELBERT D. FURBEE
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	269
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	75
	6a(2)	66
	6b	117
	6c	58
	6d	241
	6e	24
	6f	265
	6g(1)	
6g(2)		
6h		0
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:
1A 1I

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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) **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
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE FIESTA TABLEWARE COMPANY SALARIED EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE FIESTA TABLEWARE COMPANY</u>	D Employer Identification Number (EIN) <u>55-0215070</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>19191873</u>
	b Actuarial value	2b	<u>20073207</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>137</u>	<u>9545711</u>
	b For terminated vested participants	<u>57</u>	<u>2022316</u>
	c For active participants	<u>75</u>	<u>5036458</u>
	d Total	<u>269</u>	<u>16604485</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.22 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>03/13/2025</u> Date
	<u>SARA K. DEFILIPPO</u> Type or print name of actuary	<u>23-07318</u> Most recent enrollment number
	<u>DUNBAR, BENDER & ZAPF, INC.</u> Firm name	<u>412-263-0102</u> Telephone number (including area code)
	<u>400 HOLIDAY DRIVE SUITE 102 PITTSBURGH, PA 15220</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2131149
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	2131149
10	Interest on line 9 using prior year's actual return of <u>11.58</u> %	0	246787
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		87986
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> %		4742
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		92728
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2377936

Part III Funding Percentages			
14	Funding target attainment percentage	14	106.11 %
15	Adjusted funding target attainment percentage	15	120.37 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan THE FIESTA TABLEWARE COMPANY SALARIED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE FIESTA TABLEWARE COMPANY	D Employer Identification Number (EIN) 55-0215070	

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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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)

CHARLES SCHWAB TRUST BANK

2360 CORPORATE CIRCLE
HENDERSON, NV 89074

(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?
21 28	NONE	75299	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan THE FIESTA TABLEWARE COMPANY SALARIED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE FIESTA TABLEWARE COMPANY	D Employer Identification Number (EIN) 55-0215070	

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	167699	264067
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	1040
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3600000	0
(2) U.S. Government securities	1c(2)	1569187	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1569873	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7745438	8289285
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4539676	14798116
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	19191873	23352508
Liabilities			
g Benefit claims payable	1g	0	25981
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	25981
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	19191873	23326527

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)		
(B) Participants	2a(1)(B)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	26601	
(B) U.S. Government securities	2b(1)(B)	41934	
(C) Corporate debt instruments	2b(1)(C)	19503	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		88038
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	91325	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	201349	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		292674
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	10773144	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9340623	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1432521
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	847051	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2537707
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5197991

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	980724	
(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)		980724
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	82613	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		82613
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1063337

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4134654
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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **SISTERSON & CO., LLP**

(2) EIN: **25-1467156**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 53325.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>THE FIESTA TABLEWARE COMPANY SALARIED EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE FIESTA TABLEWARE COMPANY</u>	D Employer Identification Number (EIN) <u>55-0215070</u>	

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
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	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

Years ended September 30, 2024 and 2023

Sisterson & Co. LLP
501 Grant Street, Suite 450
Pittsburgh, PA 15219

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THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Retirement Plan Committee of
The Fiesta Tableware Company
Salaried Employees Pension Plan
Newell, West Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of The Fiesta Tableware Company Salaried Employees Pension Plan ("Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of assets available for benefits and of accumulated plan benefits as of September 30, 2024 and 2023, and the related statements of changes in assets available for benefits and of changes in accumulated plan benefits for the years ended September 30, 2024 and 2023, and the related notes to the financial statements ("financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from Charles Schwab Bank as of September 30, 2024 and 2023 and for the year ended September 30, 2024 and the period from July 5, 2023 to September 30, 2023, and Huntington National Bank as of September 30, 2023, and for the period from October 1, 2022 to September 30, 2023 stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section—

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

INDEPENDENT AUDITOR'S REPORT

(continued)

- the information in the accompanying financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

INDEPENDENT AUDITOR'S REPORT

(continued)

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of September 30, 2024 and schedule of reportable transactions for the year ended September 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

INDEPENDENT AUDITOR'S REPORT

(continued)

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

July 10, 2025

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS

	September 30,	
	2024	2023
Assets		
Non-interest bearing cash	\$ 264,067	\$ 167,699
Investments, at fair value (Notes 2, 4 and 6)		
Mutual funds	5,160,680	7,609,541
Common stocks	8,289,285	7,745,438
Corporate bonds	--	1,569,873
Government obligations	--	1,568,896
Exchange traded funds	9,637,436	530,135
Mortgage backed security obligations	--	291
Total investments	23,087,401	19,024,174
Other receivable	1,040	--
Assets available for benefits	23,352,508	19,191,873

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

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS

	Year Ended September 30,	
	2024	2023
Additions to assets available for benefits attributed to		
Investment income		
Dividend income	\$ 292,674	\$ 335,958
Interest income	88,038	179,833
Net realized and unrealized appreciation in fair value of investments	4,817,279	1,521,490
Contributions		
Employer contributions	--	90,077
	5,197,991	2,127,358
Deductions from assets available for benefits attributed to		
Benefits paid directly to participants	954,743	941,900
Administrative fees	82,613	90,078
	4,160,635	1,095,380
Net additions to assets available for benefits	4,160,635	1,095,380
Assets available for benefits, beginning of year	19,191,873	18,096,493
Assets available for benefits, end of year	\$ 23,352,508	\$ 19,191,873

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

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

	September 30,	
	2024	2023
Actuarial present value of accumulated plan benefits (Note 2)		
Vested benefits		
Participants currently receiving payments	\$ 9,591,319	\$ 8,832,711
Other participants	5,955,213	6,499,916
Total vested benefits	15,546,532	15,332,627
Nonvested benefits	41,904	64,994
Total actuarial present value of accumulated plan benefits	\$ 15,588,436	\$ 15,397,621

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

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Year Ended September 30,	
	2024	2023
Actuarial present value of accumulated plan benefits, beginning of year	\$ 15,397,621	\$ 15,076,812
Increase (decrease) during the year attributable to		
Benefits accumulated	251,122	386,357
Interest due to the decrease in the discount period	894,436	876,352
Pension benefits paid	(954,743)	(941,900)
Net increase	190,815	320,809
Actuarial present value of accumulated plan benefits, end of year	\$ 15,588,436	\$ 15,397,621

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

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - PLAN DESCRIPTION

The following brief description of The Fiesta Tableware Company (“Company”) Salaried Employees Pension Plan (“Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a qualified, noncontributory, trustee defined benefit pension plan covering all salaried employees of the Company and those hourly employees who are not covered by the collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is administered by the Retirement Plan Committee appointed by the Board of Directors of the Company.

In August 2023, the Plan adopted an amendment to freeze participation effective September 30, 2023. Calculations of future benefits will be calculated as if a participant terminated employment on or before September 30, 2023. The actuarial present value of accumulated benefits as of September 30, 2024 reflects this amendment.

Eligibility

Employees become eligible to join the Plan upon attaining the age of 21 and completing one year of service, provided they work at least 1,000 hours per year. Employees who are covered by the collective bargaining agreement are excluded.

Contributions

Benefits under the Plan are funded by the Company. Contributions are at least equal to the minimum funding requirements of ERISA as determined by an actuary that performs annual valuations of the Plan. The funds are held, invested, and disbursed by Charles Schwab Bank and Huntington National Bank (“Trustees”). For the Plan years ended September 30, 2024 and 2023, the Company made contributions to the Plan in the amounts of \$0 and \$90,077, respectively, as required under the minimum funding requirements.

Retirement and retirement benefits

Normal retirement benefits are earned at the later of age 65 or upon five years of service, but, in accordance with federal law, no employee can be forced to retire. The benefit formula for participants retiring on or after October 1, 1999, is based on 0.68% of the participant’s average monthly compensation for the last 60 months multiplied by their number of years of credited service. The monthly benefit for employees and the beneficiaries of employees who retired prior to October 1, 1999, were calculated at lesser rates then in effect. Service prior to October 1, 1949, is not included in the calculation of the benefit.

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 1 - PLAN DESCRIPTION (continued)

Retirement and retirement benefits (continued)

Early retirement is permitted after age 60 and completion of five years of service. The employee may then elect to begin receiving benefits upon attaining normal retirement age or receive an actuarially reduced benefit upon taking early retirement. Disability retirement is available after age 50 and completion of 15 years of service, or age 62 and completion of 10 years of service.

Vesting

An employee is fully vested in the Plan upon completion of five years of service with the Company under a five-year cliff vesting provision.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting. Amounts currently payable to participants are not reflected as a liability in the statements of assets available for benefits but are included as a component of accumulated plan benefits.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities, the actuarial present value of accumulated plan benefits as of the date of the financial statements, and the reported amounts of changes in assets available for benefits and accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

Investments

Investments are stated at fair value as determined by the Trustees. Purchases and sales of investment securities are recorded on a trade-date basis (date the order to buy or sell is executed). Interest and dividend income are recorded as earned.

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investments (continued)

The Plan's investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with investments and the level of uncertainty related to changes in the fair value of investments, it is at least reasonably possible that significant changes in risks in the near term may materially affect the amounts reported in the accompanying financial statements.

Administrative fees

The Plan permits the Company to pay Plan expenses from its own assets or from assets of the Plan. Administrative fees were paid from assets of the Plan for the year ended September 30, 2024 and 2023, and assets of the Company for the year ended September 30, 2023.

Actuarial present value of accumulated plan benefits

The actuarial present value of accumulated plan benefits is the present value of future benefit payments that are attributable, under the Plan's provisions, to employees' service rendered prior to the benefit valuation date. These payments are comprised of benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of deceased employees, and present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to employees' service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial present value of accumulated plan benefits (continued)

The following actuarial assumptions were used in arriving at this value:

	2024	2023
Mortality basis	PRI-2012 Private Retirement Plans Mortality Table	PRI-2012 Private Retirement Plans Mortality Table
Retirement age	Later of age 65 or five years of service, active participants beyond age 65 are assumed to be retiring immediately	Later of age 65 or five years of service, active participants beyond age 65 are assumed to be retiring immediately
Actuarial basis	Projected unit credit	Projected unit credit
Assumed discount rate	6.00%	6.00%
Salary increases	--	3.00% per year

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term may materially affect the amounts reported in the accompanying financial statements. In addition, the forgoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan is terminated, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated plan benefits.

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through July 10, 2025, the date on which the financial statements were available to be issued.

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 3 - PLAN TERMINATION

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time. Under provisions of ERISA, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation ("PBGC").

Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of those benefits guaranteed by the PBGC at that time. In the event of Plan termination, participants or others entitled to benefits will receive the amount to which they are entitled in cash or in the form of immediate or deferred annuities. Certain benefits may be fully or partially provided for by the then existing assets of the Plan and/or the PBGC guaranty. However, because the PBGC does not guarantee all types of benefits and the amount of benefit protection is subject to certain limitations, there is the possibility that some benefits may not be provided. A description of the priority of participants' claims to the assets of the Plan upon termination is published in the Plan agreement and made available to participants.

NOTE 4 - INVESTMENTS

Market price observability is affected by a number of factors, including the type of investment and the characteristics specific to the investment. Investments with readily available active quoted prices or for which fair value can be measured from actively quoted prices generally will have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value. Investments measured and reported at fair value are classified and disclosed in one of the following categories based on the extent of market price observability:

Level I - Quoted prices are available in active markets for identical investments as of the reporting date. This category includes listed mutual funds, common stocks and exchange traded funds.

Level II - Pricing inputs are other than quoted market prices included in Level I, however, are observable either directly or indirectly for the investment. This category includes corporate bonds, government obligations and mortgage backed security obligations.

Level III - Pricing inputs are unobservable for the investment and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation. The Plan does not carry any investments that fall within this category.

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 4 - INVESTMENTS (continued)

Fair value of Plan investments are as follows as of September 30:

	2024		
	Level I	Level II	Total
Mutual funds	\$ 5,160,680	\$ --	\$ 5,160,680
Common stocks	8,289,285	--	8,289,285
Exchange traded funds	9,637,436	--	9,637,436
	\$ 23,087,401	\$ --	\$ 23,087,401
	2023		
	Level I	Level II	Level III
Mutual funds	\$ 7,609,541	\$ --	\$ 7,609,541
Common stocks	7,745,438	--	7,745,438
Corporate bonds	--	1,569,873	1,569,873
Government obligations	--	1,568,896	1,568,896
Exchange traded funds	530,135	--	530,135
Mortgage backed security obligations	--	291	291
	\$ 15,885,114	\$ 3,139,060	\$ 19,024,174

NOTE 5 - FEDERAL INCOME TAX EXEMPTION

The Plan obtained its latest determination letter dated September 30, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). Although the Plan has been amended subsequent to the date of the determination letter, the Plan’s administration and tax counsel believe that the Plan is designed and currently being operated in compliance with applicable requirements of the IRC. Accordingly, the accompanying financial statements do not include a provision for federal income taxes.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 6 - INFORMATION CERTIFIED BY THE TRUSTEES OF THE PLAN

The Trustees of the Plan, Charles Schwab Bank as of September 30, 2024 and 2023 and for the year ended September 30, 2024 and the period from July 5, 2023 to September 30, 2023, and Huntington National Bank as of September 30, 2023, and for the period from October 1, 2022 to September 30, 2023, have certified that the investment information included in the financial statements and supplemental schedules as of September 30, 2024 and 2023 is complete and accurate. The Trustees holds the Plan's investment assets and executes investment transactions. Such information includes the amounts and composition of investments, at fair value, included in the statements of assets available for benefits and the related investment income reported in the statements of changes in assets available for benefits.

NOTE 7 - RELATED PARTY TRANSACTIONS

The Plan paid administration fees to the Trustees, which qualify as party-in-interest transactions.

NOTE 8 - RECONCILIATION TO 5500

The following is a reconciliation of assets available for benefits per the financial statements to Schedule H of Form 5500 as September 30, 2024:

Assets available for benefits per the financial statements	\$ 23,352,508
Effect of accruals made in Form 5500 but not in the financial statements:	
Benefits claims payable	<u>(25,981)</u>
Assets available for benefit per the Form 5500	\$ <u>23,326,527</u>

The following is a reconciliation of benefits paid directly to participants per the financial statements to Schedule H of Form 5500 for the year ended September 30, 2024:

Benefits paid directly to participants per the financial statements	\$ (954,743)
Effect of accruals made in Form 5500 but not in financial statements:	
Benefits claims payable	<u>(25,981)</u>
Benefits paid directly to participants per the Schedule H to the Form 5500	\$ <u>(980,724)</u>

SUPPLEMENTAL SCHEDULES

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

Employer Identification Number: 55-0215070
Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

September 30, 2024

(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
	MFS Intl Diversification CI R6	Mutual Fund, 76,307 Shares	\$ 1,678,775	\$ 1,954,229
	Pimco Incm Fd Inst CI	Mutual Fund, 83,806 Shares	896,776	904,270
	Fidelity Adv Smal Cap Growth Fd CI Z	Mutual Fund, 16,624 Shares	541,997	563,885
	Janus Henderson Enterprise Fd N	Mutual Fund, 3,602 shares	534,520	553,416
	Victory Sycamore Est Value Fund-I	Mutual Fund, 9,139 Shares	476,249	480,821
	DFA Real Estate Securities Port Instl	Mutual Fund, 10,746 Shares	446,748	476,922
	Blackrock High Yield Instl	Mutual Fund, 31,416 Shares	224,329	227,137
		Total Mutual Funds	<u>\$ 4,799,394</u>	<u>\$ 5,160,680</u>
	iShares Core S&P 500	Exchange Traded Fund, 6,990 Shares	\$ 3,093,496	\$ 4,031,972
	iShares Core US Aggregate Bond	Exchange Traded Fund, 31,130 Shares	3,100,631	3,152,535
	SPDR Portfolio Dvlpd Wrld Ex-US	Exchange Traded Fund, 34,531 Shares	1,192,175	1,296,984
	iShares Core MSCI Emerging	Exchange Traded Fund, 9,807 Shares	533,207	563,020
	Dimensional US Targeted Value	Exchange Traded Fund, 6,583 Shares	355,416	366,212
	Vanguard Long Term Cor Bd	Exchange Traded Fund, 2,791 Shares	222,415	226,713
		Total Exchange Traded Funds	<u>\$ 8,497,340</u>	<u>\$ 9,637,436</u>

Schedule prepared from data certified as complete and accurate by Plan trustees.

See accompanying Independent Auditor's Report.

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

Employer Identification Number: 55-0215070
Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

September 30, 2024
(continued)

(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
Microsoft Corp		Common Stock, 1,323 Shares	\$ 174,292	\$ 569,287
Amazon.com Inc		Common Stock, 2,448 Shares	304,512	456,136
Alphabet Inc - Class A		Common Stock, 2,505 Shares	105,143	415,454
Apple Inc		Common Stock, 1,677 Shares	122,396	390,741
McDonald's Corp		Common Stock, 1,172 Shares	311,255	356,886
Walmart Inc		Common Stock, 3,814 Shares	220,442	307,980
Stryker Corp		Common Stock, 850 Shares	266,027	307,071
Fortive Corporation		Common Stock, 3,821 Shares	261,119	301,591
Lockheed Martin Corporation		Common Stock, 485 Shares	241,836	283,512
Advanced Micro Devices		Common Stock, 1,312 Shares	153,344	215,273
Salesforce Inc		Common Stock, 721 Shares	149,513	197,345
Elevance Health Inc.		Common Stock, 367 Shares	189,300	190,840
Cintas Corp		Common Stock, 860 Shares	128,403	177,057
Samsara Inc		Common Stock, 3,566 Shares	148,746	171,596
Comcast Corp New Cl A		Common Stock, 4,045 Shares	164,489	168,960
B W X Technologies I		Common Stock, 1,519 Shares	125,280	165,115
Workday Inc		Common Stock, 675 Shares	153,137	164,977
Procter & Gamble Co		Common Stock, 939 Shares	107,399	162,635
Becton Dickinson & Co		Common Stock, 670 Shares	158,733	161,537
Ametek Inc New		Common Stock, 898 Shares	137,889	154,196
Thermo Fisher Scientific Corp Com		Common Stock, 241 Shares	137,648	149,075
American Express		Common Stock, 546 Shares	97,756	148,075
Unitedhealth Group Inc		Common Stock, 253 Shares	80,721	147,924
Mastercard Inc		Common Stock, 299 Shares	140,180	147,646
Costco Wholesale Corp		Common Stock, 163 Shares	53,148	144,503
Vertiv Hldg Co		Common Stock, 1,380 Shares	110,124	137,296
Bank of America Corp		Common Stock, 3,354 Shares	138,620	133,087

Schedule prepared from data certified as complete and accurate by Plan trustees.

See accompanying Independent Auditor's Report.

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

Employer Identification Number: 55-0215070
Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

September 30, 2024
(continued)

(a) 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
Johnson & Johnson	Common Stock, 780 Shares	79,585	126,407
Dominos Pizza Inc	Common Stock, 290 Shares	128,212	124,741
Boeing Co	Common Stock, 819 Shares	167,681	124,521
Marvell Tech Group	Common Stock, 1,696 Shares	90,854	122,315
Intuitive Surgical	Common Stock, 241 Shares	67,965	118,396
Steris PLC	Common Stock, 481 Shares	118,408	116,662
CVS Health Corporation	Common Stock, 1,735 Shares	117,607	109,097
General Electric Co	Common Stock, 569 Shares	94,197	107,302
Keyight Technologies	Common Stock, 647 Shares	79,691	102,828
Dexcom Inc	Common Stock, 1,477 Shares	124,124	99,018
Parker Hannifin Corp	Common Stock, 154 Shares	53,684	97,300
JP Morgan Chase & Co	Common Stock, 418 Shares	47,892	88,139
Aerovironment Inc	Common Stock, 398 Shares	74,841	79,799
Insulet Corp	Common Stock, 319 Shares	54,370	74,247
Visa Inc - Class A	Common Stock, 258 Shares	19,803	70,937
Fiserv Inc	Common Stock, 387 Shares	39,198	69,525
ServiceNow Inc	Common Stock, 74 Shares	34,883	66,185
Iqvia Holdings Inc	Common Stock, 255 Shares	61,041	60,427
Booz Allen Hamilton	Common Stock, 353 Shares	51,814	57,454
General Dynamics Corp	Common Stock, 179 Shares	44,143	54,094
Hunt J B Trans Svcs Inc	Common Stock, 325 Shares	55,312	56,007
Home Depot Inc	Common Stock, 94 Shares	34,135	38,089
	Total Common Stocks	\$ 6,020,892	\$ 8,289,285
	Total Investments	\$ 19,317,626	\$ 23,087,401

Schedule prepared from data certified as complete and accurate by Plan trustees.

See accompanying Independent Auditor's Report.

THE FIESTA TABLEWARE COMPANY
SALARIED EMPLOYEES PENSION PLAN

Employer Identification Number: 55-0215070

Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4j

Schedule of Reportable Transactions

Year Ended September 30, 2024

(a) Identity or Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Ishares Core S&P 500 ETF Individual purchases Individual sales	Exchange Traded Fund	3,492,243 --	-- 502,068	-- --	-- --	3,492,243 398,747	3,492,243 502,068	-- 103,321
Ishares Core US Aggregate Bond ETF Series of purchases Individual purchases	Exchange Traded Fund	3,100,631 2,401,580	-- 2,401,580	-- --	-- --	3,100,631 2,401,580	3,100,631 2,401,580	-- --
Spdr Portfolio Dvlpd Wrld Ex-US ETF Series of purchases	Exchange Traded Fund	1,192,175	--	--	--	1,192,175	1,192,175	--
MFS Intl Diversification CI R6 Individual purchases Individual sales	Mutual Fund	1,720,985 --	-- 49,543	-- --	-- --	1,720,985 42,210	1,720,985 49,543	-- 7,333
Vanguard 500 Index Fund Individual sales	Mutual Fund	--	3,042,237	--	--	870,780	3,042,237	2,171,457
Schwab Treasury Oblig Money Fd Series of purchases Series of sales Individual sales	Cash Management Fund	963,255 -- --	-- 4,573,531 3,610,277	-- -- --	-- -- --	963,255 4,573,531 3,610,277	963,255 4,573,531 3,610,277	-- -- --

Schedule prepared from data certified as complete and accurate by Plan trustee.

See accompanying Independent Auditor's Report.

Plan Name: The Fiesta Tableware Company Salaried Employees Pension Plan

Sponsor Name: Fiesta Tableware Company

EIN: 55-0215070

Plan Number: 002

Schedule SB, Attachment to line 26a - Schedule of Active Participant Data

Years of Credited Service to October 1, 2023

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
	1 to 19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20 to 24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
25 to 29	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
30 to 34	-	-	1	-	4	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
35 to 39	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2
40 to 44	-	-	-	-	3	-	1	-	-	-	3	-	-	-	-	-	-	-	-	-	-	7
45 to 49	-	-	-	-	3	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	5
50 to 54	-	-	2	-	2	-	1	-	1	-	-	-	4	-	3	-	-	-	-	-	-	13
55 to 59	-	-	1	-	1	-	2	-	-	-	-	-	3	-	3	-	-	-	-	-	-	10
60 to 64	-	-	2	-	2	-	-	-	2	-	4	-	3	-	3	-	2	-	1	-	-	19
65 to 69	-	-	-	-	-	-	2	-	3	-	-	-	1	-	1	-	-	-	-	-	-	7
70 & up	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	3
Total	0	-	10	-	15	-	9	-	8	-	7	-	12	-	10	-	2	-	2	-	2	75

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

1. Mortality:

	October 1, 2022	October 1, 2023
a. Funding:		
i). Active / Deferred Vested:		
Pre-Retirement:	IRC 430 Combined Table for 2022	IRC 430 Combined Table for 2023
Post-Retirement:	IRC 430 Combined Table for 2022	IRC 430 Combined Table for 2023
ii). Retirees / Beneficiaries:	IRC 430 Combined Table for 2022	IRC 430 Combined Table for 2023
b. Present Value of Accrued Benefits (<i>Continuation Basis</i>):		
i). Active / Deferred Vested:		
Pre-Retirement Mortality:	Pri-2012	Pri-2012
Pre-Retirement Projection Scale:	MP-2021	MP-2021
Post-Retirement Mortality:	Pri-2012	Pri-2012
Post-Retirement Projection Scale:	MP-2021	MP-2021
ii). Retirees / Beneficiaries:		
Mortality:	Pri-2012	Pri-2012
Projection Scale:	MP-2021	MP-2021
c. Present Value of Accrued Benefits (<i>Termination Basis</i>):		
Pre-Retirement:	IRC 417(e) Lump Sum Table for 2022	IRC 417(e) Lump Sum Table for 2023
Post-Retirement:	IRC 417(e) Lump Sum Table for 2022	IRC 417(e) Lump Sum Table for 2023

2. Turnover – Sample Rates as follows

<u>Attained Age</u>	<u>Rate of Withdrawal</u>
25	5.30%
35	4.70%
45	1.80%
50	0.40%

3. Assumed Retirement Age: Later of Age 65 and 5 years of Service

4. Salary Scale: 3.00% per year

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods (Continued)

5. Disability – Sample Rates as follows

<u>Attained Age</u>	<u>Male Disability Rate</u>	<u>Female Disability Rate</u>
25	0.056%	0.056%
35	0.099%	0.175%
45	0.270%	0.465%
50	0.493%	0.626%

6. Interest Rates:

	October 1, 2022	October 1, 2023
a. Minimum Funding*:		
i). Segment 1	4.75%	4.75%
ii). Segment 2	5.18%	5.00%
iii). Segment 3	5.92%	5.74%
iv). Effective Rate of Interest	5.39%	5.22%
<i>* Segment rates are based on rates issued for the fourth month prior to the beginning of the plan year as adjusted by ARPA.</i>		
b. Maximum Funding*:		
i). Segment 1	1.02%	3.03%
ii). Segment 2	2.80%	4.11%
iii). Segment 3	3.38%	4.27%
iv). Effective Rate of Interest	2.95%	4.10%
<i>* Segment rates are based on rates issued for the fourth month prior to the beginning of the plan year.</i>		
c. Present Value of Accrued Benefits:		
i). Continuation Basis	6.00%	6.00%
ii). Termination Basis		
Segment 1	3.64%	5.26%
Segment 2	4.80%	5.23%
Segment 3	4.78%	5.16%

7. Form of Benefit Payment:

 Active Participants: 100% assumed to take a Life Annuity
 Deferred Vested Participants: 100% assumed to take a Life Annuity

8. Expenses: Administrative expenses are assumed to be paid outside of the plan

9. Asset Valuation Method: Actuarial Value (averaging of Fair Market Value)

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods (Continued)

10. Funding Method:

Traditional Unit Credit

The actuarial cost method used in the valuation was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus the shortfall amortization charge.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution and the at-risk liabilities was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110
1210-0089

Department of the Treasury
Internal Revenue Service

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

2023

Department of Labor
Employee Benefits Security
Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- 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: Form 5558 automatic extension the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan THE FIESTA TABLEWARE COMPANY SALARIED EMPLOYEES PENSION PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 10/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE FIESTA TABLEWARE COMPANY 672 FIESTA DRIVE NEWELL WV 26050-1077	2b Employer Identification Number (EIN) 55-0215070
	2c Plan Sponsor's telephone number 304-387-1300
	2d Business code (see instructions) 327100
	(Empty field)

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	<i>Delbert D. Furbee, CPA</i>	7/11/25	Delbert D. Furbee
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023)
v. 2300728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">269</td> </tr> </table>	5	269																															
5	269																																	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td style="text-align: right;">75</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">66</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">117</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">58</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">241</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td style="text-align: right;">24</td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td style="text-align: right;">265</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)		75	6a(2)		66	6b		117	6c		58	6d		241	6e		24	6f		265	6g(1)			6g(2)			6h		0
6a(1)		75																																
6a(2)		66																																
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6d		241																																
6e		24																																
6f		265																																
6g(1)																																		
6g(2)																																		
6h		0																																
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																																
7																																		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I

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

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached _____
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

Plan: The Fiesta Tableware Company Salaried Employees Pension Plan
 EIN / PN: 55-0215070 / 002

Schedule H, Line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Ishares Core S&P 500 ETF	Exchange Traded Fund					
Individual Purchases		\$ 3,492,243	\$ -	\$ 3,492,243	\$ 3,492,243	\$ -
Individual Sales			\$ 502,068	\$ 398,747	\$ 502,068	\$ 103,321
Ishares Core US Aggregate Bond ETF	Exchange Traded Fund					
Series of Purchases		\$ 3,100,631	\$ -	\$ 3,100,631	\$ 3,100,631	\$ -
Individual Purchases		\$ 2,401,580	\$ -	\$ 2,401,580	\$ 2,401,580	\$ -
Spdr Portfolio Dvlpd Wrld Ex-US ETF	Exchange Traded Fund					
Series of Purchases		\$ 1,192,175	\$ -	\$ 1,192,175	\$ 1,192,175	\$ -
MFS Intl Diversification CI R6	Mutual Fund					
Individual Purchases		\$ 1,720,985	\$ -	\$ 1,720,985	\$ 1,720,985	\$ -
Individual Sales			\$ 49,543	\$ 42,210	\$ 49,543	\$ 7,333
Vanguard 500 Index Fund	Mutual Fund					
Individual Sales			\$ 3,042,237	\$ 870,780	\$ 3,042,237	\$ 2,171,457
Schwab Treasury Oblig Money Fd	Cash Management Fund					
Series of Purchases		\$ 963,255	\$ -	\$ 963,255	\$ 963,255	\$ -
Series of Sales		-	4,573,531	4,573,531	4,573,531	-
Individual Sales		-	3,610,277	3,610,277	3,610,277	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**


▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE FIESTA TABLEWARE COMPANY SALARIED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE FIESTA TABLEWARE COMPANY	D Employer Identification Number (EIN) 55-0215070	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value.....		2a	19,191,873
b Actuarial value		2b	20,073,207
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	137	9,545,711	9,545,711
b For terminated vested participants.....	57	2,022,316	2,022,316
c For active participants.....	75	5,036,458	5,107,311
d Total	269	16,604,485	16,675,338
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....		5	5.22%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	0
b Expected plan-related expenses		6b	0
c Target normal cost.....		6c	0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>3/13/2025</u> Date
	<u>Sara K. DeFilippo</u> Type or print name of actuary	<u>2307318</u> Most recent enrollment number
	<u>Dunbar, Bender & Zapf, Inc.</u> Firm name	<u>412-263-0102</u> Telephone number (including area code)
	<u>400 Holiday Drive Suite 102 Pittsburgh PA 15220</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	2,131,149
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	0	2,131,149
10	Interest on line 9 using prior year's actual return of <u>11.58</u> %.....	0	246,787
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		87,986
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> %.....		4,742
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		92,728
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	2,377,936

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	106.11%
15	Adjusted funding target attainment percentage.....	15	120.37%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	110.83%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

<u>Age</u>	<u>Retirement Probability</u>	<u>Weight</u>
62	0%	0.00
63	0%	0.00
64	0%	0.00
65	100%	100.00

Weighted Retirement Age is 65

Schedule SB, Part V – Summary of Plan Provisions

I. Dates

- A. Effective Date (§1.1): Originally effective October 1, 1969
- B. Restatement (§1.1): Restated effective October 1, 1997

II. Definitions

- A. Accrued Benefit (§2.1): Amount payable as a life annuity calculated considering Average Monthly Earnings and Years of Credited Service (linear accrual)
- B. Actuarial Equivalent (§2.3): 1983 Group Annuity Mortality (83GAM) male rates set back two years and 8% interest. Effective October 1, 2010, Applicable Mortality Table required by IRC §417(e)(3) and 7% interest.
- C. Average Monthly Earnings (§2.6): The monthly average of the participant's earnings over the last 60 consecutive calendar months of Covered Employment. If the participant has less than 60 months of Covered Employment, then the monthly average over the actual consecutive months of Covered Employment.
- D. Covered Employment, Eligible Employee (§2.10, §2.11): Employment with the Employer, excluding those represented by a collective bargaining agreement
- E. Entry Date (§2.15): April 1 or October 1
- F. Plan Year (§2.28): October 1 to September 30

III. Participation

- A. Eligibility, Participation (§3.1, §3.2): Attainment of age 21 and completion of one Year of Eligibility Service. Participation commences on the Entry Date coincident or next following satisfaction of these requirements. Effective September 30, 2023, participation in the plan was frozen.
- B. Transfers (§3.3): Actives who leave Covered Employment shall cease being an Active participant and become considered inactive as of date of transfer. In this situation, upon subsequent transfer back to Covered Employment, they shall again participate as of the date of retransfer. An employee who transfers from non-covered employment to covered employment shall become a participant on the date of transfer if they have met the age and service requirement as of that date. If not, they will participate effective on the Entry Date coincident or next following the satisfaction of the age and service requirements.

Schedule SB, Part V – Summary of Plan Provisions (Continued)

IV. Service

- A. Year of Service (§4.3): Earned for each Plan Year in which the Participant completes 1,000 hours, excluding Plan Years before age eighteen and any Breaks in Service
- B. Year of Credited Service (§4.4): Prior to October 1, 1976, continuous elapsed time service with the Employer excluding periods before October 1, 1949. After October 1, 1976, earned for each Plan Year of Covered Employment in which 1,000 hours are completed, excluding any Breaks in Service. Effective September 30, 2023, service in the plan was frozen.
- C. Year of Eligibility Service (§4.5): Earned for completing 1,000 hours in Eligibility Computation Period

V. Income Eligibility

- A. Normal Retirement Age (§2.24): Later of age 65 or fifth anniversary of participation.
- B. Normal Retirement Date (§2.25): First of the calendar month coincident with or next following the attainment of Normal Retirement Age
- C. Late (§5.2): Permitted upon termination of employment
- D. Early Retirement (§5.3): Age 60 with five Years of Service
- E. Disability (§5.4): Age 50 with fifteen Years of Service or Age 62 with ten Years of Service. Must be a physical or mental disability that entitles Participant to receive Social Security disability benefits.
- F. Deferred Vested (§5.5): 100% vested after five Years of Service

VI. Retirement Income

- A. Basic Retirement Income (§6.1): Monthly benefit payable as a life annuity equal to \$3.75 plus 0.6% of Average Monthly Earnings in excess of \$650, multiplied by Years of Credited Service. Effective October 1, 1999, benefit formula changed to 0.68% of Average Monthly Earnings multiplied by Years of Credited Service. Also effective October 1, 1999, a one-time cost-of-living adjustment made to non-employed persons in pay status equal to one-third of the percentage change in the CPI-U from the original date of retirement to October 1, 1999.
- B. Early Retirement Income (§6.4): Calculated the same as Basic Retirement Income considering Average Monthly Earnings and Years of Credited Service, reduced to Actuarial Equivalent if the annuity starting date is prior to Normal Retirement

Schedule SB, Part V – Summary of Plan Provisions (Continued)

- C. Postponed Retirement Income (§6.3): Calculated the same as Basic Retirement Income considering Average Monthly Earnings and Years of Credited Service as of the date Covered Employment ceased, but not less than the amount calculated as of the Normal Retirement Date
- D. Disability Retirement Income (§6.5): Calculated the same as Basic Retirement Income considering Average Monthly Earnings and Years of Credited Service, reduced to Actuarial Equivalent if the annuity starting date is prior to Normal Retirement
- E. Deferred Vested Retirement Income (§6.6): Calculated the same as Basic Retirement Income considering Average Monthly Earnings and Years of Credited Service, reduced to Actuarial Equivalent if the annuity starting date is prior to Normal Retirement

VII. Other

- A. Normal Form of Payment (§7.3): Actuarially equivalent 50% joint and survivor annuity to spouse for married participants; life annuity to single participants
- B. Optional Forms (§7.4, §7.7): Life annuity, 50%, 75%, and 100% joint and survivor annuities.

Participants who have not attained age 55 and are eligible for a Deferred Vested Retirement Income can elect a lump sum provided the present value does not exceed \$10,000. Present Value for this purpose is calculated using the interest rates for the fourth month prior to the plan year prescribed by IRC §417(e)(3) and the Applicable Mortality Table also prescribed by IRC §417(e)(3).

- C. Small Retirement Income Payments (§7.10): Participants who are eligible for a Deferred Vested Retirement Income will automatically be paid a lump sum provided the present value does not exceed \$5,000. Present Value for this purpose is calculated using the interest rates for the fourth month prior to the plan year prescribed by IRC §417(e)(3) and the Applicable Mortality Table also prescribed by IRC §417(e)(3).

Plan: The Fiesta Tableware Company Salaried Employees Pension Plan
 EIN / PN: 55-0215070 / 002

Schedule H, Line 4i - 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
	Blackrock High Yield Instl	Mutual Fund, 31,416 Shares	\$ 224,329	\$ 227,137
	DFA Real Estate Securities Port Inst	Mutual Fund, 10,746 Shares	\$ 446,748	\$ 476,922
	Fidelity Adv Smal Cap Growth Fd CI Z	Mutual Fund, 16,624 Shares	\$ 541,997	\$ 563,885
	Janus Henderson Enterprise Fd N	Mutual Fund, 3,602 Shares	\$ 534,520	\$ 553,416
	MFS Intl Diversification CI R6	Mutual Fund, 76,307 Shares	\$ 1,678,775	\$ 1,954,229
	Pimco Incm Fd Inst CI	Mutual Fund, 83,806 Shares	\$ 896,776	\$ 904,270
	Victory Sycamore Est Value Fund-I	Mutual Fund, 9,139 Shares	\$ 476,249	\$ 480,821
	Dimensional US Targeted Value	Exchange Traded Fund, 6,583 Shares	\$ 355,416	\$ 366,212
	Ishares Core MSCI Emerging	Exchange Traded Fund, 9,807 Shares	\$ 533,207	\$ 563,020
	Ishares Core S&P 500	Exchange Traded Fund, 6,990 Shares	\$ 3,093,496	\$ 4,031,972
	Ishares Core US Aggregate Bond	Exchange Traded Fund, 31,130 Shares	\$ 3,100,631	\$ 3,152,535
	SPDR Portfolio Dvlpd Wrld Ex-US	Exchange Traded Fund, 34,531 Shares	\$ 1,192,175	\$ 1,296,984
	Vanguard Long Term Cor Bd	Exchange Traded Fund, 2,791 Shares	\$ 222,415	\$ 226,713
	Advanced Micro Devices	Common Stock, 1,312 Shares	\$ 153,344	\$ 215,273
	Aerovironment Inc	Common Stock, 398 Shares	\$ 74,841	\$ 79,799
	Alphabet Inc - Class A	Common Stock, 2,505 Shares	\$ 105,143	\$ 415,454
	Amazon.com Inc	Common Stock, 2,448 Shares	\$ 304,512	\$ 456,136
	American Express	Common Stock, 546 Shares	\$ 97,756	\$ 148,075
	Ametek Inc New	Common Stock, 898 Shares	\$ 137,889	\$ 154,196
	Apple Inc	Common Stock, 1,677 Shares	\$ 122,396	\$ 390,741
	B W X Technologies I	Common Stock, 1,519 Shares	\$ 125,280	\$ 165,115
	Bank of America Corp	Common Stock, 3,354 Shares	\$ 138,620	\$ 133,087
	Becton Dickinson & Co	Common Stock, 670 Shares	\$ 158,733	\$ 161,537
	Boeing Co	Common Stock, 819 Shares	\$ 167,681	\$ 124,521
	Booz Allen Hamilton	Common Stock, 353 Shares	\$ 51,814	\$ 57,454
	Cintas Corp	Common Stock, 860 Shares	\$ 128,403	\$ 177,057
	Comcast Corp New CI A	Common Stock, 4,045 Shares	\$ 164,489	\$ 168,960
	Costco Wholesale Corp	Common Stock, 163 Shares	\$ 53,148	\$ 144,503
	CVS Health Corporation	Common Stock, 1,735 Shares	\$ 117,607	\$ 109,097
	Dexcom Inc	Common Stock, 1,477 Shares	\$ 124,124	\$ 99,018
	Dominos Pizza Inc	Common Stock, 290 Shares	\$ 128,212	\$ 124,741
	Elevance Health Inc.	Common Stock, 367 Shares	\$ 189,300	\$ 190,840
	Fiserv Inc	Common Stock, 387 Shares	\$ 39,198	\$ 69,525
	Fortive Corporation	Common Stock, 3,821 Shares	\$ 261,119	\$ 301,591
	General Dynamics Corp	Common Stock, 179 Shares	\$ 44,143	\$ 54,094
	General Electric Co	Common Stock, 569 Shares	\$ 94,197	\$ 107,302
	Home Depot Inc	Common Stock, 94 Shares	\$ 34,135	\$ 38,089
	Hunt J B Trans Svcs Inc	Common Stock, 325 Shares	\$ 55,312	\$ 56,007
	Insulet Corp	Common Stock, 319 Shares	\$ 54,370	\$ 74,247
	Intuitive Surgical	Common Stock, 241 Shares	\$ 67,965	\$ 118,396
	Iqvia Holdings Inc	Common Stock, 255 Shares	\$ 61,041	\$ 60,427
	JP Morgan Chase & Co	Common Stock, 418 Shares	\$ 47,892	\$ 88,139
	Johnson & Johnson	Common Stock, 780 Shares	\$ 79,585	\$ 126,407
	Keysight Technologies	Common Stock, 647 Shares	\$ 79,691	\$ 102,828
	Lockheed Martin Corporation	Common Stock, 485 Shares	\$ 241,836	\$ 283,512
	Marvell Tech Group	Common Stock, 1,696 Shares	\$ 90,854	\$ 122,315
	Mastercard Inc	Common Stock, 299 Shares	\$ 140,180	\$ 147,646
	McDonald's Corp	Common Stock, 1,172 Shares	\$ 311,255	\$ 356,886
	Microsoft Corp	Common Stock, 1,323 Shares	\$ 174,292	\$ 569,287
	Parker Hannifin Corp	Common Stock, 154 Shares	\$ 53,684	\$ 97,300
	Procter & Gamble Co	Common Stock, 939 Shares	\$ 107,399	\$ 162,635
	Salesforce Inc	Common Stock, 721 Shares	\$ 149,513	\$ 197,345
	Samsara Inc	Common Stock, 3,566 Shares	\$ 148,746	\$ 171,596
	Servicenow Inc	Common Stock, 74 Shares	\$ 34,883	\$ 66,185
	Steris PLC	Common Stock, 481 Shares	\$ 118,408	\$ 116,662
	Stryker Corp	Common Stock, 850 Shares	\$ 266,027	\$ 307,071
	Thermo Fisher Scientific Corp Com	Common Stock, 241 Shares	\$ 137,648	\$ 149,075
	Unitedhealth Group Inc	Common Stock, 253 Shares	\$ 80,721	\$ 147,924
	Vertiv Hldg Co	Common Stock, 1,380 Shares	\$ 110,124	\$ 137,296
	Visa Inc - Class A	Common Stock, 258 Shares	\$ 19,803	\$ 70,937
	Walmart Inc	Common Stock, 3,814 Shares	\$ 220,442	\$ 307,980
	Workday Inc	Common Stock, 675 Shares	\$ 153,137	\$ 164,977
	Total		\$ 19,317,626	\$ 23,087,401