CERINI & ASSOCIATES, LLP 3340 VETERANS MEMORIAL HWY BOHEMIA, NY 11716

FIESTA TABLEWARE COMPANY COLLECTORS ORGANIZATION 5223 BAYOU GLEN ROAD HOUSTON, TX 77056

Haallaalllaaddallaaldal

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CLIENT'S COPY

FIESTA TABLEWARE COMPANY COLLECTORS ORGANIZATION 5223 BAYOU GLEN ROAD HOUSTON, TX 77056

STATEMENT

PREPARATION OF 2022 EXEMPT ORGANIZATION TAX RETURN(S).....

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

FIESTA TABLEWARE COMPANY COLLECTORS ORGANIZATION 5223 BAYOU GLEN ROAD HOUSTON, TX 77056

PREPARED BY:

CERINI & ASSOCIATES, LLP 3340 VETERANS MEMORIAL HWY BOHEMIA, NY 11716

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2023.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

CIVID	140.	1040	00-1	

For calendar year 2022, or fiscal year beginning

, 2022, and ending

2022

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.
FIESTA TABLEWARE COMPANY COLLECTORS

ORGANIZATION

EIN or SSN 87-2166785

Name and title of officer or person subject to tax MERRILL MILLER TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

ian or	e iiile iii Fait i.			
1a	Form 990 check here		Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a	Form 990-EZ check here	X	Total revenue, if any (Form 990-EZ, line 9)	64,386.
3a	Form 1120-POL check here		Total tax (Form 1120-POL, line 22)	. 3b
4a	Form 990-PF check here		Tax based on investment income (Form 990-PF, Part V, line 5)	
5a	Form 8868 check here		Balance due (Form 8868, line 3c)	. 5b
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Si	gnatu	e Authorization of Officer or Person Subject to Tax	
Inder p	penalties of perjury, I declare tha	t XI	am an officer of the above entity or $ igsqcup $	spect to (name
f entity	y)		, (EIN) and that I ha	ve examined a copy of the
022 el	ectronic return and accompanyi	ng sche	fules and statements, and, to the best of my knowledge and belief, they are t	rue, correct, and

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box on

X Lauthorize CERINI & ASSOCIATES, LL	Ρ
--------------------------------------	---

to enter my PIN

12345
Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

ERO firm name

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

11371175221

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS _{e-file} Providers for Business Returns.

ERO's signature

Date 03/06/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For the	e 2022 calendar year, or tax year beginning	, 2022	, and ending			
В	Check it applicate	ole: C Name of organization			D Employer id	lentification number	
	 i	ess change FIESTA TABLEWARE COMPANY COLLECTORS					
Ī	Nam	e change ORGANIZATION	87-21	87-2166785			
	Initia	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone r	number			
Ī		return/ nated 5223 BAYOU GLEN ROAD	631-6	89-3616			
Ī	Ame	City or town, state or province, country, and ZIP or foreign postal code	F Group Exen	nption			
	Applio	ation pending HOUSTON, TX 77056			Number		
G	Accour	nting Method: X Cash Accrual Other (specify)			H Check	X if the organization is	
ī	Websi					d to attach Schedule B	
J	Tax-ex	rempt status (check only one) $ \times$ 501(c)(3) \times 501(c) () (insert no.)	4947(a)(1) or 527	(Form 990)		
		of organization: X Corporation Trust Association Oth			,		
L	Add lir	les 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or if tot	al assets (Part I	l,		
	columi	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ			\$	64,386.	
F	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Ba	alances	(see the instru	actions for Part	(I)	
		Check if the organization used Schedule O to respond to any question in this Part I				X	
	1	Contributions, gifts, grants, and similar amounts received			1	10,913.	
	2	Program service revenue including government fees and contracts				39,892.	
	3	Membership dues and assessments				13,581.	
	4	Investment income					
	5a	Gross amount from sale of assets other than inventory 5	a				
	b	Less: cost or other basis and sales expenses5	b				
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c		
	6	Gaming and fundraising events:					
a	, a	Gross income from gaming (attach Schedule G if greater than					
Revenue		\$15,000)	a				
eve	b		contributio	ons			
α	:	from fundraising events reported on line 1) (attach Schedule G if the sum of such					
		gross income and contributions exceeds \$15,000)	b				
	С	Less: direct expenses from gaming and fundraising events	ic				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	t line 6c)		6d		
	7a	Gross sales of inventory, less returns and allowances	'a				
	b	Less: cost of goods sold					
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c		
	8	Other revenue (describe in Schedule 0)					
_	9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				64,386.	
	10	Grants and similar amounts paid (list in Schedule 0)					
	11	Benefits paid to or for members			11		
S	12	Salaries, other compensation, and employee benefits				21,940.	
ŠUŠ	13		essional fees and other payments to independent contractors				
Expenses	14	Occupancy, rent, utilities, and maintenance				10 500	
ш	15	Printing, publications, postage, and shipping			15	10,722.	
	16	Other expenses (describe in Schedule 0) SEE	SCHE	OUTE O	16	14,135.	
_	17	Total expenses. Add lines 10 through 16				46,797.	
Ç	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	17,589.	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				4 066	
As		(must agree with end-of-year figure reported on prior year's return)			1 1	4,066.	
Ne	20	Other changes in net assets or fund balances (explain in Schedule 0)				0.	
	21	Net assets or fund balances at end of year, Combine lines 18 through 20			21	21,655.	

232171 12-16-22

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

Page 2

Part II	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	ond to any question	in this Part II			
		()	A) Beginning of year		(B) E	nd of year
22 Cas	sh, savings, and investments		4,066.	22		22,087.
23 Lan	d and buildings			23		
24 Oth	er assets (describe in Schedule O)			24		
	al assets		4,066.			22,087.
26 Tot	al liabilities (describe in Schedule 0)		0.			432.
	assets or fund balances (line 27 of column (B) must agree with line 21)		4,066.	27		21,655.
Part II		`	,			penses
	Check if the organization used Schedule O to resp	ond to any question	in this Part III	X		for section and 501(c)(4)
What is th	e organization's primary exempt purpose? SEE SCHEDULE O				organizatio	ons; optional for
	e organization's program service accomplishments for each of its three largest program se		In a clear and concise		others.)	
	cribe the services provided, the number of persons benefited, and other relevant information	ion for each program title.				
28 SEE	E SCHEDULE O					
-				_		7 (10
(Gran	, , , , , , , , , , , , , , , , , , , ,	rants, check here			28a	7,618.
29 <u>SAI</u>	LES OF EXCLUSIVE POTTERY					
				_		10 607
(Gran	nts \$) If this amount includes foreign g	rants, check here			29a	12,627.
30						
				_		
(0)	λ f this constant in all also four interest			$\overline{}$	30a	
(Gran	, , , , , , , , , , , , , , , , , , , ,				30a	
(Gran		ranta abaak bara			31a	
	, <u> </u>				32	20,245.
Part I	l program service expenses (add lines 28a through 31a) / List of Officers, Directors, Trustees, and Key Er	nplovees (list each one e	ven if not compensated - se	oo the i	ostructions for	20,243.
raiti	Check if the organization used Schedule O to resp			ee uie i	ilstructions for	raitiv)
	Check if the organization adda concadie o to resp	(b) Average hours		(d) He	alth benefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC/	` ćontr	ibutions to	amount of other
	(a) Name and the	position		plans,	and deferred pensation	compensation
SUSAN	N TOBIER		(ii not para, onto: o)		ponoanon	
DIREC		2.00	0.		0.	0.
	LD COOK	2.00	1		<u>.</u>	<u>·</u>
	DENT & DIRECTOR	2.00	0.		0.	0.
	SCHAEFER	2000				
	PRESIDENT & DIRECTOR	10.00	0.		0.	0.
	ILL MILLER	10,00				<u> </u>
	SURER & DIRECTOR	10.00	0.		0.	0.
	SSA SCHLEGELMANN	2000				
	TTARY & DIRECTOR	10.00	0.		0.	0.
		1				
		1				
			1			

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Form 990-EZ (2022)

ORGANIZATION

87-2166785

Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
_			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		103	140
00		33		х
34	were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	"		
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	<u> </u>		
	on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	_		37
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	200		Х
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	38a		21
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4955 0 •_			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
a	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed by the organization			
۵	by the organization U •			
·	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed \mathbf{TX}			
42 a	The organization's books are in care of THE ORGANIZATION Telephone no. (631)	689	-362	16
	Located at 5223 BAYOU GLEN ROAD, HOUSTON, TX ZIP+4	7705	6	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	_
	account)?	42b		X
	If "Yes," enter the name of the foreign country See the instructions for executions and filing requirements for FigCEN Form 114 Penant of Foreign Reply and Figuresia Accounts (FRAD)			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
Ü	If "Yes," enter the name of the foreign country	420	<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			77
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44d		
45 o	in Schedule 0 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		Х
	Did the organization have a controlled entity within the meaning of section 312(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	700		
-	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
	· · · · · · · · · · · · · · · · · · ·	Form 9	90-EZ ((2022)

Page 4

								Yes	No
	rganization engage, directly or indirectly, in po								v
Part VI	somplete Schedule C, Part I Section 501(c)(3) Organizations	: Only					. 46	5	X
	All section 501(c)(3) organizations must a		19h and 52 and	l complete th	ne tables for lines	50 and 51			
	Check if the organization used Schedule	•	•	•					
	•							Yes	No
47 Did the o	rganization engage in lobbying activities or hav	ve a section 501(h) elect	ion in effect durin	g the tax year'	?				
If "Yes," c	complete Sch. C, Part II						47	7	X
	ganization a school as described in section 170								X
49 a Did the o	rganization make any transfers to an exempt n	on-charitable related org	ganization?						X
	was the related organization a section 527 orga						49		<u> </u>
-	e this table for the organization's five highest co		•	rs, airectors, ti	rustees, and key er	npioyees) wr	io eacn	receivea	more
LIIAII \$ 100	0,000 of compensation from the organization. (a) Name and title of each employee	ii there is none, enter iv	(b) Average	houre	(C) Reportable	(d) Health be	nefits	(e) Estin	nated
	(a) Name and title of each employee		per week dev		compensation (Forms W-2/1099-MISC/	contribution employee be	s to ,	mount o	
	NON	IE	positio	n	1099-NEC)	plans, and de compensat	ferred	compens	sation
		-							
	mber of other employees paid over \$100,000								
-	e this table for the organization's five highest co		t contractors who	each received	i more than \$100,0	100 of compe	nsation	from the	
	tion. If there is none, enter "None." NON			/b) T.			(a) Oan		
(a) N	Name and business address of each independe	III COIIII actor		(0) 1)	pe of service		(c) COII	npensatio)
d Total nun	nber of other independent contractors each rec	ceiving over \$100,000							
52 Did the o	rganization complete Schedule A? Note: All se	ection 501(c)(3) organiza	ations must attach	ı a				_	_
	ed Schedule A						X		No
	s of perjury, I declare that I have examined this					-	vledge a	nd belief	, it is
true, correct, a	nd complete. Declaration of preparer (other tha	an officer) is based on al	I information of w	hich preparer	has any knowledge	e. T			
0:	Signature of officer					Date			
Sign Here	-	A CLIDED							
	MERRILL MILLER, TRE Type or print name and title	ASURER							
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
	Trankrype preparer 5 hame	i reparer a arguature		Dait	self- emplo	_ '	4		
Paid	KEN CERINI			03/06/	· ·	· I	ากวว	3556	
Preparer	Firm's name CERINI & ASS	L OCTATES 1.1	'.P	05/00/	Firm's EIN				
Use Only	Firm's address 3340 VETERA				Phone no.				
	BOHEMIA, NY		_ 11/1 1		E HOHE HO.				
May the IRS di	scuss this return with the preparer shown abo						X	Yes T	No
								n 990-EZ	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

FIESTA TABLEWARE COMPANY COLLECTORS **Employer identification number** Name of the organization ORGANIZATION 87-2166785 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

87-2166785 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
_	Public support. Subtract line 5 from line 4.									
Sec	tion B. Total Support	-		_		_	_			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)				
	organization, check this box and stop									
Sec	tion C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2022 (I					14	%			
	Public support percentage from 2021					15	%			
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and			
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2021. If the				d line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qual	•	• • •							
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	zation			
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
	meets the facts-and-circumstances te	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
b		- 2021. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
b		-					10% or			
b	10% -facts-and-circumstances test	ne facts-and-circun	nstances test, che	eck this box and s	top here. Explain	in Part VI how the	10% or			

232022 12-09-22

87-2166785 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	etion A. Public Support	ciow, picase comp	olete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,		, ,	,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")					10,913.	10,913.
2	Gross receipts from admissions,					, ,	,
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					53,472.	53,472.
3	Gross receipts from activities that					00,111	
Ū	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					64,385.	C 1 20E
	Total. Add lines 1 through 5					04,303.	64,385.
78	Amounts included on lines 1, 2, and						0
L	3 received from disqualified persons						0.
K	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						64,385.
	ction B. Total Support	1	_		T		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6					64,385.	64,385.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					64,385.	64,385.
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	n,
	check this box and stop here						X
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income					
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line 17	is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the		-		• •		
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

232023 12-09-22

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4 -		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	ЭIJ		
	9с		
	10a		
	10b		<u> </u>
ule	A (Forn	n 990)	2022

232024 12-09-22

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	aon or typo it outporting organizations		Va	Nic
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	c)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ol-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). S					
	All other Type III non-functionally integrated supporting organizations must		•			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
_ 7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount				Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ly integrato	nd Type III supporting area	nization (soo		

Schedule A (Form 990) 2022

instructions).

Sche	dule A (Form 990) 2022 ORGANIZATION			8	7-2166785 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continue}	ed)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	:	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

FIESTA TABLEWARE COMPANY COLLECTORS 87-2166785 Page 8 ORGANIZATION Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

Schedule A (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FIESTA TABLEWARE COMPANY COLLECTORS ORGANIZATION

Employer identification number 87-2166785

OKOMIZATION	07 2100703
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	1,261.
SUPPLIES	470.
OFFICE EXPENSES	3,332.
POTTERY EXPENSES	9,072.
TOTAL TO FORM 990-EZ, LINE 16	14,135.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO EDUCA	
ABOUT ONE OF THE LAST REMAINING AMERICAN-MADE DINNERWARD	E COMPANIES LEFT
IN THE UNITED STATES.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLE	ISHMENTS:
PROVIDING MEMBERS WITH EDUCATIONAL RESOURCES TO LEARN	
ABOUT HOMER LAUGHLIN/FIESTA TABLEWARE COMPANY HISTORY AN	ND
DINNERWARE LINES INCLUDING THROUGH THE PUBLICATION	
"FLIPPING DISHES."	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BEN	EETM COMMDACMC.
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY I	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CON	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREM	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022