Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
M.A.L. ENTERPRISES, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1996

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)
M.A.L. ENTERPRISES, INC.

PO BOX 8
SWEETWATER, TX 79556

2b Employer Identification Number (EIN) 75-1387770

2c Plan Sponsor's telephone number 325-236-6351

2d Business code (see instructions) 445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2021	NEAL HOOVER
	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 [X] 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**	272
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	**6a(1)**	203
a(2) Total number of active participants at the end of the plan year	**6a(2)**	66
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	247
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	313
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	313
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	192
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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:

2A 2E 2G 2J 2K 2T 3D

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
M.A.L. ENTERPRISES, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M.A.L. ENTERPRISES, INC.

D Employer Identification Number (EIN)
75-1387770

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)

LEVERAGE RETIREMENT, INC.

PO BOX 889
ALLEN, TX 75013

75-1983809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	CONTRACT ADMIN	3200	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

FIRST FINANCIAL TRUST & ASSET MGMT

75-0944023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	NONE	9685	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
M.A.L. ENTERPRISES, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
M.A.L. ENTERPRISES, INC.

D Employer Identification Number (EIN)
75-1387770

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5783	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2815	16606
(2) Participant contributions	1b(2)		1525
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	18500	28629
(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)	2833303	3161878
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2860401	3208638
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	47051	36868
k	Total liabilities (add all amounts in lines 1g through1j)	1k	47051	36868
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2813350	3171770

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)	11062	
	(B) Participants	2a(1)(B)	124882	
	(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)		135944
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1488	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1488
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	113102	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		113102
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(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)		236626
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		487160
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	81351	
(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)		81351
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	32000	
(3) Investment advisory and management fees	2i(3)	9685	
(4) Other	2i(4)	5704	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		47389
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		128740
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		358420
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: CONDLEY & COMPANY **(2)** EIN: 75-1056027

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		301000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ 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 _____.

M.A.L. ENTERPRISES, INC. EMPLOYEES'
401(k) PROFIT SHARING PLAN
Sweetwater, Texas

FINANCIAL *STATEMENTS AND*
INDEPENDENT AUDITORS' REPORT

December 31, 2020 and 2019

M.A.L. ENTERPRISES, INC. EMPLOYEES'
401(k) PROFIT SHARING PLAN
Sweetwater, Texas

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December 31, 2020 and 2019

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October 12, 2021

Board of Directors
M.A.L. Enterprises, Inc.
Plan Administrator
M.A.L. Enterprises, Inc. Employees'
401(k) Profit Sharing Plan
Sweetwater, Texas

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of M.A.L. Enterprises, Inc. Employees' 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in **NOTE 3**, which was certified or provided by Charles Schwab Trust Company, a division of Charles Schwab Bank, the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Condley and Company, L.L.P.

Certified Public Accountants

M.A.L. ENTERPRISES, INC. EMPLOYEES'
401(k) PROFIT SHARING PLAN
Sweetwater, Texas

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2020	December 31, 2019
ASSETS		
Investments, at fair value	$ 3,161,876	$ 2,833,303
Uninvested cash	2	5,783
Receivables:		
Employer contributions	16,606	2,815
Participant contributions	1,525	-
Notes receivable from participants	28,629	18,500
Total Receivables	46,760	21,315
TOTAL ASSETS	3,208,638	2,860,401
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Excess contributions payable	36,868	47,051
TOTAL LIABILITIES	36,868	47,051
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,171,770	$ 2,813,350

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

M.A.L. ENTERPRISES, INC. EMPLOYEES'
401(k) PROFIT SHARING PLAN
Sweetwater, Texas

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2020

ADDITIONS:		
Additions to net assets attributed to:		
Investment Income:		
Net appreciation in fair value of investments	$	236,626
Interest and dividend income		113,102
Total Investment Income		349,728
Interest on notes receivable from participants		1,488
Contributions:		
Participant		124,882
Employer		11,062
Total Contributions		135,944
Total Additions		487,160
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid		81,351
Administrative expenses		47,389
Total Deductions		128,740
Net Increase		358,420
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR		2,813,350
END OF YEAR	$	3,171,770

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

M.A.L. ENTERPRISES, INC. EMPLOYEES'
401(k) PROFIT SHARING PLAN
Sweetwater, Texas

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 1: PLAN DESCRIPTION

The following description of the M.A.L. Enterprises, Inc. Employees' 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan was established July 1, 1996, as a defined contribution plan to benefit participating employees of the Plan sponsor M.A.L. Enterprises, Inc. and Lawrence Management Services (collectively the "Employer") in compliance with the Employee Retirement Income Security Act of 1974. The Plan is a participant directed plan and allows for tax deferred employee contributions. The Plan provides eligible employees an opportunity to accumulate funds for retirement, death and disability benefits.

Plan Administration

The Plan is administered by the Plan Administrator who is appointed by the Board of Directors of the Employer. The Plan's trustee, First Financial Trust and Asset Management Company, N.A. (the "trustee"), is responsible for managing the Plan's assets. Charles Schwab Trust Company, a division of Charles Schwab Bank, serves as the custodian of the Plan assets.

Eligibility to Participate

Generally, each employee is eligible to participate in the Plan upon completing one hour of service.

Employee Contributions

Participants in the Plan may elect to have compensation deferred through payroll deductions. The maximum contribution amount for 2020 is $19,500. An added contribution up to $6,500 in salary deferral catch-up is allowed for those 50 or older, for a total possible contribution of $26,000.

Participants may roll over amounts representing distributions from other qualified defined contribution plans.

Employer Contributions

The Employer has the right to make matching contributions to each participant's account regardless of the profitability of the Employer during the Plan year. The matching contributions shall be a percentage of the salary deferral amount for each participant. Employer matching contributions, whether or not qualified, will only be made on employee contributions not withdrawn prior to the end of the Plan year.

The Employer also has the right to make an additional discretionary contribution, which shall be allocated to each eligible participant in proportion to his or her compensation as a percentage of the compensation of all eligible participants. The discretionary contribution and the allocation thereof shall be unrelated to any employee contributions made hereunder. The forfeitures are allocated in the same manner as the Employer's contributions. For amounts attributable to the Employer's discretionary contributions, the amounts will be allocated to all eligible participants under the Plan. For amounts attributable to the Employer's matching

contributions, the amounts will only be allocated to participants eligible for an allocation of matching contributions in the current year.

The Plan, as required by the Internal Revenue Code, includes special rules in years that the Plan is determined to be a "Top Heavy Plan". The Plan becomes a "Top Heavy Plan" when it allocates more than sixty percent (60%) of the contributions or benefits to "Key Employees". "Key Employees" are generally owners, officers, shareholders, or highly compensated individuals. If the Plan becomes top heavy in any year, the Employer is required to allocate three percent (3%) of applicable compensation for each employee to his/her participant account.

Participant Investment Options

Participants may direct their salary deferral contributions to selected investments as made available and determined by the Plan Administrator or if they choose, they can direct their salary deferral contributions to any investment traded by the trustee.

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related Employer matching contributions, as well as the participant's share of the Plan's income and any related administrative expense. Allocations of income and expenses are based upon the proportion that each participant's account balance bears to the total of all participant account balances. The benefit to which each participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeitures

Forfeited non-vested accounts totaled $1 and $729 as of December 31, 2020 and 2019, respectively. These accounts will be used to reduce future Employer contributions or Plan administrative expenses. The Plan utilized $1,435 of forfeitures during the year ended December 31, 2020 to reduce Plan expenditures.

Notes Receivable from Participants

The participants may borrow a minimum of $1,000 to a maximum of $50,000 less the highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date of the new loan over the current outstanding balance of loans as of the date of the new loan, or fifty percent (50%) of the vested interest in the Plan. The Plan administrator will establish an interest rate at the inception of the loan based upon the prime lending rate of a commercial U.S. bank available within a reasonable geographic vicinity, plus 2%.

Payment of Benefits

On termination of service due to death, disability or retirement, or for any other reason a participant may request a distribution and will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Vesting

Upon termination of service due to death, disability or retirement, or for any other reasons a participant may elect to receive a distribution amount equal to the value of the participant's vested interest in his or her account. The payment options under the provisions of the Plan include a lump sum payment, installment payment, life annuity, life annuity with guaranteed payments for twenty years, and joint and survivor annuity. Vesting is based on a six year schedule as follows:

Less than 1 year	None
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

Plan Termination

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

Coronavirus Aid Relief and Economic Security Act of 2020

During 2020, the Plan implemented certain CARES Act provisions to allow for special coronavirus-related distributions up to $100,000 permitted beginning on or after January 1, 2020 and before December 31, 2020, an increase in Plan loan amount to the lesser of $100,000 or 100% of the participant's vested balance, and waiver of 2020 required minimum distributions.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

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 amount of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines valuation policies utilizing information provided by its investment advisor and custodian. See **NOTE 4** for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend rate. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. Delinquent notes are treated as distributions based upon the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2020 excess contributions to the applicable participants before March 15, 2021.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Administrative functions are performed by officers or employees of the Employer but receive no compensation from the Plan. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Recent Accounting Pronouncements

Adopted

ASU 2018-13
In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement*. The amendments in this ASU modify the disclosure requirements on fair value measurements in Topic 820, Fair Value Measurement, based on the concepts in the FASB Concepts Statement, including the consideration of costs and benefits.

The following disclosure requirements were removed from Topic 820:

1. The amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy.
2. The policy for timing of transfers between levels.
3. The valuation processes for Level 3 fair value measurements.
4. For nonpublic entities, the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period.

The following disclosure requirements were modified in Topic 820:

1. In lieu of a roll forward for Level 3 fair value measurements, a nonpublic entity is required to disclose transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities.
2. For investments in certain entities that calculate net asset value, an entity is required to disclose the timing of liquidation of an investee's assets and the date when restrictions from redemption might lapse only if the investee has communicated the timing to the entity or announced the timing publicly.

3. The amendments clarify that the measurement uncertainty disclosure is to communicate information about the uncertainty in measurement as of the reporting date.

The amendments in this Update are effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. The entity is permitted to early adopt any removed or modified disclosures upon issuance of this update and delay adoption of the additional disclosures until their effective date. The adoption of this Update did not have a significant effect on the Plan's disclosures.

Recent accounting pronouncements issued by the FASB (including its Emerging Issues Task Force) and the American Institute of Certified Public Accountants did not or are not believed by management to have a material impact on the Plan's present or future financial statements.

NOTE 3: INFORMATION CERTIFIED BY CHARLES SCHWAB TRUST COMPANY, A DIVISION OF CHARLES SCHWAB BANK, UNAUDITED

The following is a summary of the Plan's asset information as of December 31, 2020 and 2019, and for the year ended December 31, 2020, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

	2020	2019
Mutual funds	$ 3,151,796	$ 2,820,099
Money market fund	10,080	13,204
Uninvested cash	2	5,783
Total	$ 3,161,878	$ 2,839,086

Charles Schwab Trust Company, a division of Charles Schwab Bank also certified to the completeness and accuracy of $236,626 of net appreciation in fair value of investments, and $113,102 of interest and dividends for the year ended December 31, 2020.

NOTE 4: FAIR VALUE MEASUREMENTS

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

Level 1 — Quoted prices for identical assets and liabilities traded in active exchange markets.

Level 2 — Observable inputs other than Level 1 including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data.

Level 3 — Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation; also includes observable inputs for nonbinding single dealer quotes not corroborated by observable market data.

The following is a description of valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2020.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end at the closing price reported on an active market.

Money market fund: Valued at the NAV of shares held by the Plan at year end at the closing price reported on an active market.

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

All investments in the statements of net assets available for benefits are reported at fair value. The following table sets forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,151,796	$ -	$ -	$ 3,151,796
Money market fund	10,080	-	-	10,080
Total assets at fair value	$ 3,161,876	$ -	$ -	$ 3,161,876

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 2,820,099	$ -	$ -	$ 2,820,099
Money market fund	13,204	-	-	13,204
Total assets at fair value	$ 2,833,303	$ -	$ -	$ 2,833,303

NOTE 5: PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Charles Schwab (custodian as defined by the Plan) and are therefore considered party-in-interest transactions. Fees paid by the Plan for investment fees (to the trustee as defined by the Plan) totaled $9,685 for the year ended December 31, 2020. Fees paid by the Plan to a third party service organization for recordkeeping fees totaled $37,704 for the year ended December 31, 2020.

NOTE 6: INCOME TAX MATTERS

The Plan has adopted a volume submitter plan sponsored by Leverage Retirement Incorporated. The volume submitter plan has received an advisory letter from the Internal Revenue Service as to the volume submitter plan's qualified status. The volume submitter plan advisory letter has been relied upon by the Plan. The Plan has been amended since the volume submitter plan received the advisory letter. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

NOTE 7: RISKS AND UNCERTAINTIES

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

NOTE 8: SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 12, 2021, the date the financials were available to be issued.

SUPPLEMENTAL INFORMATION

M.A.L. ENTERPRISES, INC. EMPLOYEES'
401(k) PROFIT SHARING PLAN
Sweetwater, Texas

EIN: 75-1387770
Plan number: 001

December 31, 2020

SCHEDULE H, PART IV, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	*Identity of Issue, Borrower, Lessor or Similar Party (b)*	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)*	*Cost (d)*	*Current Value (e)*
	Blackrock	Income Fund	v	$ 86,088
	BNY Mellon MidCap	Index Fund	v	325,371
	Dodge & Cox	Income Fund	v	33,291
	Doubleline Total Return	Bond Fund	v	62,779
	Federated Government	Ultrashort Duration Fund	v	1,546
	Federated Total Return	Bond Fund	v	31,951
	Federated US Govt Securities	Securities Fund	v	264,524
	Fidelity Balanced	Balanced Fund	v	13,430
	Hartford MidCap Class A	Midcap Fund	v	7,235
	Invesco	Equally Weighted S&P 500 Y	v	454,872
	Oppenheimer International Class Y	Small-Mid Fund	v	67,834
*	Schwab International	Index Fund	v	583,590
*	Schwab Small Cap	Small Cap Index Select Fund	v	309,131
	Vanguard Emerging Markets Stock	Index Fund	v	75,771
	Vanguard Energy	Index Fund	v	2,952
	Vanguard Investment Grade	Intermediate-Term Fund	v	4,239
	Vanguard Investment Grade	Long-Term Fund	v	222
	Vanguard REIT	Index Fund	v	2,178
	Vanguard Investment Grade	Short-Term Fund	v	127,534
	Vanguard Total Bond	Bond Market Index	v	190,774
	Vanguard Investment Grade	Short-Term Fund	v	2
	Vanguard 500	Index Fund	v	506,482
*	Schwab Bank Savings	Money market fund	v	10,080
*	Participants	Participant Loans Maturing 2021-2025 at interest rates of 5.25% - 7.50%		28,629
				$ 3,190,505

v *Cost omitted for participant directed investments*
* *Represents a party-in-interest*

The above information has been certified by Charles Schwab Trust Company, a division of Charles Schwab Bank, the Plan custodian, as complete and accurate.

The accompanying notes are an integral part of this schedule.

M.A.L. ENTERPRISES, INC. EMPLOYEES'
401(k) PROFIT SHARING PLAN
Sweetwater, Texas

EIN: 75-1387770
Plan number: 001

December 31, 2020

SCHEDULE H, PART IV, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	*Identity of Issue, Borrower, Lessor or Similar Party (b)*	*Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (c)*	*Cost (d)*	*Current Value (e)*
	Blackrock	Income Fund	v	$ 86,088
	BNY Mellon MidCap	Index Fund	v	325,371
	Dodge & Cox	Income Fund	v	33,291
	Doubleline Total Return	Bond Fund	v	62,779
	Federated Government	Ultrashort Duration Fund	v	1,546
	Federated Total Return	Bond Fund	v	31,951
	Federated US Govt Securities	Securities Fund	v	264,524
	Fidelity Balanced	Balanced Fund	v	13,430
	Hartford MidCap Class A	Midcap Fund	v	7,235
	Invesco	Equally Weighted S&P 500 Y	v	454,872
	Oppenheimer International Class Y	Small-Mid Fund	v	67,834
*	Schwab International	Index Fund	v	583,590
*	Schwab Small Cap	Small Cap Index Select Fund	v	309,131
	Vanguard Emerging Markets Stock	Index Fund	v	75,771
	Vanguard Energy	Index Fund	v	2,952
	Vanguard Investment Grade	Intermediate-Term Fund	v	4,239
	Vanguard Investment Grade	Long-Term Fund	v	222
	Vanguard REIT	Index Fund	v	2,178
	Vanguard Investment Grade	Short-Term Fund	v	127,534
	Vanguard Total Bond	Bond Market Index	v	190,774
	Vanguard Investment Grade	Short-Term Fund	v	2
	Vanguard 500	Index Fund	v	506,482
*	Schwab Bank Savings	Money market fund	v	10,080
*	Participants	Participant Loans Maturing 2021-2025 at interest rates of 5.25% - 7.50%		28,629
				$ 3,190,505

v *Cost omitted for participant directed investments*
* *Represents a party-in-interest*

The above information has been certified by Charles Schwab Trust Company, a division of Charles Schwab Bank, the Plan custodian, as complete and accurate.

The accompanying notes are an integral part of this schedule.