

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                      | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>CANVAS, INC. RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>03/01/2009</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>03/01/2009</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                            | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>03/01/2009</u>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CANVAS, INC.</u><br><br><u>228 EAST HOLMES AVENUE, SUITE 209</u><br><u>HUNTSVILLE, AL 35801</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>32-0214946</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>256-489-2988</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>519100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>32-0214946</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>256-489-2988</u> | <b>2d</b> Business code (see instructions)<br><u>519100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>32-0214946</u>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>256-489-2988</u>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>519100</u>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/18/2022 | ERIC QUELLA                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>FUTUREPLAN FIDUCIARY SERVICES LLC<br><br>PO BOX 55757<br>BOSTON, MA 02205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN<br>82-3719843<br><br><b>3c</b> Administrator's telephone number<br>855-711-5283                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 262                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 136<br><b>6a(2)</b> 240<br><b>6b</b> 3<br><b>6c</b> 179<br><b>6d</b> 422<br><b>6e</b> 0<br><b>6f</b> 422<br><b>6g</b> 390<br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2J 2K 2F 2G 3D 3H 2T<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> |  | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  | <b>2021</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

|                                                                                      |                                                                    |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>CANVAS, INC. RETIREMENT PLAN</b>                         | <b>B</b> Three-digit plan number (PN) <b>►</b><br><b>001</b>       |
|                                                                                      |                                                                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CANVAS, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>32-0214946</b> |

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

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

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

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

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

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

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

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

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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)

NATIONWIDE

ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | RECORD KEEPER                                                                                     | 93069                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

SYNOVUS SECURITIES INC

PO BOX 2628  
COLUMBUS, GA 31902

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17                     | BROKER                                                                                            | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 36822                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

FUTUREPLAN BY ASCENSUS

82-3719843

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | TPA                                                                                               | 8928                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

AVINTUS, LLC

04-3682160

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | TPA                                                                                               | 8675                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                      |                                                                                                                                                                                                                                                                                |                                         |            |  |  |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|--|--|
| <b>A</b> Name of plan<br><u>CANVAS, INC. RETIREMENT PLAN</u>                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ► | <u>001</u> |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                              | <u>001</u>                                                                                                                                                                                                                                                                     |                                         |            |  |  |
|                                                                                      |                                                                                                                                                                                                                                                                                |                                         |            |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CANVAS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>32-0214946</u>                                                                                                                                                                                                             |                                         |            |  |  |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 480363                | 325938          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 386                   | 82938           |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 85153                 | 160661          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 11525580              | 18199549        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 12091482 18769086 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             | 0 3560            |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 3560            |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 12091482 18765526 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1069141   |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 1403750   |
|          | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 2006133   |
| (2)      | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 4479024   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> | 4559      |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 4559      |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (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) |            | 1838353   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 6321936   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 1010952    |           |
| (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)  |            | 1010952   |
| 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)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 0         |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 1010952   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 5310984   |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            | 1363060   |
| (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: HILL, FOGG, & ASSOCIATES

(2) EIN: 63-0857231

**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:

**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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a | X   |    | 331    |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>c</b> 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.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>d</b> 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.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     | X  |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>n</b> 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. ....                                                                                                                         |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |        |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                               |                                                             |
|-------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>CANVAS, INC. RETIREMENT PLAN                         | <b>B</b> Three-digit plan number (PN) ▶<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CANVAS, INC. | <b>D</b> Employer Identification Number (EIN)<br>32-0214946 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                             |          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0 |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 31-1592130 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |   |

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

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year .....

**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year .....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

**CANVAS, INC. RETIREMENT PLAN**  
**FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
Canvas, Inc. Retirement Plan  
Huntsville, Alabama

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of Canvas, Inc. Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of Canvas, Inc. Retirement Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section—

- the amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2021 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Canvas, Inc. Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the 2021 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, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

## **Auditors' Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Canvas, Inc. Retirement Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Canvas, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

## **Other Matters**

### **2021 Supplemental Schedules Required by ERISA**

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

#### **Auditors' Report on the 2020 Financial Statements**

We were engaged to audit the 2020 financial statements of Canvas, Inc. Retirement Plan. 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 us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 8, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis of an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's rules and Regulations for Reporting and Disclosure under ERISA.

*Hill Jagg & Associates, P.C.*

**Huntsville, Alabama**  
**October 17, 2022**

**CANVAS, INC. RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AS OF DECEMBER 31, 2021 AND 2020**

|                                                              | <u>2021</u>                 | <u>2020</u>                 |
|--------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                                                |                             |                             |
| Participant directed investments, at fair value (see Note 3) | \$ 18,199,549               | \$ 11,525,580               |
| Receivables                                                  |                             |                             |
| Employer contributions                                       | 316,960                     | 480,363                     |
| Other employer contributions                                 | 8,978                       | -                           |
| Participant contributions                                    | 82,938                      | 386                         |
| Notes receivable from participants                           | <u>160,661</u>              | <u>85,153</u>               |
| Total receivables                                            | <u>569,537</u>              | <u>565,902</u>              |
| <b>TOTAL ASSETS</b>                                          | 18,769,086                  | 12,091,482                  |
| <b>LIABILITIES</b>                                           |                             |                             |
| Excess contributions payable                                 | <u>3,560</u>                | <u>-</u>                    |
| <b>TOTAL LIABILITIES</b>                                     | <u>3,560</u>                | <u>-</u>                    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                     | <u><u>\$ 18,765,526</u></u> | <u><u>\$ 12,091,482</u></u> |

*See accompanying independent auditors' report and notes to the financial statements*

**CANVAS, INC. RETIREMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2021**

|                                                       | <b>2021</b>      |
|-------------------------------------------------------|------------------|
| <b>ADDITIONS</b>                                      |                  |
| Additions to net assets attributed to:                |                  |
| Investment income:                                    |                  |
| Net appreciation in fair value of investments         | \$ 1,838,353     |
| Total investment income                               | 1,838,353        |
| Interest income on notes receivable from participants | 4,559            |
| Participant directed contributions:                   |                  |
| Employer                                              | 1,060,163        |
| Other employer                                        | 8,978            |
| Participant salary deferrals                          | 1,403,750        |
| Participant rollovers                                 | 2,006,133        |
| Total contributions                                   | 4,479,024        |
| <b>TOTAL ADDITIONS</b>                                | <b>6,321,936</b> |
| <b>DEDUCTIONS</b>                                     |                  |
| Deductions from net assets attributed to:             |                  |
| Benefits paid to participants                         | 1,010,952        |
| <b>TOTAL DEDUCTIONS</b>                               | <b>1,010,952</b> |
| <b>NET INCREASE IN NET ASSETS</b>                     | <b>5,310,984</b> |
| <b>TRANSFER FROM RELATED PLAN</b>                     | <b>1,363,060</b> |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>             |                  |
| Beginning of year                                     | 12,091,482       |
| End of year                                           | \$ 18,765,526    |

*See accompanying independent auditors' report and notes to the financial statements*

**CANVAS, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

---

**NOTE 1 – DESCRIPTION OF PLAN**

The following description of the Canvas, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

Date of Management's Review

Management has evaluated subsequent events through October 17, 2022, the date on which the financial statements were available to be issued.

General

The Plan is a defined contribution plan available to qualifying employees of Canvas, Inc. and Canvas Management Associates, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Trustee is responsible for oversight of the Plan. Effective January 1, 2021, the Plan amended the Company's matching contribution formula to 100% of participants' contributions, up to 6% of eligible compensation and also implemented an automatic enrollment feature to the Plan. On June 7, 2021, Canvas Management Associates, Inc. 401(k) P/S Plan was merged into the Plan.

Eligibility

Participation in the Plan is available to all eligible employees of the Company or any affiliate who has adopted the Plan and who have attained 21 years of age. Eligible employees must complete 1,000 hours of service to receive safe-harbor matching contributions. Eligible employees must also be employed by the Company at the end of the year and have completed 1,000 hours of service within the year, to receive profit sharing contributions.

Contributions

Each year, participants may contribute up to 100% of their annual compensation, as defined by the Plan, up to maximum amounts established by the Internal Revenue Service (IRS). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions, up to maximum amounts established by the IRS. Participants may also contribute amounts representing distributions from other qualified plans, as defined by the Plan.

Participants may designate some or all of the salary deferral as a Roth deferral at the time the participant makes his or her deferral election. Once made, the election is irrevocable (that is, a Roth deferral cannot later be re-characterized as a pretax salary reduction). The amount of the Roth deferral is included in participants' income for tax purposes, and the income tax withholding amounts are deducted from the remainder of compensation, not from the Roth deferral amount.

Effective January 1, 2021, the Company makes matching contributions equal to one hundred percent of participants' contributions, up to six percent of eligible compensation. For the year ended December 31, 2020, the Company made a safe-harbor match of employee contributions at a rate of one hundred percent of the first three percent of eligible participant compensation and fifty percent of the next two percent of eligible participant compensation, as defined by the Plan. The Company may also decide to make discretionary matching contributions. The Company made discretionary contributions of \$262,724 and \$473,841 for the years ended December 31, 2021 and 2020, respectively.

*See accompanying independent auditors' report*

**CANVAS, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS – CONTINUED**  
**DECEMBER 31, 2021 AND 2020**

---

**NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)**

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of the Company's contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Participants direct the investment of their contributions, as well as Company contributions, into various investment options offered by the Plan. Participants may make changes in their investment elections at any time.

Vesting

Participants are vested immediately in their voluntary contributions, rollover contributions, employer safe-harbor matching contributions, and employer discretionary profit sharing contributions, plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of a) \$50,000 reduced by excess (if any) of the highest outstanding balance of loans from the Plan on the date the loan is made, or b) 50% of their vested account balance. The loan is secured by the balance in the participant's account and bears interest at a rate determined by the Plan Administrator in accordance with Plan provisions. A loan is considered in default if the missed loan payment is not remitted at the time the required payment is due. Principal and interest are paid ratably through payroll deductions. Loan terms may not be greater than five years unless the loan is used for purchase of primary residence.

Payment of Benefits

Benefits commence upon one of several dates: retirement, disability, death, or termination of employment. Benefits are distributed by means of either direct rollover or lump sum distribution equal to the value of the participant's vested interest in his or her account or installment payments under various options.

Hardship Withdrawals

Participants are allowed withdrawals in the event of hardship due to immediate and heavy financial need as permitted by the U.S. Treasury regulations.

Forfeited Accounts

As of December 31, 2021 and 2020, forfeited non-vested accounts totaled \$3,957 and \$5,962, respectively. Forfeited accounts are first used to pay reasonable expenses; second, any remaining forfeitures shall be used to reduce employer contributions; and third, any remaining forfeitures shall be reallocated as employer contributions. There were no forfeitures used to reduce employer contributions for the years ended December 31, 2021 and 2020.

*See accompanying independent auditors' report*

**CANVAS, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS – CONTINUED**  
**DECEMBER 31, 2021 AND 2020**

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**NOTE 2 – SUMMARY OF ACCOUNTING POLICIES**

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments in all of the funds are presented at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 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 date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought, sold, and 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, 2021 or 2020. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Certain expenses related to the administration of the Plan are allocated to the participant's account, in accordance with the Plan document, and are included in administrative expenses. Fees related to the administration of notes receivable from participants and payment of benefits to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation/depreciation of fair value of investments.

Concentration of Market Risk

As of December 31, 2021 and 2020, there were no significant concentrations in the Plan's investment balance. The underlying value of the investments is dependent on the performance of the individual investment holding and the market's evaluation of such performance. It is at least reasonably possible that changes in the fair value of the registered investments and their investment holdings in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

*See accompanying independent auditors' report*

**CANVAS, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS – CONTINUED**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 3 – INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)**

The following is a summary of the Plan's asset information as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the Custodian and supplied to the Plan Administrator. The Plan Administrator has obtained a certification from the Custodian, Nationwide Trust Company, FSB, 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 in Notes 3 and 4, which appears throughout the financial statements and supplemental schedules related to the following assets:

|                                    | <b><u>2021</u></b>   | <b><u>2020</u></b>   |
|------------------------------------|----------------------|----------------------|
| Investments at fair value:         |                      |                      |
| Cash and cash equivalents          | \$ 64,804            | \$ 55,076            |
| Mutual funds                       | 18,134,745           | 11,470,504           |
| Total investments at fair value    | <u>\$ 18,199,549</u> | <u>\$ 11,525,580</u> |
| Notes receivable from participants | <u>\$ 160,661</u>    | <u>\$ 85,153</u>     |

Nationwide Trust Company, FSB also certified to the completeness and accuracy of \$1,838,353 of net appreciation in fair value of investments related to the aforementioned assets, including \$4,559 of interest on participant loans, for the year ended December 31, 2021.

**NOTE 4 – FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) ASC 820, *Fair Value Measurements and Disclosures*, 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) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

*See accompanying independent auditors' report*

**CANVAS, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS – CONTINUED**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)**

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the years ended December 31, 2021 or 2020.

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

*Money market funds:* Valued at amortized cost which approximates fair value.

As required by FASB ASC 820, the Plan's portfolio investments were classified as follows, based on fair values at December 31, 2021 and 2020:

| <u>Investment Level</u>                  | <u>2021</u>          | <u>2020</u>          |
|------------------------------------------|----------------------|----------------------|
| Level 1 Investments                      |                      |                      |
| Cash and cash equivalents                | \$ 64,804            | \$ 55,076            |
| Mutual funds                             | 18,134,745           | 11,470,504           |
| Total Level 1 Investments                | 18,199,549           | 11,525,580           |
| Level 2 Investments                      | -                    | -                    |
| Level 3 Investments                      | -                    | -                    |
| Total assets in the fair value hierarchy | 18,199,549           | 11,525,580           |
| Investments at fair value                | <u>\$ 18,199,549</u> | <u>\$ 11,525,580</u> |

**NOTE 5 – RELATED PARTY TRANSACTIONS**

Certain Plan investments are shares of mutual funds managed by Nationwide Trust Company, FSB. Nationwide Trust Company, FSB is the Custodian as defined by the Plan, and therefore, these investment transactions qualify as party-in-interest transactions. The transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of ERISA regulations. Fees during the year for accounting, actuarial and other services rendered by parties in interest were based on customary and reasonable rates for such services.

**NOTE 6 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As participants are fully vested in all contributions, there would be no effect on the Plan vesting schedule.

*See accompanying independent auditors' report*

**CANVAS, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS – CONTINUED**  
**DECEMBER 31, 2021 AND 2020**

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**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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities may occur in the near term and those changes could materially affect participants' account balances and the amount reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

**NOTE 8 – TRANSFER FROM RELATED PLAN**

During the Plan year ended December 31, 2021, the Plan received assets totaling \$1,363,060 from the Canvas Management Associates, Inc. 401(k) P/S Plan, which was merged into the Plan due to consolidation of related plans.

**NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2021 and 2020 to Form 5500:

|                                                                | <b><u>2021</u></b>          | <b><u>2020</u></b>          |
|----------------------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available for benefits per the financial statements | \$ 18,765,526               | \$ 12,091,482               |
| Participant contributions                                      | (82,938)                    | (386)                       |
| Employer contributions                                         | (316,960)                   | (480,363)                   |
| Other employer contributions                                   | (8,978)                     | -                           |
| Excess contributions payable                                   | 3,560                       | -                           |
| Net assets available for benefits per the Form 5500            | <b><u>\$ 18,360,210</u></b> | <b><u>\$ 11,610,733</u></b> |

The following is a reconciliation of the net increase in net assets per the financial statements for the year ended December 31, 2021 to Form 5500:

|                                                                                | <b><u>Year Ended</u></b>        |
|--------------------------------------------------------------------------------|---------------------------------|
|                                                                                | <b><u>December 31, 2021</u></b> |
| Net increase in net assets available for benefits per the financial statements | \$ 5,310,984                    |
| Participant contributions                                                      | (82,552)                        |
| Employer contributions                                                         | 163,403                         |
| Other employer contributions                                                   | (8,978)                         |
| Excess contributions payable                                                   | 3,560                           |
| Net income per the Form 5500                                                   | <b><u>\$ 5,386,417</u></b>      |

*See accompanying independent auditors' report*

**CANVAS, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS – CONTINUED**  
**DECEMBER 31, 2021 AND 2020**

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**NOTE 10 – TAX STATUS**

The IRS has determined and informed CCH Incorporated, the Volume Submitter Plan Sponsor, by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 11 – NON-EXEMPT TRANSACTIONS**

During the year ended December 31, 2021, employee contributions totaling \$331 were not remitted within the appropriate time period by the Plan Sponsor. These transactions constitute prohibited transactions, as defined by ERISA. The Plan Sponsor is aware of the occurrence and took corrective action subsequent to year end.

*See accompanying independent auditors' report*

## **SUPPLEMENTAL SCHEDULES**

**CANVAS, INC. RETIREMENT PLAN**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**Employer Identification Number: 32-0214946**
**Plan Number: 001**
**December 31, 2021**

| (b) Identity of Issuer,<br>Borrower, Lessor or<br>Similar Party |                       | (c) Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| *                                                               | Nationwide            | Aggregate SDBA Assets                                                                                            | **       | \$ 143,000           |
|                                                                 | AllianceBernstein     | AB Discovery Growth Fund Class I                                                                                 | **       | 167,504              |
|                                                                 | AllianceBernstein     | AB High Income Fund Class I                                                                                      | **       | 80,491               |
|                                                                 | AllianceBernstein     | AB Large Cap Growth Fund Class I                                                                                 | **       | 2                    |
|                                                                 | Alger                 | Capital Appreciation Institutional Fund Class I                                                                  | **       | 266,947              |
|                                                                 | American Century      | Ultra Fund R6 Class                                                                                              | **       | 2                    |
|                                                                 | American Funds        | The New Economy Fund Class R6                                                                                    | **       | 130,241              |
|                                                                 | American Funds        | New Perspective Fund Class R6                                                                                    | **       | 562                  |
|                                                                 | American Funds        | New World Fund Class R6                                                                                          | **       | 84,480               |
|                                                                 | Baron Capital Group   | Partners Fund Institutional Shares                                                                               | **       | 7,749                |
|                                                                 | BlackRock             | Advantage Global Fund, Inc. Institutional Shares                                                                 | **       | 75,539               |
|                                                                 | Columbia Threadneedle | Balanced Fund Institutional 2 Class                                                                              | **       | 75,904               |
|                                                                 | Columbia Threadneedle | Dividend Opportunity Fund Institutional 2 Class                                                                  | **       | 2,241                |
|                                                                 | Delaware Funds        | Smid Cap Growth Institutional Class                                                                              | **       | 6,633                |
|                                                                 | Federated             | Hermes Government Obligations Fund Premier Class                                                                 | **       | 64,804               |
|                                                                 | Fidelity Investments  | 500 Index Fund                                                                                                   | **       | 115,540              |
|                                                                 | Fidelity Investments  | Advisor Biotechnology Fund Class I                                                                               | **       | 46,440               |
|                                                                 | Fidelity Investments  | Advisor Growth Opportunities Class I                                                                             | **       | 18,917               |
|                                                                 | Fidelity Investments  | Advisor Technology Fund Class I                                                                                  | **       | 92,138               |
|                                                                 | Fidelity Investments  | Emerging Asia Class I                                                                                            | **       | 9,817                |
|                                                                 | Fidelity Investments  | Extended Market Index Fund                                                                                       | **       | 77,398               |
|                                                                 | Invesco               | Corporate Bond R5                                                                                                | **       | 7,874                |
|                                                                 | Invesco               | Oppenheimer Global Opportunities Fund Class Y                                                                    | **       | 202,348              |
|                                                                 | Invesco               | Oppenheimer International Small-Mid Company Class Y                                                              | **       | 46,138               |
|                                                                 | Ivy Funds             | Balanced Fund Class I                                                                                            | **       | 29,549               |
|                                                                 | Ivy Funds             | High Income Fund Class I                                                                                         | **       | 106,836              |
|                                                                 | John Hancock          | U.S. Quality Growth Fund Class I                                                                                 | **       | 47,142               |
|                                                                 | JPMorgan              | Growth Advantage Fund Class R5                                                                                   | **       | 230,136              |
|                                                                 | MFS                   | International Diversification Fund Class R4                                                                      | **       | 98,131               |
|                                                                 | Morgan Stanley        | Insight Fund Class I                                                                                             | **       | 16,043               |
|                                                                 | Morgan Stanley        | Institutional Discovery Fund Class I                                                                             | **       | 5,440                |
|                                                                 | Morgan Stanley        | Institutional Global Opportunities Fund Class I                                                                  | **       | 140                  |
|                                                                 | Morgan Stanley        | Institutional Growth Fund Class I                                                                                | **       | 205                  |
| *                                                               | Nationwide            | International Index Fund Class R6                                                                                | **       | 324,137              |
| *                                                               | Nationwide            | Mid Cap Market Index Fund Class R6                                                                               | **       | 17,227               |
| *                                                               | Nationwide            | S&P 500 Index Fund Class R6                                                                                      | **       | 52,662               |
|                                                                 | Oakmark               | Equity and Income Fund Investor Class                                                                            | **       | 135,435              |
|                                                                 | Parnassus             | Core Equity Fund Institutional Shares                                                                            | **       | 521,734              |
|                                                                 | PGIM Funds            | Jennison Utility Fund Class Z                                                                                    | **       | 62,165               |
|                                                                 | PGIM Funds            | High Yield Fund Institutional Class                                                                              | **       | 30,520               |
|                                                                 | T. Rowe Price         | Communications & Technology Fund Investor Class                                                                  | **       | 92,501               |
|                                                                 | Vanguard              | 500 Index Fund Admiral Shares                                                                                    | **       | 132,002              |
|                                                                 | Vanguard              | Balanced Index Fund Admiral Shares                                                                               | **       | 710,767              |
|                                                                 | Vanguard              | Growth Index Fund Admiral Shares                                                                                 | **       | 1,354,131            |
|                                                                 | Vanguard              | Information Technology Index Admiral Shares                                                                      | **       | 137,967              |
|                                                                 | Vanguard              | International Growth Admiral Shares                                                                              | **       | 11,186               |
|                                                                 | Vanguard              | Mid-Cap Index Fund Admiral Shares                                                                                | **       | 925,040              |
|                                                                 | Vanguard              | Real Estate Index Fund Admiral Shares                                                                            | **       | 8,941                |
|                                                                 | Vanguard              | Small-Cap Index Fund Admiral Shares                                                                              | **       | 549,219              |

*See accompanying independent auditors' report*

**CANVAS, INC. RETIREMENT PLAN****Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)****Employer Identification Number: 32-0214946****Plan Number: 001****December 31, 2021**

| (b) Identity of Issuer,<br>Borrower, Lessor or<br>(a) Similar Party |                   | (c) Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|---------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|                                                                     | Vanguard          | Target Retirement 2015 Fund Institutional Shares                                                                 | **       | 206,173              |
|                                                                     | Vanguard          | Target Retirement 2020 Fund Institutional Shares                                                                 | **       | 1,034,050            |
|                                                                     | Vanguard          | Target Retirement 2025 Fund Institutional Shares                                                                 | **       | 1,397,037            |
|                                                                     | Vanguard          | Target Retirement 2025 Fund Investor Shares                                                                      | **       | 1,434                |
|                                                                     | Vanguard          | Target Retirement 2030 Fund Institutional Shares                                                                 | **       | 1,175,305            |
|                                                                     | Vanguard          | Target Retirement 2035 Fund Institutional Shares                                                                 | **       | 1,255,548            |
|                                                                     | Vanguard          | Target Retirement 2040 Fund Institutional Shares                                                                 | **       | 1,111,002            |
|                                                                     | Vanguard          | Target Retirement 2040 Fund Investor Shares                                                                      | **       | 4,459                |
|                                                                     | Vanguard          | Target Retirement 2045 Fund Institutional Shares                                                                 | **       | 1,549,451            |
|                                                                     | Vanguard          | Target Retirement 2045 Fund Investor Shares                                                                      | **       | 823                  |
|                                                                     | Vanguard          | Target Retirement 2050 Fund Institutional Shares                                                                 | **       | 842,957              |
|                                                                     | Vanguard          | Target Retirement 2055 Fund Institutional Shares                                                                 | **       | 555,752              |
|                                                                     | Vanguard          | Target Retirement 2060 Fund Institutional Shares                                                                 | **       | 345,656              |
|                                                                     | Vanguard          | Target Retirement 2065 Fund Institutional Shares                                                                 | **       | 8,340                |
|                                                                     | Vanguard          | Target Retirement Income Fund Institutional Shares                                                               | **       | 114,648              |
|                                                                     | Vanguard          | Target Retirement Income Fund Investor Shares                                                                    | **       | 5,445                |
|                                                                     | Vanguard          | Total Bond Market Index Fund Admiral Shares                                                                      | **       | 295,783              |
|                                                                     | Vanguard          | Total Stock Market Index Fund Admiral Shares                                                                     | **       | 52,141               |
|                                                                     | Vanguard          | Value Index Fund Admiral Shares                                                                                  | **       | 429,950              |
|                                                                     | Vanguard          | Wellesley Income Fund Admiral Shares                                                                             | **       | 491,521              |
|                                                                     | Virtus            | Seix High Yield Fund Class I                                                                                     | **       | 109                  |
| *                                                                   | Participant loans | Interest rates at 4.25% to 6.50%; maturities 1 to 6 years                                                        | -0-      | 160,661              |
|                                                                     |                   |                                                                                                                  |          | <u>\$ 18,360,210</u> |

\* Represents a party-in-interest to the Plan.

\*\* Cost information has not been disclosed as all investments are participant directed.

*See accompanying independent auditors' report*

**CANVAS, INC. RETIREMENT PLAN****Schedule H, Line 4a – Schedule of Delinquent Participant Contributions****Employer Identification Number: 32-0214946****Plan Number: 001****December 31, 2021**

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| Participant Contributions Transferred Late to Plan           | Total that Constitute Nonexempt Prohibited Transactions |                                        |                                            | Total Fully Corrected Under VFCP** and PTE 2002-51*** |
|--------------------------------------------------------------|---------------------------------------------------------|----------------------------------------|--------------------------------------------|-------------------------------------------------------|
| Check here if Late Participant Loan Repayments are included: | Contributions Not Corrected                             | Contributions Corrected Outside VFCP** | Contributions Pending Correction in VFCP** |                                                       |
|                                                              | \$ -                                                    | \$ -                                   | \$ 331                                     | \$ -                                                  |

*\*All delinquent contributions, adjusted for earnings, have been contributed to the Plan.*

*\*\*Voluntary Fiduciary Correction Program*

*\*\*\*Prohibited Transaction Exemptions*

*See accompanying independent auditors' report*

**CANVAS, INC. RETIREMENT PLAN**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**Employer Identification Number: 32-0214946**
**Plan Number: 001**
**December 31, 2021**

| (b) Identity of Issuer,<br>Borrower, Lessor or<br>Similar Party |                       | (c) Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| *                                                               | Nationwide            | Aggregate SDBA Assets                                                                                            | **       | \$ 143,000           |
|                                                                 | AllianceBernstein     | AB Discovery Growth Fund Class I                                                                                 | **       | 167,504              |
|                                                                 | AllianceBernstein     | AB High Income Fund Class I                                                                                      | **       | 80,491               |
|                                                                 | AllianceBernstein     | AB Large Cap Growth Fund Class I                                                                                 | **       | 2                    |
|                                                                 | Alger                 | Capital Appreciation Institutional Fund Class I                                                                  | **       | 266,947              |
|                                                                 | American Century      | Ultra Fund R6 Class                                                                                              | **       | 2                    |
|                                                                 | American Funds        | The New Economy Fund Class R6                                                                                    | **       | 130,241              |
|                                                                 | American Funds        | New Perspective Fund Class R6                                                                                    | **       | 562                  |
|                                                                 | American Funds        | New World Fund Class R6                                                                                          | **       | 84,480               |
|                                                                 | Baron Capital Group   | Partners Fund Institutional Shares                                                                               | **       | 7,749                |
|                                                                 | BlackRock             | Advantage Global Fund, Inc. Institutional Shares                                                                 | **       | 75,539               |
|                                                                 | Columbia Threadneedle | Balanced Fund Institutional 2 Class                                                                              | **       | 75,904               |
|                                                                 | Columbia Threadneedle | Dividend Opportunity Fund Institutional 2 Class                                                                  | **       | 2,241                |
|                                                                 | Delaware Funds        | Smid Cap Growth Institutional Class                                                                              | **       | 6,633                |
|                                                                 | Federated             | Hermes Government Obligations Fund Premier Class                                                                 | **       | 64,804               |
|                                                                 | Fidelity Investments  | 500 Index Fund                                                                                                   | **       | 115,540              |
|                                                                 | Fidelity Investments  | Advisor Biotechnology Fund Class I                                                                               | **       | 46,440               |
|                                                                 | Fidelity Investments  | Advisor Growth Opportunities Class I                                                                             | **       | 18,917               |
|                                                                 | Fidelity Investments  | Advisor Technology Fund Class I                                                                                  | **       | 92,138               |
|                                                                 | Fidelity Investments  | Emerging Asia Class I                                                                                            | **       | 9,817                |
|                                                                 | Fidelity Investments  | Extended Market Index Fund                                                                                       | **       | 77,398               |
|                                                                 | Invesco               | Corporate Bond R5                                                                                                | **       | 7,874                |
|                                                                 | Invesco               | Oppenheimer Global Opportunities Fund Class Y                                                                    | **       | 202,348              |
|                                                                 | Invesco               | Oppenheimer International Small-Mid Company Class Y                                                              | **       | 46,138               |
|                                                                 | Ivy Funds             | Balanced Fund Class I                                                                                            | **       | 29,549               |
|                                                                 | Ivy Funds             | High Income Fund Class I                                                                                         | **       | 106,836              |
|                                                                 | John Hancock          | U.S. Quality Growth Fund Class I                                                                                 | **       | 47,142               |
|                                                                 | JPMorgan              | Growth Advantage Fund Class R5                                                                                   | **       | 230,136              |
|                                                                 | MFS                   | International Diversification Fund Class R4                                                                      | **       | 98,131               |
|                                                                 | Morgan Stanley        | Insight Fund Class I                                                                                             | **       | 16,043               |
|                                                                 | Morgan Stanley        | Institutional Discovery Fund Class I                                                                             | **       | 5,440                |
|                                                                 | Morgan Stanley        | Institutional Global Opportunities Fund Class I                                                                  | **       | 140                  |
|                                                                 | Morgan Stanley        | Institutional Growth Fund Class I                                                                                | **       | 205                  |
| *                                                               | Nationwide            | International Index Fund Class R6                                                                                | **       | 324,137              |
| *                                                               | Nationwide            | Mid Cap Market Index Fund Class R6                                                                               | **       | 17,227               |
| *                                                               | Nationwide            | S&P 500 Index Fund Class R6                                                                                      | **       | 52,662               |
|                                                                 | Oakmark               | Equity and Income Fund Investor Class                                                                            | **       | 135,435              |
|                                                                 | Parnassus             | Core Equity Fund Institutional Shares                                                                            | **       | 521,734              |
|                                                                 | PGIM Funds            | Jennison Utility Fund Class Z                                                                                    | **       | 62,165               |
|                                                                 | PGIM Funds            | High Yield Fund Institutional Class                                                                              | **       | 30,520               |
|                                                                 | T. Rowe Price         | Communications & Technology Fund Investor Class                                                                  | **       | 92,501               |
|                                                                 | Vanguard              | 500 Index Fund Admiral Shares                                                                                    | **       | 132,002              |
|                                                                 | Vanguard              | Balanced Index Fund Admiral Shares                                                                               | **       | 710,767              |
|                                                                 | Vanguard              | Growth Index Fund Admiral Shares                                                                                 | **       | 1,354,131            |
|                                                                 | Vanguard              | Information Technology Index Admiral Shares                                                                      | **       | 137,967              |
|                                                                 | Vanguard              | International Growth Admiral Shares                                                                              | **       | 11,186               |
|                                                                 | Vanguard              | Mid-Cap Index Fund Admiral Shares                                                                                | **       | 925,040              |
|                                                                 | Vanguard              | Real Estate Index Fund Admiral Shares                                                                            | **       | 8,941                |
|                                                                 | Vanguard              | Small-Cap Index Fund Admiral Shares                                                                              | **       | 549,219              |

*See accompanying independent auditors' report*

**CANVAS, INC. RETIREMENT PLAN****Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)****Employer Identification Number: 32-0214946****Plan Number: 001****December 31, 2021**

| (b) Identity of Issuer,<br>Borrower, Lessor or<br>(a) Similar Party |                   | (c) Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|---------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|                                                                     | Vanguard          | Target Retirement 2015 Fund Institutional Shares                                                                 | **       | 206,173              |
|                                                                     | Vanguard          | Target Retirement 2020 Fund Institutional Shares                                                                 | **       | 1,034,050            |
|                                                                     | Vanguard          | Target Retirement 2025 Fund Institutional Shares                                                                 | **       | 1,397,037            |
|                                                                     | Vanguard          | Target Retirement 2025 Fund Investor Shares                                                                      | **       | 1,434                |
|                                                                     | Vanguard          | Target Retirement 2030 Fund Institutional Shares                                                                 | **       | 1,175,305            |
|                                                                     | Vanguard          | Target Retirement 2035 Fund Institutional Shares                                                                 | **       | 1,255,548            |
|                                                                     | Vanguard          | Target Retirement 2040 Fund Institutional Shares                                                                 | **       | 1,111,002            |
|                                                                     | Vanguard          | Target Retirement 2040 Fund Investor Shares                                                                      | **       | 4,459                |
|                                                                     | Vanguard          | Target Retirement 2045 Fund Institutional Shares                                                                 | **       | 1,549,451            |
|                                                                     | Vanguard          | Target Retirement 2045 Fund Investor Shares                                                                      | **       | 823                  |
|                                                                     | Vanguard          | Target Retirement 2050 Fund Institutional Shares                                                                 | **       | 842,957              |
|                                                                     | Vanguard          | Target Retirement 2055 Fund Institutional Shares                                                                 | **       | 555,752              |
|                                                                     | Vanguard          | Target Retirement 2060 Fund Institutional Shares                                                                 | **       | 345,656              |
|                                                                     | Vanguard          | Target Retirement 2065 Fund Institutional Shares                                                                 | **       | 8,340                |
|                                                                     | Vanguard          | Target Retirement Income Fund Institutional Shares                                                               | **       | 114,648              |
|                                                                     | Vanguard          | Target Retirement Income Fund Investor Shares                                                                    | **       | 5,445                |
|                                                                     | Vanguard          | Total Bond Market Index Fund Admiral Shares                                                                      | **       | 295,783              |
|                                                                     | Vanguard          | Total Stock Market Index Fund Admiral Shares                                                                     | **       | 52,141               |
|                                                                     | Vanguard          | Value Index Fund Admiral Shares                                                                                  | **       | 429,950              |
|                                                                     | Vanguard          | Wellesley Income Fund Admiral Shares                                                                             | **       | 491,521              |
|                                                                     | Virtus            | Seix High Yield Fund Class I                                                                                     | **       | 109                  |
| *                                                                   | Participant loans | Interest rates at 4.25% to 6.50%; maturities 1 to 6 years                                                        | -0-      | 160,661              |
|                                                                     |                   |                                                                                                                  |          | <u>\$ 18,360,210</u> |

\* Represents a party-in-interest to the Plan.

\*\* Cost information has not been disclosed as all investments are participant directed.

*See accompanying independent auditors' report*